Minutes of the meeting of the Special Committee on Professional Practice & Ethics held at 10.30am on Thursday 28 April 2011 at the Royal College of Psychiatrists.

1. Present

Prof Susan Benbow (In the Chair), Ms Claire Churchill (Minutes), Dr Chris Cook (guest), Ms Jo Cresswell (guest), Dr Denise Cope, Dr Ananta Dave, Dr Chris Freeman, Dr J C Hughes, Dr Mike Kingham, Dr Gordana Milavic, Dr Parimala Moodley, Dr Ashok Roy, Dr Susan Welsh.

2. Apologies for absence

Apologies were received from Dr Gwen Adshead, Dr Laurence Mynors-Wallis, and Dr Sameer Sarkar.

3. Approval of minutes from 20th Jan 2011

The draft minutes of the Special Committee for Professional Practice and Ethics meeting held on the 20th January 2011 were approved and signed as a correct record.

4. Matters Arising

4.1 Terms of reference

The Terms of reference were discussed. Originally it had been agreed for there to be eight appointed members sharing expertise in confidentiality, ethics and professional practice issues. However, it was thought that there needed to be further representation from those who had expertise in confidentiality and necessary to include a service user and carer representative. Another suggestion was to make contact with other forums in the College, for example the Human Rights Committee and the Philosophy Special Interest Group.

It was suggested that the Committee could benefit from having a network of expertise, to include legal advice. A route to gaining expertise could be through the UK Clinical Ethics Network. It was agreed that there was also a need to boost how the Committee was viewed externally.

Action:

- For SB to write a section in the e-newsletter for the appointment of new members.
- For CF to draft paragraphs on what an extended network could look like which could also be placed in the e-newsletter.
• For the terms of reference to be reviewed in 12 months time.
• For CC to check the term of office for the members of the committee.
• For JH to liaise with the UK Clinical Ethics network.

4.2 Development of workplan

Dr Susan Benbow would be putting together a workplan of new and ongoing areas of work for the Committee. One of the issues which needed to be considered was boundary and boundary violations, particularly in regards to the Kerr Haslem inquiry. A training package could also be set up as an outcome of this inquiry.

**Action:**

• For CF to write a small piece on boundary violations and conflicts of interest which will be placed in the workplan.
• For SB to construct a workplan for the group
• For CF and MK to submit main headings on their prospective areas to go into the workplan.

4.3 Teleconferencing

Teleconferencing had been suggested by the Treasurer as a method of conducting one Committee meeting per year as part of the College’s austerity plan. There was consensus from the Chair and the Committee members that teleconferencing would not be viable as the group was a new forum and the level of meetings had already been reduced with the disbanding of the Ethics Sub-Committee.

**Action:** For SB to contact the treasurer and state that as a new reconstituted Committee there would be no use of teleconferencing for the foreseeable future, but virtual groups would be in use to complete work outside of meetings.

5. Standing items

5.1 Ethics Update

5.1.1 Psychotherapy- transfer to private

This issue was raised as patients in individual psychotherapy on the NHS were on occasion being transferred to consulting rooms privately. It was discussed whether this was in the patients best interests, however it was agreed that this was not appropriate. This situation was a conflict of interest.

It was thought that a course of action could be to liaise with the Medical Directors, as it was individual clinicians who were making these decisions and therefore it was difficult to monitor.

Conflicts of interest should be given priority on the new workplan for the Committee.
Action:

- For CF will provide a response to the query as it is a conflict of interest. The response would include a cross reference to the GMC.
- SB asked for conflicts of interests to be raised in the future and written into the workplan.

5.1.2 Imaging report

Body scanning in clinical trials was discussed. It was thought that there were between 3-10% of incidental findings on average, with no agreed guidance on how the medical professional dealt with this information. Each case varied on how it was dealt with, particularly with the information provided to patients. This was deemed unethical.

Action:

- For CF to adopt and summarise the points from this report.
- For CF to check if this report can be circulated.

5.2 Confidentiality update

Dr Mike Kingham gave a brief update on confidentiality. Since the last meeting, no queries had been raised, but it was hoped a formal sub group for confidentiality would be in place with new members.

5.3 Professional practice update

5.3.1 CR146: Vulnerable patients, safe doctors: good practice in our clinical relationships

This report was presented to the Committee, as it had originally been worked on by three members of the group and was due for renewal in 2008. It was agreed it would be useful to revise the report.

The Good Psychiatric Practice report did touch on the violation of boundaries, but the purpose of CR146 was to provide more detail on the issue. This could now also cover the findings of the Kerr Haslem inquiry.

A new factor in regards to this was the internet as there were some issues to consider in regards to boundary violations.

It was agreed that Dr Gordana Milavic, Dr Peter Jarrett and Dr Denise Cope could be involved with the re-write of the document.

Action:

- For CC to circulate the guidelines for College reports to Dr Denise Cope, Dr Gordana Milavic and Dr Ashok Roy.
- It was agreed that the expertise on the Committee would be used for the development of the report, including a service user and carer representative.
• It was agreed for the report to have a year timescale for completion.

6. Current issues

6.1 Mental health minimum dataset

The mental health minimum dataset was concerning a query about medical records and the questions posed about sexual orientation. It was agreed a response was necessary to this issue.

**Action:** For MK to draft a letter of response to the query received.

6.2 Links with the GMC & NCAS

**Action:** For SB to ask SS and GA for a verbal update on this issue at the next meeting.

6.3 Guidance on undertaking a medico-legal report

This query had been raised with the registrar. It was thought that the Court Report produced by the College would be very relevant to this issue.

**Action:** For CC to circulate the College report on Court Work and for it to be discussed at the next meeting in July.

6.4 Position statement on Spirituality

Dr Chris Cook attended to discuss the revised Position statement on Spirituality; further work had been undertaken since the last meeting in January.

Members of the Committee commented that the document was an improvement on the previous version and had a more balanced viewpoint. It was agreed that it was important for the psychiatrist to not express their personal beliefs in a consultation and this was supported by GMC guidance.

**Action:**

- The Committee endorsed the document.
- For CC to submit the final version to the next CPC meeting.

7. CCQI accreditation

The Chair welcomed Joanne Cresswell, Senior Programme Manager for AIMS projects.

It was reiterated that the Registrar, Dr Laurence Mynors-Wallis, had asked that the Special Committee for Professional Practice and Ethics take on the ratification of the accreditation programme undertaken by the College Centre for Quality Improvement (CCQI). This would be initially or a period of twelve months, after which the decision would be reviewed.

Reports from the following CCQI jurisdictions were tabled for information. It was noted that each report had previously been referred to a committee member for individual scrutiny:

7.1 Quality network for Community CAMHS & 7.2 Quality network for inpatient CAMHS
The committee felt that the accreditation process was rigorous. Concern was expressed about reference to a young person right to withdraw from treatment, use of the Mental Health Act versus parental consent, in particular when related to complex co-morbid conditions. Joanne Creswell agreed to take this back to the CCQI.

Dr Gordana Milavic had considered the two CAMHS reports, and other than clarification of this issue, the reports were ratified.

7.3 Memory services national accreditation programme

Concern was expressed as to use the definition of the term ‘many’ when applied to criteria for accreditation. It was felt that this should be defined as ambiguity could lead to different decisions for different applicants with similar results on type three standards. Dr Susan Benbow had considered this report.

**Action**: The report was ratified.

7.4 ECT accreditation service

Dr Susan Benbow had considered this report.

**Action**: The report was ratified.

7.5 Psychiatric Liaison accreditation network

Dr Sameer Sarkar had considered this report.

**Action**: The report was ratified.

7.6 Quality network for Perinatal mental health services

Dr Sameer Sarkar had considered this report.

**Action**: The report was ratified.

7.7 Accreditation for inpatient mental health services (x5)

There had been some confusion in regard to the paperwork related to the five sections within the report on accreditation for inpatient mental health services.

The following five areas were considered:

- **Wards for working-age adults (AIMS-WA)**
  
  **Action**: The report was ratified.

- **Wards for older people (AIMS-OP)**
  
  Dr Julian Hughes agreed to scrutinise the AAC document and respond to Professor Benbow by Friday 6 May.

- **Psychiatric intensive care units (AIMS-PICU)**
Dr Parimala Moodley had considered this report.

**Action:** The report was ratified.

- **Inpatient rehabilitation units (AIMS-Rehab)**

Dr Parimala Moodley had considered this report.

**Action:** The report was ratified.

- **Inpatient learning disability services (AIMS-LD)**

**Action:** The report was ratified.

**Overview**

The committee expressed concern that its role could merely be a ‘tick box’ exercise and it was felt that the reports from respective Advisory Accreditation Committees (AACs) did not include sufficient detail to enable committee members to make decisions.

At an earlier meeting it had been suggested that it would be appropriate for members to attend a training or induction day. It was instead suggested that relevant committee members should attend one of the four Advisory Accreditation Committees that were held each year so that they could better understand the decision making process. It was agreed that Joanne Cresswell would send AAC meeting dates to Claire Churchill for circulation to the committee and that members should pick which of the areas they would like to consider and which related AAC meeting they would like to attend.

It was also noted that committee members who felt they were unable to make decisions based on the information presented could contact Joanne Creswell and request individual reports in full.

**8. AOB**

**8.1 Webpages**

The Committee were informed of the new webpages which had been set up, with a log on to access the Committee papers. It was felt that it was important to make most of the documents discussed in the group in the public domain rather than under a log on. A list of the members of the Committee could be made public, along with links to the relevant external bodies.

**Action:**

- It was agreed that the website should be open access but not name individuals.
- For members to send CC comments on the website prior to the next meeting.
8.2 Queries

**Action:** For CC to contact Candace, Elaine Gould and previous administrators for the Committee for the history of queries on the Committees’ remit.

8.3 International Congress 2012

Dr Gordana Milavich reported that she had started to consider possible sessions for the College’s International Congress in 2012. It was reported that the 2011 Congress would be held in Liverpool and that a call for sessions would go out in July 2011 with a closing date in September 2011. Suggestions included ‘Boundary violations’ training or a session on ‘Conflicts of interest.’

**Action:** For AR to talk with Helen about a possible session and then update CC.

8.4 Service user and carer representation on the committee

The Chair asked if the RCPsych Service Users’ Recovery and Carers Fora had been approached about service user and carer representation at future meetings of the committee. It was reported that Claire Churchill had contacted the Fora and that it would be discussed at their next meeting on Wednesday 8 June. Mr Kennedy felt that there would be a great deal of interest from the Fora.

**Action:** For reps to be known by the time of the next meeting.

8.5 Bribery Act

**Action:** For SMB to inform the registrar of changes to the law and suggest that College members should be informed.

9. Date and time of next meeting

The Special Committee for Professional Practice and Ethics would next meet at 10.30am on Thursday 14 July 2011 at the Royal College of Psychiatrists, 17 Belgrave Square, London, SW1X 8PG. A working lunch would be provided and it is expected that the meeting will end at 2.00pm.