

again looked at the issue to check what progress had been made and found that the ratio of consultants to junior doctors had hardly changed. The Government replied to that follow-up report with agreement, stating 'there appears therefore to be an impasse'. To resolve the problem there is to be another review of the whole subject by the Government and the Joint Consultants Committee. She was concerned about the deterioration in services in a variety of areas if no action is taken soon.

Day centres for the mentally ill

In reply to a question (21 February 1986) Mr Whitney (DHSS) gave details in the form of a table of day centre places for mentally ill people in England as at 31 March 1985. The statistics refer to local authority day centres and places in centres provided by voluntary and other organisations. The details can be found in *Hansard* Issue No. 1372, columns 392-394.

Special Hospitals (Management)

In reply to a question in the House of Lords (25 February 1986) Baroness Trumpington (DHSS) said that when the term of appointment of the Rampton Hospital Review Board expires in June a permanent local board will be established by the Secretary of State which will be a special health authority and will be accountable to him. Experience of the Review Board at Rampton had shown that the hospital had clearly benefited and its image had

also improved. The Board is chaired by a businessman and has members with relevant interests and experience who know the hospital well and can stand a little apart from the day to day business. It provides an intermediate tier between the hospital management team and the DHSS. The Board has been able to provide closer oversight of the hospital management team and strengthened its accountability. It has also introduced tighter mechanisms of financial control and has generally encouraged better management practices. Similar arrangements are also to be established at the other Special Hospitals, Broadmoor, Moss Side and Park Lane.

Psychotherapy

In reply to a question (4 March) Mr Whitney (DHSS) said that no discussions had taken place with the DHSS about the regulation of the practice of psychotherapy. It was for the professions themselves to resolve the various issues involved and to reach a consensus view before the question of statutory registration could be considered. Figures were not maintained routinely for allegations of malpractice by practitioners with respect to psychotherapy but no complaints were known of in the past year.

Drug Trafficking Offences Bill

On 4 March this Bill had its Second Reading in the House of Lords.

ROBERT BLUGLASS

Correspondence

The Health Advisory Service—A quango running wild?

DEAR SIRS

The letter from Professor Goldberg and his colleagues of the University Hospital of South Manchester (*Bulletin*, February 1986, 10, 36) struck chords in relation to the HAS visit to Northwick Park Hospital. We also felt that the HAS team had little comprehension of the limitations of psychiatric knowledge, adopted an inappropriately directive approach and failed to avoid taking partisan views.

Whereas the origins of the HAS system lay in justified public concern about inadequate or improper treatment of psychiatric patients in NHS hospitals our experience of the HAS visit suggests that the authority and scope of the Service now extend far beyond this remit. It has become a system whereby a small group of individuals attempt to impose particular views concerning psychiatric treatment and its organisation upon individual health districts. Because the scope of the HAS recommendations are so broad they cover many areas where evidence is extremely limited and what constitutes effective psychiatric treatment

or organisation of services is subject to wide and genuine differences of opinion.

This problem simply was not recognised by our visiting committee. Awarded the cloak of HAS authority they succumbed to the temptation to lay down the law on a variety of questions including issues on which their own knowledge of practice and the development and costs of services in Harrow was circumscribed. Put simply much of the content of the report was no more than the opinion of individual HAS members, unsupported by evidence.

For example the visiting committee commented adversely upon outpatients without seeing a clinic, interviewing any member of staff who worked in one or any patient who attended one. The basis for their statement that communication about patients is poor was obscure as in our hospital a letter follows every outpatient visit. They felt free in their summary to state without qualification that 'the orientation of the majority of the consultant body has prevented the development of psychotherapeutic and social approaches to psychiatry' in spite of the fact that they were told during their visit of the extensive studies of the treatment and outcome of functional psychoses, their social cost and possible social precipitants conducted at Northwick Park.

By contrast several aspects of the report indicated

the committee's unbridled enthusiasm for community psychiatric nursing services:

'the Health Authority should expedite the expansion of the CPN Service in Harrow';

'an increase of two CPNs per year should be planned';

'210 clients are currently supported by CPNs in Harrow. The service is clearly an important factor in the development of community services'.

The evidence on which these views were based is not stated and none of these recommendations or statements of opinion was placed in the context of other information about the management of patients within the unit. The 210 patients being supported by eight fulltime CPNs may be compared with the lists of over 200 patients that at least two consultants carry in their out-patient clinics. One might ask such questions as what type of patient is being seen in the two services? What is the overlap? What decisions are taken by the two services? What is the most cost effective way of preventing relapse and readmission? The HAS Committee recommendations ride roughshod over these issues. Community nursing services are good, psychiatrist-run outpatient clinics are bad.

Most distressing was the apparently complete lack of interest of the HAS team in serious clinical research. Such minor references to work at Northwick Park as appear in their report are mostly disparaging and it seemed that any appeal for evidence to substantiate particular opinions was regarded as a challenge to their right to issue authoritarian judgements on how a psychiatric service *must* be organised. We too protested individually and in considerable detail about aspects of the report, but these criticisms were brushed aside by the Director of the HAS.

The problem is one of excessive bureaucracy and centralisation. Because the remit of the HAS is so ill-defined and because the recommendations of the HAS have statutory force, power and influence over the psychiatric services have been concentrated in a few hands. Even if those involved were all well informed about the scope and limits of psychiatric knowledge this state of affairs would be undesirable.

In our opinion it would be much better that the HAS should be abolished than that it should continue in its present cumbersome and potentially destructive form. If it is to continue at all its remit should be restricted to identifying and correcting palpable psychiatric malpractices. It appears that this could be achieved with less contention, and considerably less expense, than is involved in the HAS system as it now operates.

T. J. CROW
M. W. P. CARNEY
EVE C. JOHNSTONE
D. G. C. OWENS

*Clinical Research Centre
Division of Psychiatry
Watford Road
Harrow, Middlesex
See page 145*

British psychiatrists in Canada

DEAR SIRS

When I read G. M. Green's article about British psychiatrists in Canada (*Bulletin*, April 1985, 9, 77-78) I thought it covered the topic well and was therefore surprised when I read Ishrat Ali's letter (*Bulletin*, December 1985, 9, 251). Because of my interest in the subject, I thought it only fair to give you another opinion of the situation.

It should be pointed out to any psychiatrist considering a move to Canada that Health Delivery is a Provincial, not a Federal, responsibility in Canada and what can be offered by one Province may not be available in another.

If a psychiatrist intends to emigrate to Canada and have a non-restrictive practice, he will require the LMCC and the FRCP(C) within a given period. However without these qualifications restrictions on practice do not always place the psychiatrist in a hospital remote from big cities with the higher cost of living inferred by Ishrat Ali.

With respect to emigrating to the Province of Alberta, I would suggest any psychiatrist considering the move first to secure a locum contract and experience the change of life style and professional practice. To be able to secure a contract it would be necessary for the psychiatrist to obtain a special licence from the Alberta College of Physicians and Surgeons and this would enable him to work within the terms of the contract.

During the contract period he should obtain from the Canadian College of Physicians and Surgeons what additional training is required to obtain the Canadian qualifications and also discuss with the appropriate schools of medicine how these could be obtained. Then with all this information make a decision on whether or not to emigrate.

It is difficult to assess what financial gain the psychiatrists would experience. Not having lived in England for several years, I'm not aware of the cost of living, but from the comments of a locum psychiatrist at present working with us, the cost of living in this area is comparable to England and the Canadian fee schedule much more attractive.

Should any of your readers require further information, I would be pleased to provide relevant data with respect to the Province of Alberta.

ADIN STAFFORD

*Regional Director
Alberta Social Services
and Community Health
2105-20 Avenue
P.O. Box 60, Coaldale
Alberta, Canada*

DEAR SIRS

I feel that Dr Ishrat Ali paints too gloomy a picture. For one accepted as fully trained the pay is now about twice the \$70,000 (Canadian) that he gives. The work is rewarding in