ROYAL COLLEGE OF PSYCHIATRISTS (1993) *Council Report CR26: Consensus Statement on the Use of High Dose Antipsychotic Medication*. London: Royal College of Psychiatrists.

PAUL BOSTON, *Department of Psychiatry, Faculty of Medicine, University of Leicester LE2 7LX*

Sir: We welcome the recent Consensus Statement on the Use of High Dose Antipsychotic Medication (Thompson, 1994) but would welcome further guidance on the use of high dosages, particularly when polypharmacy is involved.

The consensus statement provides clear guidance for the use of single medications at dosages exceeding the advisory limit for general use and in its *Guidelines and Suggestions* indicates that a combined dosage of more than one antipsychotic should not exceed the recommended upper limit. However no guidance is given as to how to calculate the maximum daily dosage when using two or more drugs. The difficulties in estimation of maximum dosages when using polypharmacy are exacerbated by the lack of a single scheme of "chlorpromazine equivalents". There is also a lack of consensus amongst the values given by the manufacturers and in the literature (Foster, 1989).

Relatively modest dosages of two antipsychotics may lead to dosage levels which if expressed in chlorpromazine equivalents far exceed the recommended daily dosage for one medication. However the simultaneous prescription of more than one antipsychotic occurs regularly in routine clinical practice without the rigorous safeguards and precautions laid out in the consensus statement.

It is unlikely that the pharmaceutical industry would wish to take the lead in the production of guidelines for use when polypharmacy is indicated. We would thus urge the College to encourage and facilitate further work in this important area.

FOSTER, P. (1989) Neuroleptic equivalence. *The Pharmaceutical Journal*, **243**, 431–432

THOMPSON, C. (1994) The use of high-dose antipsychotic medication. *British Journal of Psychiatry*, **164**, 448–458

A. VALMANA and M. POTTER, *Springfield Hospital, 61 Glenburnie Road, London SW17*

Registrar's note

The letters from Dr P. Boston and Dr A. Valmana & Dr M. Potter indicate that there is still much detailed work to be done following the well accepted but broadly defined consensus statement on high dose antipsychotic medication. These and other letters have been referred to the psychopharmacology group of the College for consideration.

The detail of four hourly or six hourly starting doses of antipsychotics either intramuscular or oral were not considered by the group. They are only relevant to the consensus statement when the total daily dose exceeds the daily BNF limit in which circumstances the group considered that it would be necessary for the dosing schedule to be seen and approved by a more senior psychiatrist, i.e. a psychiatrist with Membership of the Royal College of Psychiatrists. It is nevertheless an important point that dangers can arise in acute dosing schedules without the BNF dose being exceeded, and regardless of the general safety of neuroleptic agents, psychiatrists of all grades need to be constantly vigilant to motor and autonomic side effects.

C. THOMPSON, *Registrar, Royal College of Psychiatrists*

The College's ethnic monitoring exercise

Sir: A circular from the Registrar states that our College is trying to eliminate discrimination on ethnic grounds in psychiatric practice and in the College's own activities. Having stated that a record of the ethnic origin of its members would help the College in this endeavour, he asks for information about country of birth and racial designation.

Only a person who has never experienced the disbelief, anger and distress inseparable from racial discrimination will fail to see how ill-advised, even dangerous, this undoubtedly well-intentioned exercise actually is. First, it calls upon members to think of themselves in racial terms which is counter to the effort to promote non-racial thinking. Those who are able to think non-racially will find the requirement disconcerting. Second, it calls upon non-white members whose 'British' or 'European'-type names have so far enabled them to slip past the short-listing obstacle to identify themselves by race, and perhaps alert people of ill-will on short-listing panels and Advisory Appointments Committees of their racial origins. Third, how would a record of ethnic origins help in eliminating discrimination in psychiatric practice? If the College is not contemplating assigning patients to therapists by race, where lies the logic in this? Finally, since discrimination enjoys the statutory support of such instruments as *Achieving A Balance*, how does our College propose to get past State-sponsored racial discrimination?

If we wish to make a beginning in reducing discrimination in College activities, all that is required is for the College to insist on merit as the only criterion for access to training and employment opportunities.

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Towards this objective, I would recommend the following rules:

(a) Questions about age, gender, race, nationality, place of birth, marital status and pre-professional education should not appear on application forms.
(b) No candidate who is not a member of the College may be shortlisted for a senior registrar or consultant appointment.
(c) If the only qualified candidates are non-white, the interviews should go ahead.
(d) Members of Advisory Appointments Committees should devise questions that would simply test a candidate's knowledge, skills and attitudes, and not refer to the candidate's ethnic or racial origin.

Having – in spite of my qualifications, experience and contributions to service provision and to education and training in psychiatry – had the personal experience of racial discrimination in my professional career in this country, I hope that our College will take the lead in encouraging non-racial thinking and in evolving a culture of genuine equality of opportunity.

IKECHUKWU O. AZUONYE, *Forest Healthcare NHS Trust, Claybury Hospital, Manor Road, Woodford Bridge, Essex IG8 8BY*

Sir: In 1987 Council established a Special Committee with the following terms of reference:

(a) to explore issues attending the training of psychiatrists and the practice of psychiatry in British multi-ethnic society
(b) to investigate the problems of discrimination against trainees, other doctors in psychiatry and patients on the grounds of race and to make recommendations.

The Special Committee, chaired by Professor Kenneth Rawnsley, presented its report to council in June 1989. Copies of this report are available from the College.

Twenty-four specific recommendations were made including the following "The College, perhaps through the Court of Electors, should ensure that regular monitoring takes place of the distribution by sex and ethnicity of new Fellows, Regional Advisers and their Deputies and examiners in the MCRPsych. Council accepted this recommendation but further agreed that there should be no discrimination by sex or ethnicity when members were being considered for membership of College committees, including the board of Examiners, for the Fellowship or for Distinction Awards".

The College obviously had information about the gender of its membership but no information on ethnicity. The College members were therefore circulated with a letter and a form from the Registrar collecting ethnic information in September 1990 and it has recently been agreed that this information should be regularly collected from new Inceptors, Members and Fellows of the College. Throughout this exercise the methodology and the classifications used have been the same as those which are used by the Office of Population, Censuses and Surveys which was updated for the 1991 population census. Further letters were sent out in January 1993 with reminders in July 1993.

Council reaffirmed its wish to collect ethnic information on its Members in 1993 and a working group was set up under the Chairmanship of Professor J. Cox to monitor the implementation of the recommendations of the 1987 Special Committee. Further, the establishment of a transcultural psychiatry special interest group may be expected to have a particular interest in the success of the ethnic monitoring service.

Members may wish to know that out of 5643 members and fellows residing in the United Kingdom, 1423 did not return their questionnaires, 65 returned blank questionnaires and 14 of these were accompanied by letters of objection. Seven completed questionnaires were accompanied by letters expressing strong support for the College's initiative.

With regard to Dr Azuonye's four recommendations, we are pleased to be able to report that these are in fact already College policy. College assessors on Advisory Appointments Committees attend a training day in which issues of equal opportunity feature prominently, both in didactic presentation and in role play. The College does not approve the appointment of a psychiatrist without membership to senior registrar, let alone consultant appointments, and takes firm action when this occurs without approval.

CHRIS THOMPSON, *Registrar*; and JOHN L. COX, *Dean, Royal College of Psychiatrists*

Shortage of beds

Sir: As a psychiatric registrar working in the same region, I agree with Dr Foster (*Psychiatric Bulletin*, June 1994, **18**, 371–372) that the shortage of acute beds is worsening. However, while this may pressurise juniors to avoid admissions, I do not share the sense of inevitability conveyed by her letter. This situation only arises when juniors allow wider managerial issues to cloud clinical judgement. Junior doctors are not in a position to deal with such issues unaided and attempts to do so may expose patients to increased risk while possibly exacerbating the underlying problem of insufficient beds.