

The members of the mission, which was undertaken on behalf of the International Commission of Jurists and the International Commission of Health Professionals, were: Dr T. W. Harding, Head of the Division of Legal Psychiatry at the University Institute of Legal Medicine, Geneva; the Hon. J. Schneider, Presiding Judge, County Division,

Cook County, Chicago; Dr H. M. Visotsky, Professor and Chairman of the Department of Psychiatry and Behavioural Sciences, Northwestern University Medical School, Chicago; and Dr C. L. Graves, Executive Secretary of the International Commission of Health Professionals, who acted as Secretary of the mission.

---

### *The Calculation of Manpower Needs—Mental Illness (Adult)*

These Manpower Committee Recommendations were put to Council at its meeting on 16 October 1986 when it was agreed that wide discussion should be invited:

1. The College should abandon the use of a 'norm' in future planning of the numbers of Consultants in Mental Illness (Adult) after Districts have achieved one Consultant to 40,000 population (1:22,000 in Teaching Districts).
2. The College should recognise a need to tailor psychiatric medical manpower to local conditions (e.g., morbidity, geography, numbers of other professionals).
3. The College must take part in devising a standard methodology for calculating the psychiatric medical manpower in a District, ensuring that time allocated to particular tasks is adequate for good practice and that the number of patients to be treated is related to epidemiological assessment of need. (The paper by Professor J. P. Watson illustrates how this might be done. See page 334).
4. Differences between Districts in their use of psychiatric medical manpower are likely to increase, and the College must ensure that adequate evaluation of the consequences is carried out.

This radical change in the way that Consultant manpower is determined is necessary because of the very different kinds of services that are developing with shifts to

community care and with changes in the training grades. Initiatives at District level are not being driven by a national norm any more but by local professionals, HAS and College visitors highlighting gaps in service and where poor quality of care may be due to excess caseloads. By defining good practice it is suggested that the College can best influence this process. It will lead to the examination of the best use of a Consultant's time and what work can and cannot be delegated. These are the missing ingredients that are needed in the argument about what additional consultant sessions are required to fill gaps in service or provide adequate time for increased caseloads. The formulation may be more complex, but it will be more credible. Every District may not need to go into the kind of detail suggested by Professor Watson's pilot because detailed study in one type of District (without juniors for instance) could be exemplary for similar Districts to copy.

Please note that there is no implication that these recommendations should apply to the calculation of Consultant manpower needs in the specialties of Psychotherapy, Forensic and Child and Adolescent Psychiatry, and the Psychiatry of Mental Handicap. Their numbers have not yet reached minimum levels for most Districts and, therefore, national norms remain a necessity.

PETER F. KENNEDY  
Secretary  
Manpower Committee

---

### *Course in Clinical Neurophysiology*

A course in Clinical Neurophysiology is being organised by the EEG Society from 6 until 10 April 1987 at Queen Elizabeth College, Kensington, London, and will cover evoked and cognitive potentials, EEG, EMG and peripheral nerve studies. There will be special lectures on

paediatric aspects. The cost will be £345, including accommodation. Further details can be obtained from Dr Ann Harden, EEG Department, Hospital for Sick Children, Great Ormond Street, London WC1N 3JH (telephone 01 405 9200, extension 202).