specialists, although the opposite view is also strongly held. Opinion is distinctly divided as to the advisability of direct referrals from general practitioners at the present time. The majority would be against direct referral from other sources.

12. We would point out that responsibility is not, legally or in practice, a prerogative of medical doctors or of consultants, and clinical psychologists should be encouraged to take appropriate responsibility for their clients in their own sphere and level of work, including seeking further professional advice where necessary. This is so regardless of the issue of independent referral. No matter who is in clinical charge it is necessary to define lines of responsibility because practical arrangements are likely to vary in different parts of the country.

13. The majority of child psychiatrists see no reason why psychologists of principal grade and above should not be regarded as consultant psychologists.

14. If it is considered appropriate to employ technicians to undertake some of the more limited and more straightforward psychological testing with school-children, it will be essential that they work under the close supervision of psychologists, that psychologists are free to plan testing and to interpret the findings, and that psychologists are available for occasions when testing proves difficult or involves special skills. If it is decided to introduce technicians it is recommended that this be done on an experimental basis in order to assess the advantages and disadvantages of such a scheme.

15. There have been occasions when psychologists have refused to undertake certain work in circumstances which have given rise to concern about the provision of proper services to patients. Such actions are greatly to be regretted and seem to be very much the exception to the usual harmonious co-operation between child psychiatrists and psychologists. It is important to have some form of hospital interdisciplinary committee to which either may appeal in the rare instances in which personal discussion cannot resolve the dispute. But we do not see that these infrequent instances of unhelpful behaviour (whether by psychiatrists or psychologists) should in any way interfere with the clinical responsibility and freedom given to psychologists, provided that there are safeguards, as above.

Conclusions

(a) There is a very important role for psychologists in both the assessment and treatment of children.

(b) There is a particularly close working relationship between child psychiatrists and psychologists which should continue as it is necessary for the proper provision of services to children.

(c) Psychologists are seen as colleagues, not as assistants or ancillary workers.

(d) Where there is a large enough group of psychologists working in one service, a separate department of clinical psychology may be desirable. However, it is important to provide certain safeguards (listed in the body of the document).

(e) Under certain circumstances, discussed above in detail, direct referral of patients to psychologists is reasonable and should be possible. Opinion amongst child psychiatrists is divided, but the majority would support direct referrals from other medical specialists particularly for assessment, while a smaller number would support direct referrals from general practitioners. We do not recommend direct referral from non-medical sources within a hospital service, but outside this it should be possible for assessment and consultation with other non-medical disciplines to continue as it does at present.

(f) The majority of child psychiatrists are in favour of psychologists at principal grade or above being termed consultant psychologists.

(g) Both clinical and educational skills are needed in psychological work with children.

(h) Training in clinical psychology needs to include adequate teaching in normal child development, in educational matters and techniques, in interpersonal skills and in counselling/psychotherapy if psychologists are to have the necessary expertise to carry out the work with children which they are likely to be called on to do.

(i) An expanding role for psychologists in community services for children is envisaged.

PSYCHOTHERAPY SECTION

Dates of Meetings, 1974

Dr. Isaac Marks: 'Abreaction: sensitizer or habituater'
8.15 p.m. Wednesday 9 January
West Hall, Royal Society of Medicine

Dr. A. C. R. Skynner, Dr. D. Bennett *et al.*:
'Development of a family approach in psychiatric day hospital'
8.15 p.m. Tuesday 5 February
West Hall, Royal Society of Medicine
(Quarterly Meeting)

https://doi.org/10.1192/S0007125073303448 Published online by Cambridge University Press

Dr. R. F. Hobson: 'Loneliness: the basic problem in psychotherapy'
8.15 p.m. Wednesday 13 March
West Hall, Royal Society of Medicine

Dr. J. P. Watson: 'Therapeutic community methods and District General Hospital psychiatry'
8.15 p.m. Wednesday 8 May
The Medical Society of London, 11 Chandos Street, W.1

Dr. A. Cooklin: 'Concept and practice of family therapy'
8.15 p.m. Wednesday 12 June
West Hall, Royal Society of Medicine

These meetings are open to all members of the College.

Executive Committee

In addition to the list published in *News and Notes*, April 1973, the following are members of the Executive Committee: Drs. R. W. Crocket, C. J. Lucas, W. Lawton Tonge.

DAY PATIENTS' EXPENSES

A Note from the D.H.S.S.

The following information has been received from the Department:

'The view of the Department of Health and Social Security is that payment of travelling expenses out of public funds to patients attending hospital either as day-patients or out-patients must be made on the basis of financial need, and that it would not be right as a matter of principle to use payment as an incentive to individual patients to attend regularly for treatment. The arrangements for payment of travelling expenses provide that day-patients who are in receipt of Supplementary Benefit—and no doubt such patients constitute a considerable proportion of the chronic mentally ill—automatically qualify for a refund of their fares under the Hospital Fares Schemes. The Supplementary Benefits Commission will also authorize refund of fares under the Hospital Fares Scheme to those not receiving Supplementary Benefit if payment is causing hardship.

'On the question of clothing, the Department has similarly taken the view that in general provision of clothing is not one of the functions of the National Health Service, although of course the Supplementary Benefits Commission is able in certain circumstances to make special payments for clothing to recipients of Supplementary Benefits.'

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