## *Future nursing participation in the appointment of consultant psychiatrists*

DEAR SIRS

I must say I was fascinated by Dr McLean's suggestion regarding future nursing participation in the appointment of consultants (*Bulletin*, March 1985, **9**, 62). Might I ask why should the arrangement stop at a nurse representative? Why not include a psychologist, social worker, occupation therapist, porter, domestic and, indeed, perhaps a member of the garden staff—all of whom can also play an important role in treatment and management?

The discussion which takes place at Dr McLean's divisional meetings suggests an early dementing process can affect not only the individual but, it also appears, some groups. Perhaps one should not be so unkind or reactionary and accept that the imminent onset of Spring does allow some licence for silly ideas of this nature. Wake up Dr McLean to the implication of your suggestion upon the medical profession, the National Health Service, Unit Management and the service we give to patients.

I would like to suggest some items for the agenda of your next divisional meeting: e.g. (1) Our heads are in the clouds! How did we get here?; (2) Divisional disbandonment and early retirement on nursing representative recommendation; (3) Nursing advice on early retirement of doctors—is such acceptable?

If nurses are to participate in consultant appointments, can they not also have a voice on when consultants retire?

D. J. MCDONNELL

*Department of Child and Family Psychiatry*
*Thurlow House, Goodwins Road*
*King's Lynn*

DEAR SIRS

Elizabeth McLean (*Bulletin*, March 1985, **9**, 62) asks for our comments on her suggestion that a nurse should sit on consultant appointment committees. Well, I think that she is wrong.

These committees need to be kept small and should consist of members who can truly assess each candidate's knowledge, experience and potential. A senior psychiatrist will certainly assess a candidate's ability to work alongside nurses, recognizing the important role of the latter (and of many other workers) in the team. It is also necessary to assess a potential consultant's ability to give leadership in such a team.

It is surely extending the multidisciplinary idea to ridiculous lengths to demand a nursing 'voice' at what must be a very specialized professional occasion. And where would one draw the line? Why not psychologists, social workers and paramedicals of all kinds?

The ultimate 'responsibility' for medical care is not 'shared'—it is that of the consultant. Future consultants should be appointed by those able to assess their competence as psychiatrists and not by a multidisciplinary panel.

MICHAEL C. C. BIRD

*Roundway Hospital*
*Devizes, Wiltshire*

DEAR SIRS

Dr Elizabeth McLean's proposal (*Bulletin*, March 1985, **9**, 62) that a nurse should be included on Advisory Appointment Committees for Consultant posts does not go nearly far enough.

I would suggest that such Committees should include a nurse; a social worker; an occupational therapist; a clinical psychologist and an administrator from each of the 'sectors' in which the successful candidate will have to work; and a representative of the appropriate Community Health Council. Membership or Fellowship of the Royal College of Psychiatrists would be a disqualification, though the presence of a psychiatric trainee might be considered.

Further regulations should require the person appointed to abide by the decision of the multidisciplinary team in all matters. Responsibility in the event of any mishap or complaint would, however, remain firmly with the consultant concerned.

I. G. BRONKS

*Kingsway Hospital*
*Derby*

DEAR SIRS

I wish to support Dr Elizabeth McLean's suggestion that we press for nursing participation in medical appointment committees in the specialty of psychiatry (*Bulletin*, March 1985, **9**, 62).

The regulations already allow authorities to appoint one or more additional members to the committee where 'the person to be appointed will be required to carry out duties on behalf of a local authority' (NHS (Appointment of consultants) Regulations, 1982, Schedule 4, Regulation 7(1) and 7(2) and 1(i)).

This has enabled a number of appointments committees to include non-doctors, such as social workers or psychologists, which is a start.

PETER BRUGGEN

*Hill End Hospital*
*St Albans, Herts*

## *The 'ivory tower' vs the 'poor nation of others'*

DEAR SIRS

As another 'ivory tower' incumbent who was until recently looking at the psychiatric world from the same side of the fence as Drs Nehama and Launer, I would like to point out the utter nonsense of David Goldberg's 'table of workload' set out in his letter (*Bulletin*, April 1985, **9**, 83). Without any reference to the relative sizes of the catchment areas of Prestwich Hospital and the University Hospital of South Manchester, or the contrasting demography of the two areas, he goes on to suggest that somehow his unit gets through more work. He compares numbers of medical staff which are roughly equal in the two hospitals but omits to mention that Prestwich is a vast, old mental hospital of 1,400 beds with a large long-stay population, whereas the small university unit at Withington started afresh with no long-stay patients. Withington has *double* the