columns

Nurse prescribing is a contentious issue (*Psychiatric Bulletin*, April 2008, **32**, 136–139). Although the benefits of a multidisciplinary approach to prescribing cannot be overstated, there are two potential problems. The main pitfall is the discrepancy between ability and expectation. Prescribing medication without knowledge of physiology and pharmacology is a recipe for disaster. Years of medical school training coupled with hands-on experience cannot be matched by training through prescribing courses.

The second equally important issue is related to psychiatric training for junior doctors. Nurses taking over such tasks as prescribing and mental state assessments will reduce the training opportunities for junior doctors who are already recovering from the double blow of the European Working Time Directive and a curtailed 6-year run-through system. There is a risk that their role might gradually be restricted to chasing blood tests results, carrying out physical examinations and dictating summaries. In the course of time, a cohort of 'trained' psychiatrists may emerge with potentially less hands-on experience. Expecting them to oversee risk management might be a little unreasonable.

Declaration of interest

A.H. is a run-through trainee at ST3 level.

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Making the most out of the Gold Guide

While some of the trainees have not yet completely recovered from the stormy entry into the run-through system, others are about to face their annual review of competence progression. The Postgraduate Medical Education Training Board has set out clearly the operation of the competence-based specialty training in the UK. Its offshoot product, the 'Gold Guide' (Modernising Medical Careers, 2007), seems to be the Bible to follow in the new era of training. However, several months into the system this 'golden guidance' has yet to become popular among trainees. Of particular interest is the section which explains three integrated components of the process, the 'three As' – appraisal, assessment and annual planning.

The appraisal should be a continuous process happening at regular intervals. In my opinion, it is the crucial part of the review. The importance of educational supervision was also highlighted by Day & Brown (2000) and Sembhi & Livingstone (2000). The assessment seeks clear evidence and proof of achievement in both performance (workplace-based assessments) and experience (log book, audit and research). Based on this, the trainees' future needs can be identified (annual planning).

The annual review of competence progression appears a well-considered plan. However, there are some inherent difficulties in its implementation, particularly in psychiatry. For the specialty trainee year 4, identifying educational supervisor other than a clinical one has been an issue. Research sessions and special interest sessions have not been considered in the review, probably because traditionally they have not been part of other specialties' training curriculum. Therefore, for example, getting a report from research supervisor for the review is not feasible. Some centres have only 4-month training posts for specialty trainees years 1–3, too short for any effective appraisal process. The most burdensome aspect at the moment seems to be nominating people and getting feedback from the multidisciplinary team through the online system. Trainees can easily find themselves frantically running around to get the forms filled.

Notwithstanding, this system is a better way of testing and developing competence progression. It has given us the opportunity to be reflective in our learning experience and it has managed to merge clinical and educational supervision in the best possible way. It is bound to have some initial hiccups, but the best way to deal with them is to take an optimistic approach, familiarise with the Gold Guide and get on with the tasks.

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Recruiting psychiatrists – the Singapore experience

In view of the current shortage of psychiatrists worldwide, it is important to understand the impact of an undergraduate posting in psychiatry on medical students (Brockington & Mumford, 2002). Earlier studies showed that postings in psychiatry can positively influence students' attitudes and knowledge about the specialty. We conducted a pilot study to examine the influence of a posting in psychiatry on the career plans of medical students (Holmes-Peterson *et al*, 2007; Cutler *et al*, 2006). Third-year students (n=72) in Singapore filled out a 30-item self-report survey after their 4-week clinical posting in psychiatry. The questionnaire examined the preferred specialty before entering medical school, the change in attitude towards psychiatry after the posting, the consideration of psychiatry as a career after the posting and the reasons for that.

The majority of students indicated an improvement in their attitude towards psychiatry, in tune with earlier studies worldwide. About 39% had a preferred specialty before the psychiatry posting. For male students it was surgery, followed by orthopaedic surgery, and for female students, obstetrics and gynaecology, followed by paediatrics and surgery. Only one student preferred psychiatry before the posting. After the posting, 68% wanted to consider a career in psychiatry – 20% of this group had indicated a specific non-psychiatric career choice earlier on. Experience during the posting was the most important factor for changing their career plans (this was regardless of the students' gender).

The study showed that posting in psychiatry can have a direct influence on (re)consideration of psychiatry as a career option in undergraduates. Although Eagles *et al* (2007) reported that most definitive career choices will be made during the (early) postgraduate years, our findings are encouraging and more research in this area could be beneficial to improving the recruitment of future doctors into psychiatry.

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