
Correspondence

President's statement

Sir: The President's editorial 'What are Royal Colleges for?' (*Psychiatric Bulletin*, December 1998, **22**, 721-723) is timely.

Consultant psychiatrists are already submitted to scrutiny far more than any other speciality - I have counted 11 forms of scrutiny, but others may be able to add to this. They are Mental Health Act Commission visits, Mental Health Act Review Tribunals, Manager's Hearings, second opinions under the Mental Health Act for treatment, accreditation visits for senior house officers, Joint Committee on Higher Psychiatric Training visits for specialist registrars, postgraduate dean visits, local inquiries, trust serious incident enquiries, Department of Health enquiries and the Health Advisory Service visits. We are enquired into so much that at times there is a feeling of persecution, particularly from the Serious Incident Enquiries that are held every time there is an untoward death. Nonetheless, we must recognise that if all the deaths of surgeons were enquired into as is now the custom in psychiatry then appropriate action could have been taken at an earlier stage in Bristol. I understand that Serious Incident Enquiries into surgical misadventures are very rare even though in principle they are little different from suicides in psychiatric patients. It is unlikely that the monitoring of psychiatrists will be reduced so let us make the best of it.

If the information derived from this vast system could be integrated we would be in a position to claim that we are very advanced indeed in self regulation. I would suggest for each trust there should be a College-appointed person independent of the trust management, but acceptable to them. Nearly all these inquiring bodies would include members of our College and with the permission of the body, the member could communicate with the College appointee observations made on consultant function. Any one source of information could be contaminated by antipathy or lack of sympathy by the observer; but if more than one source indicated concern then this would be grounds for some action. The major role of the College is educational and there would be great difficulties in going down the disciplinary road - in any case we have the General Medical Council for that. Where there are worries about consultant function it will often be the case that the consultant has been given an impossible job with inadequate resources. The College appointee could discuss

the issues with the consultant and often the appropriate action would be to alert the trust management to the resource issue. In other cases it may be apparent that the consultant is sick, ill informed or deficient in qualities of leadership. There are existing procedures for sick doctors that are usually invoked at a very late stage of sickness and this would be a means of getting help earlier. For the other problems the College could provide counselling which hopefully would improve the consultant's function, but if not, the counsellor would understand the issues sufficiently to be able to judge whether there was some other procedure that would be helpful with the ultimate possibility of referral to the General Medical Council competence procedure.

I doubt whether it is possible to design a useful revalidation system, largely because a lack of knowledge contributes much less to poor patient management than do the personality and style of the consultant to which my suggested approach would be more sensitive.

Finally it would be helpful if all our colleagues could demonstrate some political realism by enrolling in the College scheme for continuing professional development.

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Sir: I was very interested to read Dr Kendell's editorial on the function of the Royal Colleges (*Psychiatric Bulletin*, December 1998, **22**, 721-723) and would of course agree that the various Colleges have undoubtedly maintained and raised the standard of postgraduate medical training. I would disagree, however, with the idea that the position of the Colleges is being undermined by the incompetence of a very small minority of its members. The vast majority of doctors do not appear to me to be either incompetent or venal and are usually very good, and that includes a number of our psychiatric colleagues who have had the misfortune to be lampooned by the media for supposed misdemeanours and scandals.

The central problem would appear to be that the public, perhaps encouraged by the media, have come to expect an Utopian state of perfection from doctors in which so called errors