require admission, then we can determine precisely the bed need for a variety of queue lengths. Once the acceptable queue length is determined then it is possible to negotiate with the health authority concerned either:
(i) to supply the necessary beds.
(ii) to advise the consultant they cannot meet this basic need and leave the consultant free to decide to carry on a service deficient in acute admission beds or for the consultant, perhaps, to cease to provide some aspects of his service.

I think this may make matter clearer to our readers.

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REFERENCE

[1]SINGH, J. (1968) *Operations Research* (Pelican Library of Business Management). Harmondsworth: Penguin.

(see page 398)

DRCPsych

DEAR SIRS

This year the College is introducing its new Part I examination for MRCPsych candidates. The new exam will be different from the old preliminary test in its emphasis on clinical skills while testing the knowledge of basic subjects will be incorporated into the new Part II examination.

In this context I would like to propose to the College that it should offer the successful candidates in the Part I examination, a Diploma of the Royal College of Psychiatrists (DRCPsych).

This will be very attractive for two groups of doctors. Firstly, those doctors who intend to go eventually into general practice but have chosen to gain an extended psychiatric experience. These doctors may find an additional qualification in psychiatry a real opportunity to promote their chances of getting into a suitable practice. Secondly, doctors from overseas who sometimes are not able to complete full membership within the time period allowed under Limited Registration by the General Medical Council will find it very useful to have at least some qualification before they return to their countries. At present, when faced with a (perceived) humiliating situation of returning home after a stay of five years without any further qualification, many choose to rather stay behind and do a non-medical job in this country.

This proposal, if accepted, does not call for any compromise on standards of examination and neither is it a totally novel proposition; the Faculty of Anaesthesia of the Royal College of Surgeons offers the DA to successful candidates in the FFARCS Part I examination.

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A form of consent for mentally handicapped patients

DEAR SIRS

In the seventies I was supplied with the form below by a medical defence organisation for use in the cases of mentally handicapped patients who could not give consent.

OPERATION AND TREATMENT
IN THE CASE OF A MENTALLY SUBNORMAL PATIENT

I, ... medical practitioner in charge of the treatment of ..... an in-patient at this hospital, understand the nature and effect of the operation or treatment proposed for him/her.

..... is suffering from a degree of mental subnormality which prevents him/her understanding the nature and effect of the proposed operation or treatment.

As the medical practitioner in charge of treatment for his/her mental condition, it is my opinion that in his/her own interests it is necessary that the operative treatment should be undertaken in spite of his/her inability to give any valid consent.

Signed.....
Medical practitioner in charge of treatment

Date .....

In the *Bulletin* July 1986 (**10**, 184–185) the Section of the Psychiatry of Mental Handicap presented interim guidelines on consent by mentally handicapped patients. I have confirmed with my medical defence advisers that the form of consent above is still acceptable. The terminology can be updated by substituting 'mental handicap' for 'mental subnormality'.

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Psychiatric discharge summaries in mental handicap settings

DEAR SIRS

I was interested to see guidelines for comprehensive information in summaries of mentally handicapped patients with psychiatric illness (*Bulletin*, July 1987, **11**, 228–229). I would suggest, however, that some World Health Organization's definitions used are inappropriate since the 1983 Mental Health Act, and that in particular a different word should be found for 'impairment', possibly 'defect' or 'pathology'. With recent legislation making mental impairment apply only to those with aggressive or seriously irresponsible behaviour who are detained, the connotations of using the word in other settings for informal patients could distort its intended meaning.

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