

quote the following extract from their website (<http://www.mhac.trent.nhs.uk/hospreport2000.pdf>).

"In 1998/99 there were 4245 managers' reviews where detention was contested, resulting in 338 (8%) discharges. In 1997/98 there were 3598 contested reviews and 324 (8.2%) patients discharged following a managers' review."

Second, contrary to the impression created by your editorial, sadly, patients are not currently allowed to apply for legal aid to enable them to be represented at managers' hearings. This support is only provided for mental health review tribunal hearings.

Patricia Gregory Kingston & District Community NHS Trust Chairman, Woodroffe House, Tolworth Hospital, Red Lion Road, Surbiton, Surrey KT6 7QU

Changes in the practice of electroconvulsive therapy

Sir: Having abandoned the use of electrolyte solution in favour of gel, our local monitoring and recording systems showed a marked increase in impedance. Despite adequate skin preparation and electrode placement and the use of greater mechanical pressure in the application of the electrodes, impedance levels remained higher by a factor of approximately times four compared to previous levels.

As impedance provides a measure of the resistance to current flow from the electrode to the patient, the change in method (and hence impedance) is likely to necessitate a significant increase in the current required for effective treatment (Royal College of Psychiatrists, 1995).

In addition, increased side-effects may be a result. The two patients treated during the cross-over period complained of significantly more side-effects of headache, memory impairment and general feelings of 'unwellness' when the impedance levels rose.

For the time being, in the absence of better evidence, we have chosen to return to the use of pads and electrolyte solution for the comfort of our patients.

ROYAL COLLEGE OF PSYCHIATRISTS (1995) *ECT Handbook: The Second Report of the Royal College of Psychiatrists Special Committee on ECT*. Council Report CR39. London Royal College of Psychiatrists.

Sara Smith Specialist Registrar in General Psychiatry, Redditch, **Agnes Nalpas** Consultant Psychiatrist responsible for ECT, Kidderminster Hospital

the college

Nominees elected to the Fellowship and Membership under Bye Law III 2 (ii)

At the meeting of the Court of Electors held on 20 February 2001, the following nominees were approved.

The Fellowship

Dr Syed Wasi Akhlaq Ahmad; Dr Mohammed Hussain Ali; Dr Saravanamutta Ananthakopan; Dr Karl Michael Asen; Dr Rosemary Anne Baker; Dr Donald Francisco Birmingham; Dr Anne Stuart Bird; Dr Andrew Kilgour Black; Dr Dawn Black; Dr Patrick Farrar Bolton; Dr Nisreen Hanna Booya; Dr Andrew Frederick Clark; Dr Peter Richard Cohen; Professor Sally Ann Cooper; Dr Michael Gregory Curran; Dr Ahmed Kasem Darwish; Dr Ian Alexander Davidson; Dr Thomas Richard Denning; Dr Salah El Din Rashwan Aboul Fadl; Dr David John Findlay; Dr Fiona Craig Margaret Forbes; Dr Pauline Marie Forster; Dr Graham Reginald Gallimore; Dr Catherine Anne Gillespie; Dr Merajuddin Hasan; Dr David Vaughan James; Dr Josanne Holloway; Dr George Ikkos; Dr Ziad Subhi Issa Jabarin; Dr Shantha Leicester Wijayasingha Jayewardene; Dr George John; Dr Philip Lewis Alan Joseph; Dr Rajkumar Hiralal Kathane; Dr Kalyani Katz; Dr Peter Hammond Kay; Professor Anthony Robert Kendrick; Dr Henry Gerard Kennedy; Dr Sean Patrick Lennon; Dr Gillian Avril Livingston; Dr Mervyn London; Dr Clare Joan Mary Lucey; Dr Donald Lyons; Dr Andrew James McBride; Dr Graeme Harding McDonald; Dr David Robison Craig McVitie; Dr Chinta Mani; Dr Diana Patricia Morrison; Dr Matthijs Frederik Muijen; Dr Martin William Orrell; Dr Alastair Noel Palin; Dr Mary-Jane

Pearce; Dr Sanjay Rastogi; Dr Brian Robinson; Dr Michael Alexander John Rosenberg; Dr Packeerowther Thulkarunai Saleem; Dr Kishore Santa Kumarsingh Seewoonarain; Dr Aman Ullah Shaikh; Dr Keshar Lal Shrestha; Dr William Gerard Smith; Dr Nicholas Geoffrey Dare Sorby; Dr David George Summers; Dr Kolappa Sundararajan; Dr Timothy Charles Ayrton Tannock; Dr Muthusamy Subramaniam Thambirajah; Dr Christopher James Thomas; Dr Mohan George Thomas; Dr Guinevere Tufnell; Dr Timothy Ewart Webb; and Dr Francis Edgar Winton.

Fellowships – overseas

Dr Muhammad A-Hamid Salih Al-Samarrai; Dr Moshe Avnon; Professor Siegfried Kasper; Dr Frank Gitau Njenga; Dr Farouk Ahmed Randeree; and Dr Jeffrey David Thompson.

The Membership

It was agreed that the following should be awarded Membership under Bye Law III 2 (ii):

Dr David James Burke; Dr Tom Fryers; Professor Mohamed Hamed Ghanem; and Professor Jude Uzoma.

Learning objectives for child and adolescent psychiatry and learning disability placements at senior house officer level

Introduction

A 6-month placement in child and adolescent psychiatry and/or the

psychiatry of learning disability is now a mandatory part of basic specialist training in psychiatry. Although candidates may sit the MRCPsych examination before such a placement or while completing it, the MRCPsych cannot be awarded (and the candidate cannot proceed to higher specialist level training) until the placement has been satisfactorily completed.

The rationale for such a mandatory placement is that all qualified psychiatrists need to have a proper understanding of the developmental basis of psychiatric practice. To achieve this they not only need the relevant theoretical knowledge but also to have had the clinical experience of working with both children, adolescents and their families and with people with a learning disability and their families.

The main purpose of clinical placements in child and adolescent psychiatry and/or the psychiatry of learning disability is to complement trainees' theoretical learning on local MRCPsych courses. It is critical that trainers of senior house officers (SHOs) in these specialities concern themselves primarily with the learning objectives of a general psychiatrist-in-training, rather than view this as the beginning of higher training. Some trainees will take advantage of the placement to study a preferred subject in depth, but this enthusiasm should not detract from the main aims of the placement, which are to equip psychiatrists pursuing a general psychiatry career or entering another speciality with the skills necessary to recognise the need for a more specialist input, and also to consider their patients' presentation in both developmental and systemic terms.

The faculties of child and adolescent psychiatry and of learning disability have worked together to produce educational objectives for these mandatory place-