nursing staff, are proficient at CPR. Any planning of training courses must involve the staff who are in most contact with the patient and this is often the nurses. However proficient a doctor is at CPR it is useless if the patient is not oxygenated effectively until he or she arrives.

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Psychiatric emergencies

Sir: A working party of the Collegiate Trainees Committee (*Psychiatric Bulletin*, June 1994, **18**, 357–359) drew attention to the management of violence as one of a number of areas of psychiatric training in need of improvement. Others included community, liaison and forensic specialities. Emergency psychiatry may represent the richest source of experience in all these areas and there currently exists an opportunity to change the profile of on-call activities dramatically: instead of having to be resident in a psychiatric hospital, the SHO/registrar can now work in the community while covering the general wards and casualty.

This should not disadvantage the psychiatric wards of a trust. In a recent survey of the out of hours activities of resident junior medical staff at the 235 (mostly acute) bedded Hollymoor Hospital, nearly a third of calls to the wards were for routine work. Of the problems that arose out of hours, 30% did not require a visit to the wards; of those that did, 43% involved some form of administrative duty that could have waited. The total time that a psychiatrist spent on clear-cut emergencies was four hours and 40 minutes. Roughly two thirds of this time was spent dealing with medical or surgical emergencies.

An on-site psychiatrist has a limited role. Community and liaison activities would broaden the experience of being on call and partly rectify the reported deficiencies. Close supervision of an inexperienced but mobile SHO/registrar by a senior would provide unique opportunities for training. In the early weeks, the supervisor could be 'shadowed' by the trainee, independence developing once a suitable amount of experience had been accumulated, perhaps being documented in a logbook and overseen by the clinical tutor.

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Fund-holding general practice and old age psychiatry

Sir: I read Fear & Cattell's paper on fund-holding general practices and old age psychiatry with considerable interest. (*Psychiatric Bulletin*, May 1994, **18**, 263–265). We are, of course, all heading down this road to either heaven or perdition. Some aspects are not commented upon by the authors.

First, the massive increase in domiciliary consultations from non-fund-holders between April 1991/92 and April 1992/93, yet out-patient referrals for non-fund-holders remain the same as do referrals to community teams by general practitioners, while community team referrals by other agencies fall. However, for fund-holders the opposite is the case. Referrals by domiciliary consultation and community team referrals by GPs both fall but community team referrals by other agencies interestingly increase by ten.

Are GPs trying to minimise their costs of psychogeriatric patients by reducing direct referrals to community team referrals or domiciliary consultations? Other agencies are increasing their referral rates for fund-holder patients. This would support the supposition that appropriate referrals by GPs to specialist services are increasing other (by the back door) referrals to the psychogeriatric team. Certainly, there is longstanding evidence that if psychogeriatric patients, particularly those with dementia, are not provided with services specifically to meet their requirements then they enter the healthcare system by any loophole available to medical and orthopaedic wards, inappropriate and untimely placements in nursing homes, etc.

Psychogeriatrics as a speciality came into being to prevent this misuse of expensive alternative NHS resources by inappropriate placements.

Maybe we are travelling 'back to the future'.

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Career guidance for psychiatric trainees

Sir: We agree with Kehoe *et al* (*Psychiatric Bulletin*, March 1994, **18**, 161–163) that there are deficiencies both nationally and locally in career guidance for psychiatric trainees. A recent study surveyed 73 career psychiatric trainees at SHO and registrar level in Merseyside and had a response rate of 59% with 43 questionnaires being returned. It showed that only 43% had received advice about how to structure their career. This included advice on psychotherapy

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