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Equality in a child and adolescent psychiatry multidisciplinary team

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The multidisciplinary team and its functioning have been much debated. Such teams have been encouraged as a basis for good clinical practice. However, exactly how these teams should function has gone through various phases. With the advent of family therapy, some teams have experienced a process of crisis and the dismantling of more traditional ways of working. This has brought about a lot of disillusionment within teams and also a challenge to medical authority in the team. Unfortunately, it seems that family therapy as a treatment approach has been confused with the organisation of a multidisciplinary team. Considerable stress has been produced in the process as each professional has vied for a position and role in the team.

I would like to propose a challenge to the accepted multidisciplinary model as being unworkable. In some cases where a multidisciplinary facade has been adopted covert conflicts exist behind it. This, I believe, is detrimental to the service we provide to our patients. The difficulties have been exaggerated by having separate hospital based and child guidance services. Problems arise more in a child guidance service where the role of the consultant is not as clearly defined or acknowledged as in a hospital which, I think, may be the reason why the College encourages child psychiatrists to have a hospital base (Royal College of Psychiatrists, 1986).

I propose that a child and adolescent psychiatry team accept the hospital model of a speciality in which the consultant has overall responsibility for the service. Indeed, the Child Psychiatry Section of the Royal College of Psychiatrists states that where a child and adolescent psychiatrist is offering diagnostic and treatment services, prime responsibility for monitoring and co-ordinating the needs of the service as a whole should rest with the consultant in order to best meet the needs of the patient (Royal College of Psychiatrists, 1986).

The other team members with their varying backgrounds and expertise complement the skills of the consultant in providing a service to his or her patients. All referrals are made to the consultant as in any other speciality. The hospital provides outpatient and in-patient facilities which are a secondary service to the primary care service. Referrals from other agencies to the consultant should acknowledge the role of the GP (General Medical Council, 1985).

The roles of the different professionals on the team are best defined in terms of professional background and skills. Although some staff may have similar skills, e.g. psychologists and CPNs having similar skills in family therapy, they all have different backgrounds. Each member of the team should have a clear identity in terms of his or her contribution to the service.

The consultant will decide to whom referrals are delegated, taking into account the needs of the patient, skills required to meet those needs and who is available to try and do so. Each professional is responsible for the treatment that he or she provides to the patients and will be accountable to the consultant for this. The GMC clearly provides guidelines in terms of the delegation of work to other professionals stating "A doctor who delegates treatment or other procedures must be satisfied that the person to whom they are delegated is competent to carry them out. The legal, professional, ethical, diagnostic and prescriptive responsibilities of the medical profession cannot be delegated to a multidisciplinary group". Each consultant must formulate his or her own opinion, whether assisted in this process by others or not. Multidisciplinary in this context, from the medical point of view, is a process of consultation, the final decision resting with the consultant on matters where he or she has final responsibility. In the light of this, the structure of the team should be so organised that the consultant who has been invested with authority through Acts of Parliament is free to carry out his or her responsibilities. If this is not openly acknowledged then conflicts will arise and communications will be blocked or distorted.

I therefore suggest that this 'myth' that we pretend to support be exposed, and that teams be organised in such a way that a consultant will be able to carry out his or her duties and other professionals on the teams will have to come to terms with it.

References

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