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Colleges whose members are also at risk ($n=1$).

The Royal College of Psychiatrists has since established the Psychiatrists' Support Service. (This happened after the data from our survey were collected, and therefore did not affect responses.) It can provide members who are victims of stalking with telephone psychological support, practical advice and legal guidance, provided by other psychiatrists with appropriate training and experience. It can also refer members for specific legal advice or psychological treatment. At the time of writing, the service has helped a total of 148 members, of whom only 3 were primarily concerned about stalking. No employers have, to date, requested advice on how to deal with stalking. We hope that awareness of the service increases and that it can go some way towards meeting the need shown by our survey.

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Inviting service users and carers into the consultant appraisal interview – three's a crowd?

Since April 2001, consultant appraisal has given doctors a formal and structured opportunity to reflect on their work and to consider how their effectiveness might be improved. Although wide-ranging evidence may be submitted, it is implicit that the consultant appraisal interview only takes place between two doctors. The guidance does allow for a third party but this is not encouraged: 'Where, for whatever reason, a third party needs to contribute to an appraisal – or, indeed, where a special appraiser has to be called in – this should also be discussed and agreed well in advance' (Department of Health, 2001). Indeed, absence of lay involvement may seem unusual at a time when professional regulation is changing: 'Professional regulation is about fairness to both sides of the partnerships between patients and professionals. To command the confidence of both, it must also be seen to be fair, both to patients and to health professionals' (Department of Health, 2007). Therefore, it is a good time to consider new ways of engaging service users and carers in the development and assessment of doctors.

For the past 2.5 years, consultants in Mersey Care National Health Service Trust have been inviting a service user or carer to sit in during their annual appraisal interview, selecting them from a pool of service users and carers who are actively engaged in the work of the Trust. Objectives had been set by the Trust's executive directors and the chief executive, with a service user or carer present. I decided to be the first to undergo a consultant appraisal with a service user present in July 2006, and since that time over 20 such appraisals have been undertaken.

There appear to be a number of advantages. One is promoting the work of

consultants, because often the service user or carer is unaware of the breadth of responsibilities of a consultant. Another is fostering a culture of openness and a sense of pride. Perhaps extra effort is put into those appraisals when it is known that a service user or carer will be present. Also, having another person present widens the debate, offering perspectives that might not have been considered otherwise. Commitment to meeting objectives may be enhanced when a third party is witness to the discussion.

However, there may be some disadvantages. For example, some have suggested that it will not be possible to give critical feedback in the presence of a service user or carer. Although this is not necessarily true, the appropriateness of such feedback in the interview needs to be weighed against other evidence that might have accumulated during the year. Also, extra time spent organising the adapted appraisal needs to be considered. Issues about confidentiality are managed by making it very clear that the discussion remains confidential.

The invitation to a third party does provide a new perspective to the appraisal interview, and opening it to select others demonstrates a confidence and culture that should enhance the process and provide better outcomes.

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