



while most have highlighted the need for changes in the Part I clinical examination, there is little mention of what changes, if any, can be made to improve the Part II clinical examination.

It is my opinion that, having initiated the change to the OSCE format for the Part I clinical exam, the College would, inevitably have to review the current long case format in the Part II exam. The debate, I hope, will start sooner rather than later.

**Amitav Narula** Senior House Officer, The Greenfields, Learning Disability Service, P.O. Box 7041, Birmingham B30 3QQ. E-mail: amitavnarula@hotmail.com

## Psychiatric secrets of success: who wants to be a specialist registrar?

Naem's excellent and informative article (*Psychiatric Bulletin*, November 2004, **28**, 421–424) provided useful tips and advice for trainees aiming for higher specialist training as specialist registrars. However, we would like to point out certain factual

inaccuracies which require further clarification.

First, the College's *Higher Specialist Training Handbook* (Royal College of Psychiatrists, 1998) clearly states that higher specialist trainees in lecturer posts who do five or six clinical sessions become eligible for a single certificate of completion of training (CCT) (formerly CCST) after 3 years. It is only when they do 4 clinical sessions that the single CCST is after 4 years.

Second, overseas doctors who are non-European Economic Area nationals and do not have indefinite leave to remain in the UK, are also eligible to apply in open competition for type I specialist registrar training programmes leading to CCT (Department of Health, 1998). If appointed, they are provided with a visiting national training number (VNTN). They can then also apply to the Immigration and Nationality Directorate (IND) of the Home Office for permit-free training leave to remain in the UK. This can be further extended by up to 3 years at a time depending on the training needs of

the individual and satisfactory progress (UK Visas, 2004). The VNTN automatically becomes a NTN once the doctor gains indefinite right to remain in the UK. Overseas doctors without UK indefinite residence leave therefore are not limited to taking up fixed-term training appointment (FTTA) or type 2 posts, which do not lead to award of CCT, and conversely FTAs are not limited to overseas doctors without residency rights.

DEPARTMENT OF HEALTH (1998) *A Guide to Specialist Registrar Training*. Leeds: NHS Executive.

ROYAL COLLEGE OF PSYCHIATRISTS (1998) *Higher Specialist Training Handbook*. Occasional Paper OP43. London: Royal College of Psychiatrists.

UK VISAS (2004) *Guidance-Permit Free Employment*. (INF 14). (<http://www.ukvisas.gov.uk>).

**\*Debasis Das** Clinical Lecturer and Honorary Specialist Registrar, Division of Psychiatry, University of Nottingham, 'A' Floor, South Block, Queen's Medical Centre, Nottingham NG7 2UH. E-mail: debasis.das@nottingham.ac.uk,

**Sujata Das** Specialist Registrar in General Adult and Old Age Psychiatry, Nottinghamshire Healthcare NHS Trust

## the college

### The psychiatrist, courts and sentencing: the impact of extended sentencing on the ethical framework of forensic psychiatry

#### Council Report CR129, June 2004

Professor Nigel Eastman, Professor John Gunn and Dr Mike Shooter, on behalf of the Royal College of Psychiatrists, provided a College response to the consultation paper on extended sentences, issued by the Sentencing Advisory Panel in June 2001. This followed a ruling by the Court of Appeal that sentencing guidelines should be issued to judges on the use of extended sentences. Sections 80 and 85 of the Power of Criminal Courts (Sentencing) Act 2000 replaced certain sections, dealing with extended sentences, of two previous acts namely the Crime and Disorder Act 1998 and the Criminal Justice Act 1991. The Power of Criminal Courts (Sentencing) Act 2000 gave powers to courts to impose additional supervision or a longer than commensurate sentence on sexual and violent offenders 'to protect the public from serious harm from the offender'. The College response was met with a wide spectrum of opinion within the Forensic Executive. The Executive therefore determined to have a seminar on the role of psychiatrists in court, concentrating

particularly on the use of psychiatric evidence where longer than normal sentences are being considered. That seminar was held on 6 December 2002 at the Commonwealth Institute and involved: the Executive of the Forensic Faculty, the Ethics Committee, Royal College of Psychiatrists and the Confidentiality Committee, Royal College of Psychiatrists.

The seminar was structured around four presentations: In what circumstances should psychiatrists attempt to predict violence by the mentally disordered? Science and ethics, Nigel Eastman; Risk psychiatry and the courts, Tony Maden; Psychiatric evidence in the court room, John O'Grady; Psychiatrists in the court: black robes and white coats, Gwen Adshead.

There followed a wide range of discussion by participants at the seminar. This paper seeks to gather together these presentations and discussions and presents a summary based around various themes. Particular points or views are not credited to any particular person and the four presentations are amalgamated into the body of this report rather than being individually reported.

The issues raised were profoundly complex and, not surprisingly, where issues of personal morality and ethics were concerned, there was a wide variation in individual executive members' response. There was a common feeling of intense unease in relation to our work with courts and public protection agencies. What clearly emerged was that there

is no current adequate ethical framework to address the profound issues we face in our interface with public protection/criminal justice system. This is of very particular concern to forensic psychiatrists but we believe that the issues we face, because of our day-to-day interaction with the criminal justice system, will not be confined to forensic psychiatrists only but will be of concern to all psychiatrists. There was representation from the Child and Adolescent Faculty at our meeting and they confirmed that child psychiatrists equally face profound ethical dilemmas in their everyday work, particularly when issues of child protection reach the courts. These concerns are likely to be amplified greatly for all sections of the College if the proposals of the new Mental Health Bill reach Parliament and eventually form the basis of a new Mental Health Act.

### Why are there ethical dilemmas?

The basic dilemma that faces forensic psychiatrists is their dual role. Most forensic psychiatrists act as catchment area forensic psychiatrists responsible for comprehensive services to a specified geographical area, and with gatekeeping functions in regard to secure services (both National Health Service and private). However, in the interaction with the criminal justice system, the forensic psychiatrist is also responsible to courts and other criminal justice agencies when they provide reports on their behalf.