However, innovative College tutors would no doubt find ways of enabling trainees to learn from other experienced teachers organising services – especially for those trainees who may not have a chance to be attached to that particular service during a rotation. This experience could be gained through grand rounds, sessional attachments and attendance by consultants and trainees at case conferences.

JOHN COX, *Dean, Royal College of Psychiatrists*

What about a Trainer's Charter?

Sir: We read with interest the Trainees' Charter (Collegiate Trainees' Committee, 1994). Since the introduction of the Patients' Charter many individuals have expressed the view that charters for health professionals should be introduced. Perhaps the introduction of a Trainer's Charter may act as an eye-opener and pave the road for the development of such charters.

We would propose the following to be included in such a charter:

(a) a certain proportion (e.g. 50%) of time should be spent on service commitment. This would enable a balance to be struck between training and service needs.
(b) the trainee at the offset should inform the trainer of what they intend to learn from the post. This would ensure the time is appropriately directed towards clinical and training commitments.
(c) the trainee would ensure that clinical notes are kept to a high standard.
(d) the trainee would ensure that under supervision discharge summaries and clinical letters are done promptly.
(e) the trainees make arrangements among themselves for adequate cover to be provided for the hospital. This could prove difficult as it is possible for all the trainees to be away on a course on a particular day. In such circumstances, an understandable and flexible approach should be undertaken. This is extremely important in the present economic climate.
(f) the trainer should be mandated to continue their own postgraduate medical education. They should attend all local teaching events and appropriate national courses.
(g) adequate time should be available for the trainer to pursue his or her interests, e.g. research, psychotherapy supervision etc.
(h) the health authority trust should (of course) employ a trainee who is willing to learn.

There are considerable resource implications if these charters are to be exercised successfully. In the current climate, obsessed with market forces, one is left wondering how these opposing obligations can be accommodated. Perhaps the College could take a more active role in helping clinical directors obtain the necessary resources (time, funds, people etc). After all what one is aiming for are high standards of training and psychiatric care (College Bye-laws 11,2).

ROYAL COLLEGE OF PSYCHIATRISTS COLLEGIATE TRAINEES' COMMITTEE (1994) Trainees' Charter, *Psychiatric Bulletin*, **18**, 440.

*P. C. NAIK and N. S. BROWN, *Lynden Resource Centre, Hobs Meadow, Solihull, West Midlands B92 8PW*

*Correspondence

The use of the Mental Health Act in the elderly in another health district

Sir: I applaud Drs Morris & Anderson's pioneering study (*Psychiatric Bulletin*, 1994, **18**, 195–246). A parallel retrospective survey conducted from April 1988 to December 1993 revealed important differences.

The Mental Health Act was used 41 times for 37 admissions in 34 patients. Section 2 was used more frequently (78%) and section 3 less so (28%). Section 5(2) and 136 were used twice, section 4 and 47 once. There was no recorded use of guardianship orders or the National Assistance Act.

The ratio of 'organic' to 'functional' illnesses was the reverse of that reported by Morris & Anderson. In this study 62% suffered dementia and 38% functional illness (half with affective disorders, half with schizophrenia). An important precipitant of admission was self-neglect (75%, severe in 9%) often accompanied by physical or verbal violence and help-resistive behaviour (66%).

https://doi.org/10.1192/pb.19.1.56 Published online by Cambridge University Press