

the columns

correspondence

CPD miles — how large is the College's carbon footprint?

We note that the College's Calendar of Forthcoming Events lists 23 meetings that are to be held between November 2005 and October 2006. Of these 23 meetings, 2 are to be held outside the UK. The use of European venues for College meetings may well be cost-effective compared with the costs of UK venues, but these meetings will involve College members in short-haul flights which will impact on the global environment.

The concept of 'food miles' has become familiar since the publication of the Food Miles Report (Paxman, 1994) which highlighted the environmental effects of the rapid increase in distance which our food travels from producer to consumer. As individuals we are also now encouraged to measure our 'carbon footprint' as an indicator of our impact on the environment in terms of the volume of green house gases produced (http://www.carbonfootprint.com).

As a responsible organisation perhaps our College should take a lead in measuring its corporate carbon footprint. As a first step the College could adopt a 'CPD miles' labelling policy for its meetings. This would encourage meeting organisers to stop and think about whether their choice of venue is contributing to the damage that our generation is inflicting on the planet.

PAXMAN, A. (1994) The Food Miles Report: The Dangers of Long Distance Food Transport. London: SAFE Alliance.

*Roger Bloor Medical Director and Senior Lecturer in Addiction Psychiatry, Keele University Medical School, Harplands Hospital, Hillton Road, Stoke on Trent ST4 6TH, e-mail: pca01@keele.ac.uk,

Jonathan Lovett Consultant Child and Adolescent Psychiatrist, North Staffordshire Combined Healthcare NHS Trust

The Foundation Programme and psychiatry

We write to support the suggestions made by Brown & Bhugra (*Psychiatric*

Bulletin, June 2005, **29**, 204–206) concerning the importance of psychiatric involvement in the Foundation Programme.

Foundation doctors in their second year, in addition to trainees in psychiatry, have worked in this service for almost 18 months. Involvement includes clinical supervision, educational supervision and teaching across the 2-year programme.

For the foundation doctor, 4 months' experience in old age psychiatry encourages better awareness and understanding of the physical and mental health needs of older people. It increases knowledge of the use of psychotropic medication, provides insight into the use of the Mental Health Act 1983 and emphasises the assessment of risk. Moreover, it encourages a holistic approach, with attention to psychosocial issues. It prompts greater recognition of carer needs and provides insights into community care. Issues of capacity and the ethical dimensions of practice are commonplace in this specialty. The experience strengthens and develops generic skills, including better communication and an appreciation of the importance of multidisciplinary working.

From the perspective of the consultant in old age psychiatry, foundation doctors bring fresh knowledge and experience of physical medicine, with an eagerness to acquire broader psychosocial skills. The Foundation Programme allows psychiatrists to influence doctors in training in a range of important competencies and attitudes.

Mohd Mubashir Kagzi Foundation Year 2
Doctor, Sanja Zrelec Foundation Year 2
Doctor, Greig Ramsay Consultant in Old Age
Psychiatry, Simon Wilson Consultant in Old Age
Psychiatry, *Julian C. Hughes Consultant and
Honorary Clinical Senior Lecturer in Old Age
Psychiatry, Ash Court, North Tyneside General
Hospital, Rake Lane, North Shields, Tyne and Wear
NE29 8NH, e-mail: j.c.hughes@ncl.ac.uk

Restructuring research training in psychiatry

In the current climate of intense change and restructuring of postgraduate

psychiatric training, when the benefit of dedicated research time for specialist registrars is being questioned (Vassilas & Brown, *Psychiatric Bulletin*, February 2005, **29**, 47–48), we agree with Dr Lawrie's (*Psychiatric Bulletin*, June 2005, **29**, 231–232) observation that the higher trainee's research time is currently inadequately organised and supervised. We would therefore like to make two suggestions which could have significant impact on the outcome of psychiatric research training.

Firstly, the time allocated for research could be used more judiciously. The average entitlement for research time over a 3-year period of higher training is 130 days. As research activity varies in intensity at different stages in its progress, a breakdown of the total entitlement into chunks of 'research leave' would give more flexibility. These periods of research leave could be used initially to attend a rolling programme of a specific training course organised on a regional or national basis. As the trainee becomes more skilled in basic research techniques the leave periods could be taken as prearranged blocks with specific targets and outcomes. The final year of research training could then be used to complete a specific project either on an individual basis or as part of a supported research aroup.

Secondly, training programmes and accreditation systems for supervisors should be developed to ensure that they have adequate skills for mentoring research. Ideally the quality of supervision offered to trainees should be improved. The supervisor should be a trained, experienced researcher, affiliated if possible to a research institution. This would allow a consistently higher standard of research supervision and an opportunity for exposure of the trainees to research environments.

*Elena Ghetau Consultant Psychiatrist,
North Staffordshire Combined Healthcare
NHS Trust, e-mail: Elena. Ghetau@nsch-tr.wmids.
nhs.uk, Roger Bloor Consultant Psychiatrist
and Senior Lecturer in Addiction Psychiatry,
North Staffordshire Combined Healthcare NHS Trust
and University of Keele Medical School,
Ovidiu Sandica Clinical Attachée,
North Staffordshire Combined Healthcare
NHS Trust