and the practice reverted to a 'shifted out-patient model'.

At present we liaise regularly with seven practices in two health centres in south-west Edinburgh using a range of Mitchell's models. In order to allow us to offer a liaison service to *all* GPs in south-west Edinburgh, we have devised a new model – a negotiated, focused, time-limited model. Each practice in the sector, irrespective of size, is being offered in turn a six month service of one session per fortnight. The task is negotiated at the outset, the time commitment on both sides agreed and the duration of service spelled out. The task will probably vary from practice to practice but may well turn out to be one of those described by Mitchell. However we expect the new model also to throw up new tasks. The first new practice has asked us to review a cohort of 'regular surgery attenders' to screen them for treatable psychiatric pathology and help devise management plans. The second practice is discussing benzodiazepine prescription and withdrawal.

We hope that this new model will allow us to work more closely with smaller practices and single handed GPs in the sector. But a spin-off will be the stimulation resulting from our attempts to tackle the unusual variety of new tasks set for us.

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Reference

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Patient administration systems

DEAR SIRS

I have recently become aware of a patient administration system which is widely used in general practice and distributed free of charge or against a small leasing fee by a company called 'Medital'. Apparently this system is due to be adopted generally by the NHS for all general practitioners.

Although this system seems to have some advantages, I was very concerned when I checked out items relating to psychotherapy where I found rather exotic forms of therapy represented on it, such as five different types of aversion therapy, an item called 'provocative therapy', another item called 'daily-living psychotherapy', etc. Some of the items were more sensible, but I became concerned principally with respect to two issues:

(a) It is well known that such a computer system will both educate and structure the thinking of its users. I would hate to think about my GP colleagues as experts in five different versions of aversion therapy

(b) I would have hoped that with increased computerisation the NHS management would also worry about interfaces between GPs' patient administration systems and the specialist patient administration systems. Ideally such an interface should exist and allow for direct transfer of referral letters by way of fax machines. I would further find it difficult to take a referral from a GP for 'provocative therapy'.*

For me, the need for a clear line from the College on patient administration systems, which would provide a solid basis for the negotiation of a sensible interface with the GPs' patient administration system, is obvious. It would appear that it should be a priority of the College to develop guidelines for such a system, as a good patient administration system could eventually provide information which can radically change the planning of services in the future.

Psychiatrists in the district of Liverpool have adopted a statement of 'user requirements for psychiatric and ECT patients' which would provide a good basis for such a discussion.

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*This statement does not imply a principle criticism of Farrelly & Brandsma's creative and entertaining book on provocative therapy, published in 1974 by Meadow Publications, Cupertino, California.

Mental Health Review Tribunals

DEAR SIRS

As a medical member of a Tribunal for some 16 years, I was saddened to note Dr Heaton-Ward's (*Psychiatric Bulletin*, August 1988) and Dr A. H. D. Hunter's (*Psychiatric Bulletin*, March 1989) comments about the dress of RMOs (presumably only male) when giving evidence at tribunal hearings.

Our lawyer colleagues, including both the President and the patient's representative, sometimes have the tendency to allow the pomposity of the court room to creep into the proceedings, possibly because of their unfamiliarity with the more relaxed atmosphere of a hospital. I consider it the duty of the medical member (hopefully with the help of the lay member) to try and humanise the proceedings. Although I favour a fairly formal style of dress for myself, both when I sit as a member or give evidence

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