



the columns

correspondence

'Confused messages'

The issue of whether drug treatment services are providing methadone maintenance in line with the available evidence is an important one. However, the survey by Joseph & Moselhy (*Psychiatric Bulletin*, December 2005, **29**, 459–461) requires further clarification in order to contribute to the debate. In Table 1 they classify services as either 'Community drug teams' or 'Addiction treatment units'. In the discussion they imply that the latter are in fact non-statutory agencies. The discussion also implies that the only community-based services are the community drug teams. It would seem likely that the majority of the services are community based, both statutory and non-statutory, since the 'move towards' community-based treatment in fact goes back 20 years (Advisory Council on the Misuse of Drugs, 1982). The discussion mistakenly states that the Home Office (2000) document *Reducing Drug Related Deaths* advises against the prescribing of controlled drugs to drug users. The next sentence does refer to tablets and ampoules in this context but the reader could be left confused.

The notion of 'opiophobia' is interesting. Reasons which would explain practice by doctors that is out of step with the evidence include lack of awareness of the evidence, philosophical disagreement despite the evidence, and a lack of access to supervision of methadone consumption. In some cases there can be cause for reasonable clinical caution, for example in cases of polysubstance misuse. For patients, possible reasons for opiophobia include lack of awareness and fear of the criticism of family members or childcare agencies of doses perceived as 'high'. Impending incarceration in prison, where effective detoxification from doses of methadone towards the upper end of the dose range may not be available, may also make patients resistant to effective treatment. This is certainly a topic that would benefit from further audit, intervention and re-audit.

ADVISORY COUNCIL ON THE MISUSE OF DRUGS. (1982) *Aids and Drug Misuse Part 1*. London: TSO (Stationery Office).

HOME OFFICE (2000) *Reducing Drug Related Deaths*, p.72. London: TSO (Stationery Office).

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Is flexible training still an attractive alternative?

As mothers of young children, our decision to train flexibly was made to enable us to achieve an optimal work/home balance. Overall, it has been a favourable experience, although we have encountered some difficulties. The West Midlands training scheme is efficient and encouraging, our consultants are supportive and our peers are understanding. This is in contrast to the situation in other medical specialties, and it is encouraging to report that psychiatry is one of the most accommodating.

However, as flexible trainees we often experience problems with staff in the personnel and finance departments caused by their perceived increase in paper work as a result of flexible training. A recurring complaint from the majority of flexible trainees is the failure of the finance department to pay them the correct wages. This problem has escalated owing to the new pay deal for flexible trainees which does not seem to have been communicated clearly to the personnel and finance departments. There seems to be no alternative than to enter into prolonged and time-consuming discussion with staff in these departments and it can take many months to resolve the situation. Unfortunately we have also discovered that our pensions have been incorrectly calculated. This has caused one of us so much stress that she has chosen to return to full-time training.

At a time of uncertainty for trainees, our hope is that serious thought continues to be given to making flexible training an attractive alternative for those who would otherwise not return to training. Competency-based assessment should suit flexible trainees who often work efficiently in fewer hours. However,

improved communication between the deanery and staff in the personnel and finance departments would help to alleviate some of the financial problems encountered.

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Dearth of consultant psychiatrists applying to become Mental Health Act Commissioners

According to the Mental Health Act Commission's *Eighth Biennial Report* (which covers the period 1997–99) there were 150 Commissioners, 25 of whom were psychiatrists. In 2004 the Commission was restructured so that the number of Commissioners was reduced from 180 to 100. The duties of the Commissioners were altered and this was reflected in the new job descriptions for the Local Commissioners and the Area Commissioners.

We are two of only three psychiatrists who were reappointed at the time of this reconfiguration. Chris Heginbotham, the Chief Executive of the Mental Health Act Commission, has told us of his disappointment that so few psychiatrists applied. This dearth of psychiatrists is a great pity as the Commission's role is to safeguard the interests of all people detained under the Mental Health Act 1983 and to keep under review the exercise of the powers and duties contained in this Act.

We do not know why so few psychiatrists applied for the posts of Mental Health Act Commissioners. It may be that doctors employed full time on the new consultant contract find this external commitment difficult to negotiate with their trusts. However, we would strongly recommend that Members of the College apply to become members of the Commission.

MENTAL HEALTH ACT COMMISSION (1999) *The Mental Health Act Commission, Eighth Biennial Report 1997–1999*. London: TSO (Stationery Office).



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MRCPsych examination – too expensive?

Few topics will engage senior house officers (SHOs) in such animated discussions as the MRCPsych exams. I read with interest the comments made by Dr Finlayson regarding the high pass mark for the MRCPsych part I exam (*Psychiatric Bulletin*, January 2006, **30**, 35). Although I found the exam stressful, the standard

was comparable to that of the last 10 years (part of the exam preparation involves working through past papers).

The 'horror' is the cost of the exams given that under the new European Working Time Directive most SHOs have seen their salaries shrink over the last 2 years. The added cost of exam-orientated courses run by private companies and books has made this truly expensive. Long gone are the days when Band 3 SHOs could afford all these.

I understand that to maintain high standards and quality the College needs to spend accordingly. The problem is that the MRCPsych courses run by universities

are not sufficiently focused. This inevitably means having to pay for a course that runs the total cost way beyond £1000 per exam. With this kind of pressure a lot of SHOs can't afford to fail.

I am already dreading my part II exam – not because of the standard of the exam but I don't know how I will be able to pay the £593 cost on a 1B salary. With the modernising process underway, is the MRCPsych going to be a 'luxury' that future SHOs will not be able to afford?

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the college

Revised College procedures for ACCEA nominations for England and Wales

The main change proposed is to bring the College procedures for the English and Welsh nominations forward so that the nomination process begins in June rather than in November/December as at present.

The Chairman of the Advisory Committee on Clinical Excellence Awards (ACCEA) has asked the President to ensure that in future the Divisions play a far greater central role in the nomination for awards. It is therefore suggested that the Faculties and Sections begin the College process by preparing their ranked lists in June. They will send these to the Divisions who will refer to them in their nomination process. This should greatly improve communication between Faculties, Sections and Divisions. The individual Faculty, Section and Division lists will be considered at the College meeting in November/December.

The London Division have devised a system which scores nominees against criteria which are largely based on the ACCEA domains. This seems to have been highly successful and it is recommended that the system be adopted by all the English Divisions. Training is available to facilitate this process.

At present only award holders may be representatives on the College's central committee. These representatives are identified by their respective Executive Committees. In future it is recommended that representation at the College Committee will not be limited to award holders, although representatives will continue to be selected by their Executive Committees. Guidance notes will be prepared for Committee members.

It will be made clear in the notice to the membership that members are encouraged to submit nominations to Faculties, Sections and Divisions. Nominations will only come via Officers if for some reason they cannot be submitted to a Faculty, Section or Division. Members will also be reminded that it is their responsibility, and not the College's, to submit their CV questionnaires (CVQs) to ACCEA. Members will also be reminded that trust support is not a prerequisite for College support.

Psychiatrists who are on the Regional Awards Committee should be identified so that they can work more closely with Divisions. The President should contact ACCEA if there are regions without psychiatric representation.

The revised timetable is given below.

January

Prepare notice for *Psychiatric Bulletin* informing membership of College's system for nominating for awards. This will appear in the April edition. Reminder notices to appear on the College website throughout the year.

February

Current College Committee members sent final list of College nominations and informed of date of next College meeting.

April

Details of process appear in *Psychiatric Bulletin* on the website. Members asked to submit CVQs to Faculties, Sections and Divisions (on the form used the previous year, assuming that the new form is not available at this stage).

June/July

Faculties and Sections hold meeting of Executive Committee to consider and rank nominations. If CVQs are weak, members are contacted and advised to amend them.

As results for awards for the current year will not be known at this stage, Faculty and Section members who have been included on the final College list submitted earlier in January will be included on the new list. Faculties and Sections send ranked list to Divisions.

August to October

Divisions hold meetings of Executive Committee to consider their nominations. The ranked lists from the Faculties and Sections are taken into account. As for Faculties and Sections, members who have been included on the College list submitted to ACCEA the previous January are also included on this list. Lists are forwarded to the College Secretariat.

The Honorary Officers convene a similar meeting but only discuss those nominations which have not been submitted to the Faculties, Sections or Divisions.

November

Divisions, Faculties, Sections and Honorary Officers update their list of nominations and circulate them to each other. After results of previous round are announced by ACCEA, the successful nominees are removed and other nominees move up the list.

Divisions, Faculties and Sections contact individual nominees asking them to complete their CVQ on the new form (assuming that it continues to change each year) and to submit this to ACCEA. The ranked lists of the Divisions, Faculty



and Sections, together with all CVQs and citations (drafted specifically for the College focusing on national rather than local contribution), are forwarded to the College Secretariat.

It has been suggested that, at this stage, the College Secretariat could prepare the list of nominations received with details of individual ranking. Committee members would be sent a draft voting paper in advance of the College's meeting to complete and return to the Secretariat. The results and the draft College ranked list would then be tabled at the College's meeting. The discussion would largely focus on borderline nominations. It is likely that the meetings to discuss the silver, gold and bronze nominations would then take half a day rather than a full day as at present.

November/December

The College's Committee meeting takes place. CVQs, the list of nominations with individual ranking and a draft voting paper are circulated in advance to the College Committee. The number of awards allocated to the College are announced.

Committee members speak to their higher-ranked nominees. For bronze awards the number will vary with the size of the constituency. The 2006 allocation is shown in Table 1, but in the future this might be based on Regional Awards Committees. Voting papers are tabled and Committee members vote using the following categories:

- Definitely
- Not this year
- Not supported.

Committee members limit the number of definite nominations to the number allocated to the College.

January

The College Secretariat will submit the final results, together with the College specific citations, to ACCEA.

Summary of recommendations

The recommendations are shown below.

- Change timetable
- Faculty/Section lists to be sent to Divisions
- Divisions to adopt London scoring system
- Representatives need not be award holders
- Initial voting before College meeting
- Identify psychiatrist representatives on regional ACCEA committees.

Scottish Advisory Committee on Distinction Awards (SACDA) – Scottish Division nomination procedures

'SACDA acts on behalf of Scottish Ministers in processing nominations for Distinction Awards, in deciding which individual medical and dental consultants in the NHS in Scotland are to receive distinction awards and in reviewing existing distinction awards and deciding whether the awards be retained or withdrawn/downgraded.' (from SACDA Standing Orders Operative from October 2001, revised September 2003)

Each year the Chairman of the Scottish Division brings together the Scottish Division Distinction Awards Committee made up of senior award holders in each of the different specialties and from each part of Scotland wherever possible. The Committee is chaired by the most senior award holder in psychiatry in Scotland. The Secretariat is provided by Scottish Division staff.

At the meeting the nominal roll of all eligible consultants is circulated. The Chairman reads out each name and members are asked to interrupt if someone is mentioned who they think should be discussed. In this way a long list of names is written down. The Committee member who has proposed the person will speak briefly on their behalf. Each person is discussed by the Committee and then the list is whittled down until the Committee comes to an agreement about who should be included for the exact number of nominations the Division has been allocated. Agreement is also reached about who will write citations for those nominated.

Scottish Division staff then write to the person who has been nominated and ask them to submit their CV on the standard form issued by SACDA, also available from the website. Each person being nominated needs to have a citation writer (who must also be an award holder) who will support their nomination. They need to supply the citation writer with a copy of their CV. The citation writer is also contacted and asked to submit their citation on the SACDA form. A deadline is given for all paperwork to be completed.

Once all the CV forms and citation forms are returned, the Chairman of the Division writes a covering letter to SACDA enclosing the forms with a copy to the President of the College.

Members can also self-nominate by downloading the CV form from the SACDA website and submitting it along with a citation by the closing date.

Further information about SACDA can be found at <http://www.show.scot.nhs.uk/sacda/home.htm>

Northern Ireland Clinical Excellence Awards Committee (NICEAC)

The document and forms relating to the new Northern Ireland scheme are available on the Clinical Excellence Awards website at http://www.dhsspsni.gov.uk/index/hss/clinical_excellence_awards_scheme.htm

Structure of the new scheme

The new scheme will be a single, more graduated scheme. It will include a local and a regional/national element. The lower value awards, 1–9 (formerly discretionary points), will be made by local (employer) committees. These awards will primarily reward outstanding contributions to local service delivery objectives and priorities. Higher value awards, 10–12 (formerly Distinction Awards), will be recommended by the new Northern Ireland Clinical Excellence Awards Committee (NICEAC). For higher awards, contributions at a regional, national and international level will be important. However, it will still be possible for consultants who deliver a wholly local contribution to progress to the higher awards.

Self-nomination is the only method of nomination for an award. Consultants who wish to self-nominate for a higher award, must, in the first instance, complete the form 'Notification of intention to apply for an award'. On receipt of this form, the NICEAC Secretariat will send an account number by e-mail which will enable access to the CV form on a secure site; the CV form should be *completed on line and submitted electronically*. The main guide should be read before completing the CV form, in particular sections 4 and 5.

In order to satisfy the eligibility criteria for *higher awards*, consultants must have achieved a minimum of *three* local awards.

Citation process summary

For *local awards* (previously discretionary points) citations will be sought from:

Steps 1–7 Employer
Steps 8 and 9 Employer and senior award holder

Normally either the clinical director or the consultant's appraiser should complete employer citations for local awards. (In the case of joint appointees, citations will also be sought from Queen's University.)

For *higher awards* citations will be sought from:
Step 10 (equivalent to B) Employer and senior award holder



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Steps 11 and 12 (A and A+ equivalent) Employer, senior award holder and either the consultant's Royal College or Specialty Association.

On receipt of the CV form the Secretariat will seek citations from the employer and senior award holder for step 10, and from the employer, senior award holder, and nominated Royal College or Specialty Association for steps 11 and 12. The Secretariat will provide the citation with a copy of the completed CV form.

Honorary Fellowships

Nominations for the College's Honorary Fellowship will be discussed at the October meeting of the Court of Electors.

The regulations of the College state under Bye-Law Section V that 'Subject to the Regulations the College may elect as an Honorary Fellow any person, whether or not that person is a member of the medical profession, who either is eminent in psychiatry or in allied or connected sciences or disciplines or has rendered distinguished service to humanity in relation to the study, prevention or treatment of mental illness or to subjects allied thereto or connected therewith or has rendered notable service to the College or to the Association'.

Nomination forms are available from Miss K. Hillman, Department of Post-graduate Educational Services (e-mail: khillman@rcpsych.ac.uk), to whom nominations for the Honorary Fellowship should be sent by 30 June 2006. Such nominations must contain recommendations by no fewer than six Members of the College, and include full supporting documentation.

Special Committee on Professional Governance and Ethics – Sub-Committees on Ethics and Confidentiality

The new Special Committee on Professional Governance and Ethics (SCPGE) will be established at the AGM on 11 July 2006. Membership will comprise recently appointed members of the Special Committee on Clinical Governance, the Chair of the new Ethics Sub-Committee and the Chair of the new Confidentiality Sub-Committee.

SCPGE will advise on and coordinate the College's activities and responses to a wide range of issues relating to professional standards (including professional ethics and confidentiality), professional accountability, appraisal and reflective practice, inter-professional relationships and core standards relating to clinical performance common to all psychiatrists.

The new Committee will:

- liaise with Faculties and educational committees (the new Education, Training and Standards Committee and the Continuing Professional Development Committee) with regard to matters of professional governance;
- provide a conduit for, and advise on, aspects of 'Standards for Better Health' (England) and similar programmes in the other countries relevant to the clinical practice and standards of psychiatry and psychiatrists;
- promulgate best practice in the field of clinical governance given the current understanding and usage of the term;
- relate with regulatory bodies, including the General Medical Council, with regard to issues of good medical practice and performance;
- oversee the ongoing preparation, editing and consultation on core *Good Psychiatric guidance* (CR125), and other guidance documents published in the *Good Psychiatric Practice* series, including *Confidentiality and Information Sharing* (CR133) (prepared by the Confidentiality Advisory Group) and the revision of CR101 (*Vulnerable Patients; Vulnerable Doctors: Good Practice in our Clinical Relationships*);
- develop College initiatives for psychiatrists employed within and outside the NHS, specifically in the developing field of appraisal and revalidation.

The following new sub-committees will be established to focus on ethical and confidentiality issues. The chairs of these sub-committees will be members of the SCPGE. The terms of reference for these two sub-committees will be agreed by SCPGE. The sub-committees will report directly through the SCPGE on matters relating specifically to areas of complex ethics and ethical dilemmas for psychiatry, and responding to, issuing guidance on, and advising the membership about patient/clinical confidentiality.

Ethics Sub-Committee

The remit of this committee will include:

- working with the SCPGE on the development and review of the College's core *Good Psychiatric Practice* guidance (CR125);
- advising the SCPGE and the Central Executive Committee on ethical issues;
- offering support in making ethical decisions;
- considering relevant consultation documents;
- promoting the importance of ethical training during all stages of a psychiatrist's career.

It is anticipated that the Committee will meet at the College four to five times a year, with business also carried out by e-mail.

Confidentiality Sub-Committee

The remit of this committee will include:

- development and review of the College's good practice guidance on *Confidentiality and Information Sharing* (CR133);
- advising the SCPGE and the Central Executive Committee on medical confidentiality and patient privacy and medical confidentiality;
- providing advice to members;
- considering relevant consultation documents.

It is anticipated that the Committee will meet at the College three to four times a year, with business also carried out by e-mail, including consultation with individual members according to their expertise.

Members with interest and expertise in ethics or confidentiality who wish to apply for membership or chairmanship of the Ethics or Confidentiality Sub-Committees are invited to write to Vanessa Cameron, Chief Executive by *Monday 22 May 2006*, enclosing a copy of their CV. Interviews will be held at the College on *Thursday 1 June 2006*.

Members will be asked to confirm that they have discussed their application and the time commitment involved with their employing authority and that this would be supported should their application be successful.