outbreak of infection at Stanley Royd's hospital in 1986.

There are several reasons why the responsibilities and roles of consultants should be reconsidered. Dr Muijen has written about some of them.

In recent months we have received many letters from members on aspects of these, e.g. on the distance from an acute or non-acute unit that medical staff can be resident, where medical responsibility lies for patients who are referred to or by non-medical colleagues, and perhaps most seriously, when is it appropriate for managers to decide which patients can be discharged so that an even more seriously ill patient can be admitted.

The report of the CMO's working group on specialisation indicates that postgraduate medical training should be structured, with a clear end-point. This implies that we know what we are training people to do. What is consultant work in psychiatry? Dr Muijen has challenged some aspects of *Mental Health of the Nation* and trainees have been telling us for years that training for work in "the community" is not our strong suit.

Mental Health of the Nation shows the levels of consultant manpower required to run an adequate service. But isn't further work required to examine the requirement for other grades of staff, both medical and non-medical? Such calculations can only be made when both the responsibilities and the numbers of consultants have been determined. While I agree with Dr Muijen that professional responsibilities must be discussed and identified in a multi-professional framework, and we maintain and try to improve our relationships with colleagues, there is an urgent need for us to clarify what our unique contribution to the psychiatric service is.

It has been agreed by the Executive and Finance Committee that I should chair a small working group which will produce a policy statement as quickly as possible setting out the core responsibilities of consultant psychiatrists and their role in the NHS. I hope that it will also be possible to produce additional information which is specifically relevant to each psychiatric specialty.

As Dr El-Komy says in his letter below, Council has recently produced a short statement on medical responsibility when a patient is referred by a non-doctor to a colleague who is also non-medical (*Psychiatric Bulletin*, April 1993, **17**, 251). This did not extend to referrals made to non-medical members of the multidisciplinary team by general practitioners, and should be.

I hope that most members of the College agree with Dr Muijen that "consultant psychiatrists, often represented by the Royal College of Psychiatrists, should take an active part in developments, and should be recognised as representing the best interest of the consumers i.e. their patients".

There is much concern in the public arena at the time of writing about standards of practice in medicine and we are developing a vigorous programme of continuing medical education in psychiatry.

I hope that this piece of work which we are now embarking on will facilitate even higher standards of care for psychiatric patients being delivered than at present, and that members and fellows will write to me with their views in order that the working group can be as well informed as possible. It will not surprise readers to learn that colleagues at the Department of Health are interested that we are embarking on this and wish to see the outcome.

FIONA CALDICOTT
President

Medical responsibility in the case of patients referred to non medical staff of a mental health unit or trust directly from non-medical services

DEAR SIRS

I read with interest the long overdue statement by the Royal College of Psychiatrists regarding medical responsibility (*Psychiatric Bulletin*, April 1993, **17**, 251). This issue has been a matter of concern among the consultant and medical staff in the West Dorset Mental Health NHS Trust. However, the statement has not clarified an important matter relating to referrals made by general practitioners to individual members of the mental health team, who may have no previous knowledge of the patient and bypassing the appropriate consultant. Some members of the team are working more or less independently to provide a specialised service, e.g. psychodrama, behavioural cognitive therapy etc., and it might be asked whether a particular member will be the most suitable person to deal with a patient with a psychiatric illness in need of a different treatment approach.

I think further clarification is needed of this important issue which I believe poses a problem not only in West Dorset but in other districts.

A. EL-KOMY

Forston Clinic
Herrison
Dorchester, Dorset
DT2 9TV

Problems of the special hospitals

DEAR SIRS

I welcome the interest shown in the future of Ashworth Hospital by Dr C. M. Green (*Psychiatric Bulletin*, April 1993, **17**, 243). As there has been no response from your other readers to the report of

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