Psychiatric Bulletin (1991), **15**, 311–312

Codes of Practice for the Mental Health Acts, England and Wales/Scotland

The meeting of the Public Policy Committee in November 1990 suggested that it would be helpful to highlight briefly the differences between the English and Scottish Codes of Practice to the relevant Mental Health Acts. There are, broadly speaking, two major areas of difference which in turn lead to some of the more detailed points of difference.

The first lies in the style of the two documents. The Scottish Code is essentially a series of broad general principles underlying the implementation of the Act. As such, it does not go into great detail about the procedures involved in implementing the various sections of the Act although it does occasionally contain points of practical detail, e.g. paragraphs 1.24 and 1.25 which specifically refer to the services of an interpreter when dealing with persons of foreign nationality or someone with relevant communication skills when dealing with the profoundly deaf. In contrast, the English Code goes into considerably more detail in many of its sections, for example in specifying precisely which doctors, social workers etc, should be involved, the roles of hospital managers etc. and the step by step procedures to be carried out.

The second major difference between the Scottish and English Codes is their length. At first sight, the English Code contains many sections which are omitted from the Scottish Code. However, there is in fact a fairly simple explanation for many of these differences between the two Codes, and that is that in Scotland there was issued, in 1986, a very detailed set of Notes on Act running to 167 pages and 450 paragraphs. The Scottish Notes of Guidance, of course, parallel the English Memorandum to the Act. Many of the paragraphs of guidance contained in the English Code are mirrored by similar, sometimes lengthy, sections in the Scottish Notes of Guidance. Appendix A attempts to explain this by setting out the index of the English Code and then listing alongside it the paragraphs in the Scottish Code and/or the Scottish Notes of Guidance which contain broadly the same information. It will thus be seen that the bulk of what is contained in the English Code appears either in the Scottish Code, often in a much abbreviated form, or else, in more detail, in the Scottish Notes of Guidance.

There are, however, a number of major differences. The Scottish Code makes no reference to Guardianship. This is alluded to in the circular which was issued with the Code, and which is actually bound in it, but the main set of guidance on Guardianship is contained in the Notes of Guidance. There is no specific reference in either of the Scottish documents to Patients Presenting Particular Management Problems, Complaints, Personal Searches, or People with Mental Handicap.

The full Contents pages of the Scottish Notes of Guidance illustrating the range of topics that these Notes cover can be obtained from Deborah Hart at the College.

P. W. BROOKS

Approved by the Executive and Finance Committee, January 1991.

APPENDIX A

England		**Scotland**	
Code of Practice		*Code of Practice*	*Notes of Guidance*
Contents	*Page*	*(1989)*	*(published 1986)*
1. Introduction and General Principles	1	pp 3–4 and Circular	pp 13–16
Assessment prior to possible admission under the Mental Health Act			
2. Assessment	3	Paras 1.2–1.3	——
3. Part III Assessment	12	——	——
4. Private Practice and the Provision of Medical Recommendations	15	——	(but private hospitals mentioned in paras 6 and 268)
Admission under the Mental Health Act (to hospital)			
5. Section 2 or 3	16	——	——
6. Admission for Assessment in an Emergency, Section 4	18	Para 1.6	Paras 30–31
7. Part III Admission	20	Section II paras 2.1–2.17	pp 264–361
8. Doctors' Holding Power, Section 5(2)	21	No strictly comparable provision – use emergency recommendations	
9. The Nurse's Holding Power Section 5(4)	24	Para 1.16	94–96
10. Section 136	26	Para 1.20	——

APPENDIX A (*Continued*)

		England	Scotland	
Code of Practice			*Code of Practice*	*Notes of Guidance*
Contents	*Page*		*(1989)*	*(published 1986)*
11. Conveying to Hospital	30	Para 1.10		51–52
12. Receipt and Scrutiny of Documents	32	——		9 and 55
Admission under the Mental Health Act (to guardianship)				
13. Guardianship	34	——		pp 187–263
Treatment and care in hospital				
14. Information	37	Para 1.21–1.22		Paras 440–446
15. Medical Treatment	41	Section IV paras 4.1–4.11		Paras 382–397
16. Medical Treatment and Second Opinions	49	Annex from MWC		
17. Part III. Medical Treatment for Mental Disorder	58	Para 2.15		
18. Patients Presenting Particular Management Problems	59	——		——
19. Psychological Treatments	67	Para 4.8		
20. Leave of Absence, Section 17	69	Para 3.6		Paras 110–119
21. Absconding Patients, Sections 18, 137 and 138	71	——		Paras 120–125
22. Managers Duty to Review Detention	72	——		Paras 206–209
23. Complaints	74	——		
24. Duties of the Hospital Managers	75	Paras 1.21–1.22		Referred to in previous para
25. Personal Searches	77	——		——
Leaving hospital				
26. After Care	78	} Section II 3.1–3.8		} Paras 171–186
27. Part III. Leaving Hospital	81			
Particular groups of patients				
28. People with Mental Handicap	83	——		——
29. Children	85	——		Para 4

Psychiatric Bulletin (1991), **15**, 312

Achieving a Balance – Plan for Action

Rotational training schemes

The movement of registrars' contracts to regional health authorities, and the requirement that registrars are appointed by an appointments committee, the constitution of which is determined by the Department of Health, do not necessitate the dismantling of SHO-registrar rotational training schemes. However, in some regions dis-association of SHO and registrar training may be beneficial in relation to the quality of general professional training that can be provided to each group, also bearing in mind the requirements of vocational trainees for general practice.

Schemes' approval status with the College must not be jeopardised, which may occur if changes are made, or imposed, without appropriate consultation.

The Central Approval Panel has decided, with endorsement by the Court of Electors, that proposed administrative changes to schemes should be discussed with the Convener responsible for the Division of the College where the scheme is located, who may wish to make a short visit to gain understanding of the situation. Additionally, training schemes which are being amalgamated will still be visited on the due date, when again local developments can be monitored.

Names of Convenors and dates that visits to schemes are due can be obtained from Jane Hinton, Deputy Education Officer, at the College.

'The safety net'

This refers to intermediate cover, i.e. between first on-call and the responsible consultant. It is unlikely that this is relevant to many psychiatric services where normally a SHO or registrar is on-call, covered by a consultant. Senior registrars may act for a named consultant, as second on-call, as approved by the JCHPT.

The term 'safety net' applies, in psychiatry, when a SHO or registrar has a more experienced trainee (registrar or senior registrar) available on-call providing an intermediate tier between him or her and the responsible consultant.

I appreciate that Members and Fellows have many concerns about the implementation of *Achieving a Balance – Plan for Action* and hope that they will not hesitate to contact me at the College if the Education Department can be of assistance in this regard.

Dr FIONA CALDICOTT
Dean