not be abrogated. In view of the high cost and complexity of modern medical treatment, there is a responsibility and duty to be concerned in the administrative processes of the National Health Service and to play an active role in ensuring that resources are used with efficiency and economy.

(7) The Consultant has a direct responsibility to see that the variety of disciplines caring for patients are co-ordinated and used effectively to pursue the major objective of the best treatment of the individual patient in his medical care. This implies leadership of the multidisciplinary teams dealing with clinical problems and accepting the responsibilities of leadership.

(8) The Consultant has a responsibility to ensure that any junior medical staff assigned to him are not delegated duties which they are unable to execute efficiently. He has a responsibility to take part in their training, including their clinical teaching.

(9) He has a responsibility towards the community he serves via the general practitioner, who he must ensure is kept fully informed. While the patient is in hospital the clinical responsibility lies with the Consultant. The general overall medical care of out-patients remains the on-going responsibility of the general practitioner, the Consultant acting in an advisory capacity or providing specialized treatment.

(10) The Consultant has the power and responsibility to determine the clinical needs of an individual patient and the appropriate care required. Thus he decides whether the patient should receive in-patient, out-patient, or day care, and will admit or discharge patients as appropriate. The National Health Service Act empowers the Minister (and hence the Administration) to provide the service and its associated facilities, and to appoint professional staff (NHS Act 1973, Section 2(2); Section 7(1) and (2); Mental Health Act 1959, Section 59(1)). The area of influence of an individual Consultant is laid down in the contract and terms and conditions of service. The Consultant has a duty to see and care for patients as laid down by contract, but is independent as regards his opinion as to the needs of the patient.

(11) Consultants are accountable for their decisions and actions in two ways. Firstly, to their employer and management for their general conduct in ordinary employment and non-professional issues; they can be held responsible for executing decisions of management as they properly apply to them. Secondly, in professional judgements they answer to the Courts or the General Medical Council and are not ultimately responsible to the employer or management. For this reason each Consultant must accept responsibility for his own legal defence in the event of any action against him. These professional opinions may, however, concern management or their clinical colleagues and the Consultant can be subject to inquiry as to the results of his opinion when it affects others. The Merrison Committee has made recommendations regarding competence to practise; the Davies Committee as regards complaints procedures; and for some years the practice of peer review by the 'three wise men' procedure has operated (HM(60)45).

(12) The Consultant has a responsibility, being the arbiter of the care of patients, to draw attention of management to deficiencies in the service and facilities. This is particularly so if the deficiency prevents him from properly carrying out his ethical and clinical duties towards his patients.

(13) Consultants in psychiatry have special responsibilities in relation to the Mental Health Act to undertake the duties and powers given to the Responsible Medical Officer within the Act.

(14) In common with all doctors, the Consultant has to preserve confidentiality of personal information entrusted to him by patients. This applies to written or oral information obtained within the doctor-patient relationship. The situation is complicated, since Hospital case notes are the responsibility of the Secretary of State. The College has recently issued a memorandum giving guidance about confidentiality (*News and Notes*, January 1977).

Conclusion

This memorandum outlines the responsibilities of the Consultant Psychiatrist. It presents the view of the Royal College of Psychiatrists on the main responsibilities. Comment is made regarding multidisciplinary team functioning and a plea entered for the policy to be flexible, and that there should be no standard rules. The responsibilities of the Consultant grade as set out must not be taken as comprehensive, but are offered as broad guidelines.

Retirement and Temporary Retirement— Subscriptions

At its meeting in January 1984 the Executive and Finance Committee authorized the Treasurer to use his discretion to allow 'retirement rates' for subscriptions if he felt this was justified. As a guideline it was suggested that 'retirement' would mean that a member was not engaged in any significant employment, medical or otherwise.

The Treasurer had also been made aware of difficulties encountered by some members who were, for instance, temporarily unable to work or were caring for a young family, and was authorized to use his discretion to allow a temporary retirement rate of subscription when he felt this was appropriate.