

THE COLLEGE

THE NORMANSFIELD HOSPITAL INQUIRY The College's Comments (Summary)

The remit of the Committee of Inquiry was restricted to events at Normansfield Hospital. The College's purpose is to consider the more generalized implications of events and conclusions and how similar situations might be avoided in future.

Right of Appeal

One aspect of the conditions governing Inquiries which is of great concern to the College is that there is no right of appeal against the Inquiry's findings. The College strongly endorses the recommendation made in its earlier report on the Conduct of Committees of Inquiry (*News and Notes*, Sept. 1976) and urges that machinery should be instituted to allow some form of appeal.

National Health Service Structure

The College has submitted evidence to the Royal Commission on the National Health Service (*News and Notes*, Nov. 1976). Under the present structure of the NHS there are numerous overlapping areas of authority and responsibility.

Divisions of Psychiatry

The Division of Psychiatry is an advisory body and has no executive function or responsibility. Its purpose is to advise on medical matters, and it can also provide an opportunity for an exchange of knowledge, ideas, and problems among psychiatrists working within an Area.

A Division may influence the practice of psychiatry within its Area, and if anything of which it disapproves appears to be happening, it can advise Management Teams.

Monitoring of and Responsibility for Nursing Care

The delineation of authority and responsibility for nursing care is not always clear. There is sometimes a gap between the Division and the Area, and the Area is not always kept in touch with what is happening locally. Limits of authority, responsibility and delegation need clearer definition so that nurses can confidently make firm decisions. If reference to senior nursing officers does not prove to be satisfactory, nurses or others should be able to complain through the Management Teams.

The Clinical Role of the Nursing Officer Grade

The career structure of nurses should be so organized that those dedicated to clinical work with their patients are not at a financial disadvantage.

Community Health Councils

Community Health Councils were established to represent the local community's interests. The Councils are still defining their roles and have developed in different ways throughout the country. They can provide a valuable forum for the exchange of information and discussion of points of view, and psychiatrists should brief their members on matters concerned with mental health, so that the community in general can be better informed and the Council's support enlisted in remedying deficiencies in the Service.

The Health Advisory Service

In general the Health Advisory Service serves a useful purpose but there are criticisms of the way in which it functions, the method of presentation of its reports, and the authority of its recommendations.

The HAS teams vary and sometimes seem to be more dogmatic and less tactful than is helpful; as the teams become more experienced some of the earlier shortcomings are being overcome. The writers of HAS Reports should be briefed especially with regard to confidentiality, the amount of detail that is relevant, and the desirability of avoiding personalized comment wherever possible. The remit of the HAS should be extended to include all children in hospital, irrespective of their length of stay, and their objectives should include the children's general well being.

Short-term Administrative Appointments

In less popular hospitals where working conditions are often poor there is frequent turnover of staff. It is suggested that the Institute of Hospital Administrators should require a period of service in a psychiatric hospital as an established part of their training programme.

The Consultant

The Appointment of Consultants

The College's criteria for the appointment of consultants are clearly defined in the Notes of

Guidance which are given to all College Assessors, and it is only exceptionally that these may be varied and then usually only when a proleptic appointment is to be made.

The College strongly advises that appointments of a single consultant to a post in an isolated hospital should be discontinued. Such posts should be filled by linking two appointments. The College's criteria for the appointment of locum consultants appear in this issue of the *Bulletin* on page 148.

Consultant Responsibility

The College's policy on consultant responsibility has been fully and clearly stated (*Bulletin*, Sept. 1977, pp 4-7). The consultant has ultimate clinical responsibility and overall authority to diagnose illness and to prescribe treatment. The consultant also has a responsibility to be concerned in the administrative processes of the National Health Service and to play an active part in ensuring that resources are used with efficiency and economy, and to implement decisions of management.

Dismissal and Appeal Procedures

Consultants are responsible to their employers and to management for their general conduct in ordinary employment and non-professional issues. They are in a similar relationship to their employers in regard to breach of contract, dismissal and appeal against dismissal as are all other employees.

The moral and legal implications of a statement, either by an employing authority or a Committee of Inquiry that an employee should 'not be re-engaged in any capacity in the Health Service' are doubtful on any grounds. The General Medical Council's Professional Conduct Committee has declined to take disciplinary proceedings to consider the clinical competence of the doctor concerned in this Inquiry.

The doctor can appeal against dismissal by his employer (as has happened in this case), but it is uncertain what would happen if a Health Authority either ignored the original recommendation for dismissal (as it has done in the case of some other non-medical professional employees at Normansfield) or re-employed the appellant in the same or another post within its area.

Disciplinary Procedures

Disciplinary and Complaints procedures are currently being discussed with the profession, which

has not accepted the Report of the Davies Committee, and the College is also giving urgent attention to these matters.

Medical Audit and Continuing Medical Education

The College considers that the ongoing monitoring of a doctor's practice and education are matters of great importance, and they are being considered by Committees of the College.

Other Matters

The Multi-disciplinary Team

In the Committee of Inquiry's Report much space is devoted to discussion of the concept of the multi-disciplinary team. The system has much to commend it, but there are problems which must be recognized. These were fully dealt with in the 1977 Memorandum on the Responsibilities of Consultants mentioned above.

Confidentiality

In common with all doctors, the consultant has to preserve confidentiality of information entrusted to him by patients, and the patient relies on this confidentiality. This applies also to other members of the caring team.

Following the publication of its Report on Confidentiality (*News and Notes*, January 1977), the College took the initiative in setting up an Inter-disciplinary Working Party with representatives of Institute of Health Service Administrators, MIND, the DHSS, the National Schizophrenia Fellowship and the Royal College of Nursing, the Law Society, BMA, British Association of Social Workers and the British Psychological Society. This Working Party is preparing Guidelines for the guidance of all concerned with the care of patients.

Seclusion

The extent to which seclusion is used varies greatly from hospital to hospital, but where it is used it must be carefully regulated and monitored. Clear and unambiguous rules governing the use of seclusion should always be kept and frequent and regular visits made to the secluded patient. The College endorses the view of the Committee of Inquiry that the extent to which staff shortage gives rise to the use of seclusion should be shown on the return to the Area Health Authority.

Members of the Special Committee were Drs W. A. Heaton-Ward (Chairman), W. A. L. Bower, J. Hatrick, Professor A. K. M. Macrae, and Drs H. R. Rollin and E. W. Shepherd.