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only two examiners, the candidate is examined over 12 different areas by 12 different examiners. We would have grave difficulty in satisfying examiners as to our competence in this type of exam!

The time available to trainees to perform what we would regard as difficult and complex investigations is not sufficient. It would appear that we should be teaching our trainees that it is right to perform quick, perfunctory, examinations of patients, so that 'snap' diagnoses can be made. Our experience in psychiatry would indicate that this is not a skill that should be seen as beneficial or helpful, either to the psychiatrist or their patient.

It would appear that the OSCE format has been 'borrowed' from the MRCP exam of the Royal College of Physicians. While in general medicine you can make an exam centre around specific clinical tasks, in psychiatry this is much more difficult and can lead to serious problems in understanding. Psychiatry surely is about the whole person; physical, psychological and social. This bio-psycho-social model of psychiatry makes it necessary for assessing psychiatrists to see psychiatric symptoms within their physical, psychological and social context. It is impossible to even attempt such an evaluation within the 6 minutes a candidate has with a patient.

We may live in the age of fast food, fast communications and fast turnover of patients on our wards, but is 'fast psychiatry' something the College should actively promote? We think not. We are still in an age where accurate diagnosis of all aspects of our patients' problems requires careful thought and often time consuming examination. For the College to use this type of format in its professional exam appears to us to be badly thought through, and in urgent need of review.

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Domiciliary phlebotomy

As a practising old age psychiatrist in another part of Mersey Care Trust, I read Darley *et al*'s article on domiciliary phlebotomy for elderly patients (*Psychiatric Bulletin*, April 2004, **28**, 120–122) with interest.

I agree with the authors' conclusion that domiciliary phlebotomy can be a viable method of performing blood investigations in old age psychiatry. However, the financial savings demonstrated in the study might be hard to replicate in other parts of the trust or in other National Health Service trusts.

The main reason for the low cost appears to be minimum distance travelled in each visit (1.4 miles return journey). The average return journey in my patch would be 6 miles. For the 511 visits done in the study, it would mean a total journey of 3066 miles (compared with 730 miles in the study) and it would cost £1165 on travel for the service (compared with £285 in the study).

The financial savings in travel cost would therefore be only £130 (compared with £1010 in the study).

The expenses also do not seem to take into account the cost of employment of the phlebotomist. We have trained one of the support workers in taking blood who provides the domiciliary service for patients unable to attend the community clinic. He also provides the service in the clinic for other patients who attend the clinic for out-patient appointments, thus not necessitating ambulance journeys purely for phlebotomy.

Thus, we have neither needed to separately appoint a community phlebotomist and also have reduced unnecessary ambulance costs by making him available on clinic days.

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the college

Child Abuse and Neglect and Mental Health Services

Council Report CR120
October 2003, Royal College of Psychiatrists, £5.00, 32 pp.

Child abuse and neglect are now recognised as being 'everybody's business'. Aspects of prevention, recognition, assessment and treatment of child maltreatment all fall within the province of the various branches of psychiatry. This document reviews these responsibilities.

Following a definition of child abuse and neglect, the document summarises key documents that have been published recently in England, and their equivalents in Scotland, Wales and Northern Ireland. They include legislation (The Children Act 1989) and government guidance documents accompanying this legislation: *Working Together* (1999), the *Assessment Framework* (2000) and *Safeguarding Children in Whom Illness is Fabricated or Induced*.

Following Lord Laming's enquiry into the death of Victoria Climbie, the government published *What To Do If You're Worried A Child Is Being Abused* (2003). Two documents deal with evidence of children and other vulnerable witnesses in criminal trial and provision of therapy for child witnesses prior to a criminal trial. The Carlile Review, published by the Welsh Assembly in 2002, highlights the vulnerability of children and young people treated and cared for in psychiatric in-patient units. Several documents deal with domestic violence and with patients as parents.

Several issues of practice are addressed. They include multiagency work; culture, ethnicity and gender; confidentiality; the storing of video recordings; and allegations against staff.

A section on selected clinical issues highlights those which were considered to be of particular salience in the field of child protection: vulnerability – including learning and other disabilities and looked after children; transition from victim to abuser; domestic violence; sexual abuse by adolescents; sexual abuse by women; organised abuse; fabricated or induced illness; and the effects on children of adult mental disorder and substance abuse.

The section on research findings includes effects of abuse and breaking the cycle of abuse. These were selected as being of especial relevance to psychiatrists encountering child abuse.

The section on types of professional involvement includes general guidance as well as guidance for specific specialties. The sections discuss the principles of recognition of abuse, investigation and assessment of risk to children, assessment of treatment needs and provision; and medico-legal work.

Lastly, there is a brief mention of training needs.

The report is available for purchase from the College Book Sales Office and can be downloaded from the website: www.rpsych.ac.uk

Proposal for a Special Interest Group in Social Science and Psychiatry

Procedure for establishing a Special Interest Group:

(1) Any member wishing to establish a Special Interest Group shall write to the Registrar with relevant details.
(2) The Registrar shall forward the application to Council.
(3) If Council approves the principle of establishing such a Special Interest Group then it will direct the Registrar to place a notice in the Bulletin, *or its*

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equivalent, asking members of the College to write in support of such a Group and expressing willingness to participate in its activities.

(4) If at least 120 members reply to this notice within four months of publication, then Council shall formally approve the establishment of the Special Interest Group.

In accordance with this procedure, Council has approved a proposal for the establishment of a Special Interest Group in Social Science and Psychiatry.

Background to the proposal

The past 20 years have seen many significant advances in biological psychiatry. Less well known, but of no less importance for the future of psychiatry, are developments in our understanding of social factors in mental disorder.

Disciplines including medical sociology, medical anthropology, social psychology and health economics offer critical perspectives from which to examine psychiatric theories and scrutinise psychiatric practice. Psychiatrists need to engage in these debates and one important forum to discuss these issues would be a special interest group in social science and psychiatry.

Members are invited to write in support of this Group and express willingness to participate in its activities. Interested members should write to the Registrar care of Miss Sue Duncan at the College.

If 120 members reply to this notice within 4 months of publication, then Council shall formally approve the establishment of this Special Interest Group.

Andrew Fairbairn
Registrar

Proposal for a Special Interest Group in Complementary and Alternative Medicine

Procedure for establishing a Special Interest Group:

(1) Any member wishing to establish a Special Interest Group shall write to the Registrar with relevant details.

(2) The Registrar shall forward the application to Council.

(3) If Council approves the principle of establishing such a Special Interest Group then it will direct the Registrar to place a notice in the Bulletin, *or its equivalent, asking members of the College to write in support of such a Group and expressing willingness to participate in its activities.*

(4) If at least 120 members reply to this notice within four months of publication, then Council shall formally approve the establishment of the Special Interest Group.

In accordance with this procedure, Council has approved a proposal for the establishment of a Special Interest Group in Complementary and Alternative Medicine.

Background to the proposal

- Complementary and alternative medicine (CAM) is a growing provider of health care, and mental health care, in the UK.
- Many people with mental illness use both orthodox care and CAM.
- Irrespective of whether CAM is effective, good practice suggests that psychiatrists should be familiar with the generic issues around CAM, the specific complementary interventions used by their patients, and the possibility for interactions with orthodox treatments.
- There is evidence that some complementary interventions are efficacious.
- There is a need for good research on widely-used but still untested interventions.
- In 2001 the Government responded favourably to a report by the House of Lords Select Committee on Science and Technology, supporting recommendations for training fellowships and research, and recognising the role that CAM has within the NHS.
- Subsequently, the Department of Health called for a declaration of interests by universities in hosting Complementary Medicine Research Award Holders for Research Capacity Awards, resulting in 19 universities eligible to collaborate with award applicants.
- In *Tomorrow's Doctors*, the GMC recognises that the medical undergraduate curriculum should include familiarisation with complementary therapies.

A small working group has met several times, and has established links with the Foundation for Integrated Medicine. A medline search on mental health and CAM has been undertaken, and a session was held at the College's Annual Meeting in July 2003. Consideration is being given to a stand-alone conference in 2004/5.

The College's Council has endorsed a proposal to establish a Special Interest Group in this area to continue and formalise this initiative.

The Special Interest Group will aim to meet regularly to consider key issues of relevance to the College and to organise seminars and conferences, to stimulate research and good practice, and to disseminate evaluation of complementary and alternative approaches in mental health. The Special Interest Group will also establish links with other interested parties including other Royal Colleges and professional associations.

Members are invited to write in support of this Group and express willingness to participate in its activities. Interested members should write to the Registrar, care of Miss Sue Duncan at the College.

If 120 members reply to this notice within 4 months of publication, then Council shall formally approve the establishment of this Special Interest Group.

Andrew Fairbairn
Registrar

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