

*Ireland*

Maternity benefits for non-consultant hospital doctors are outlined in the Maternity Protection of Employees Act 1981, and are summarised below. If any problems arise, contact the IMO for clarification and help.

1. Maternity leave should be available to all women except those employed:
  - (a) on a permanent basis for less than 18 hrs/week
  - (b) on a temporary continuous basis for less than six months since the date of appointment.
2. Relevant continuous service with one or more health boards or with one or more recognised voluntary hospitals or a combination of both will qualify the doctor for paid maternity leave.
3. Maternity leave will consist of 14 consecutive weeks. A minimum period of leave must be taken beginning not later than four weeks before the end of the expected week of confinement and ending not earlier than four weeks after the end of the expected week of confinement. (When a baby is born prematurely but the mother is not yet on maternity leave she should be allowed 14 weeks paid maternity leave from the date of confinement, provided she notifies her employer of the situation in writing within 14 days).
4. During maternity leave, a woman will be entitled to full pay less any social welfare allowance which will be paid separately. A woman who is (or was) fully insured under the Social Welfare Acts and who fulfils certain contribu-

tion conditions is entitled to maternity allowance from the Department of Social Welfare which will be deducted from her pay. Information about this allowance is available from Department of Social Welfare, Arus Mhic Dhiarmada, Dublin.

5. Paid maternity leave will count as service in all respects.
6. Maternity leave should be granted irrespective of a person's sick leave and should not reckon as sick leave. Sick leave should be allowed during pregnancy. If before deciding whether or not to allow sick leave after maternity leave the employer has any reason for believing that the employee may not return to duty at the end of her period of sick leave, he should put that question specifically to her.
7. A woman intending to take maternity leave should produce a medical certificate confirming pregnancy and stating the expected week of confinement. This must be submitted at least four weeks before the date when she intends to go on leave.

*Medical Defence Organisations*

The Medical Defence Union & Medical Protection Society may grant three months free membership over a period of maternity leave. Discuss this at an early stage with your organisation.

October 1986

## *Notes for the Guidance of College Regional Advisers concerning Posts in Child and Adolescent Psychiatry*

These Notes have been approved by the Court of Electors.

It is important that College Regional Advisers should seek the views of well-informed consultants in child and adolescent psychiatry who are familiar with local circumstances. This will usually include the College Regional Representative in Child and Adolescent Psychiatry.

**Features of posts****(A) A HOSPITAL ATTACHMENT**

*All consultants in child and adolescent psychiatry should have adequate numbers of sessions allocated to work in an appropriate hospital. (This is established DHSS and College policy). It will often be a general hospital with services in psychiatry and paediatrics. Some consultants will have full-time hospital appointments. Others, in addition to hospital sessions, will work in community clinics and will provide consultation services.*

**(1) Necessary features**

- (a) Details of hospital out-patient sessions *should be specified.*

- (b) NHS secretarial assistance *should be available*, as well as facilities for keeping case notes securely, and for taking messages.
- (c) Membership of relevant hospital committees *must be open* to consultants in child and adolescent psychiatry. This will include the psychiatric division and ideally the paediatric division as well.
- (d) A professional team specifically working in the field of child and adolescent psychiatry should be provided. It will include doctors such as senior registrars in higher professional training, registrars in general professional training, and sometimes clinical assistants, as well as social workers and clinical psychologists. Other related disciplines may be included such as nurses, psychotherapists, speech therapists and occupational therapists.
- (e) The need for adequate and appropriate facilities must be recognised.

- (2) *Desirable features*  
Ideally facilities for video recording of interviews and one-way screens will be provided.
- (B) **INFORMATION ON DISTRICT(S) TO BE SERVED**  
It is essential for the job description to give the population of the health district(s) to be served. Others who provide services in child and adolescent psychiatry in the health district(s) should be mentioned and what part they play (community clinics, hospital services, in-patient units, day-patient units, etc.).
- (C) **COMMUNITY CLINICS**
- (i) The number, location, staffing and organisation of community clinics included in the job description must be specified. Generally, consultants should not have to work in *more than two* such clinics in addition to working in hospital.
  - (ii) Community clinics like the hospital services will require an adequate and appropriate staff. They will normally include junior doctors, social workers, educational and/or clinical psychologists and others, eg. psychotherapists.
  - (iii) It is essential for a job description to state on what premises (eg. health or education) the clinics are held and how the service is organised.
  - (iv) *Adequate accommodation* is required for the consultant in child and adolescent psychiatry to carry out the required clinical responsibilities. Also secretarial assistance and facilities for storing case notes should exist, taking into consideration the need for confidentiality.
- (D) **IN-PATIENT AND DAY-PATIENT UNITS**  
Many consultants in child and adolescent psychiatry do out-patient work in hospital and community clinics and provide consultation to educational and social services for children. Only a few are directly concerned with the running of in-patient and day-patient hospital units. However, all consultants need to know to whom they can refer their patients for this kind of treatment. It is normal practice in child and adolescent psychiatry for a single consultant to have overall administrative charge of an in-patient or day-patient unit.
- (E) **ON CALL**  
Duty rotas and on call responsibilities need to be specified. They are particularly important in respect of in-patient hospital units, but the need to see overdoses and other psychiatric emergencies in casualty departments and hospital wards should be made clear.
- (F) **TEACHING AND RESEARCH**  
It is important to specify teaching, research and other academic responsibilities. This will be particularly relevant in teaching districts and where there are medical students. Any university status associated with the post should be mentioned. Sometimes university sessions will be part of a post (eg. "A plus B appointments").
- (G) **CONSULTATIVE WORK**  
There should be provision for consultative services to other agencies dealing with disturbed, deprived and handicapped children and it is essential to know of the level of demand for a consultative service and that appropriate sessional time be allowed for this. A sessional allocation amounting to one quarter to one third of a consultant's time may be set aside for this, but it is important that the sessions should not be tied down to particular establishments.  
It is helpful if the names of persons who are familiar with the post can be given who can be contacted to discuss a job description. They will usually include consultants in child and adolescent psychiatry working in the region, professors of child health and psychiatry and chairmen of psychiatric divisions.

CHILD AND ADOLESCENT PSYCHIATRY  
SPECIALIST SECTION  
January, 1987

## *Research Committee*

### *Working Group on the Ethics of Psychiatric Research*

The working group is meeting with a wide range of interested professionals—including philosophers, lawyers, nurses and psychologists, and patient and patient-family associations to discuss the ethical problems which influence our ability to undertake research. We aim to produce a paper at the end of the year which we hope will stimulate discussion about the need or otherwise for specific guide-

lines or a code of practice for research workers in our specialty.

If you have any views which you would like to share with the working group, please write to me at the College address.

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*Convenor*