# Correspondence

#### APT for non-consultant career grade doctors?

On reading Slinn's (2000) recent editorial, I was disappointed that he did not mention non-consultant career grade (NCCG) doctors. I appreciate that the article was aimed at highlighting the strengths of Advances in Psychiatric Treatment (APT) for trainees, but I think it is important that APT be considered a useful journal for NCCG doctors as well. As a group they are playing an increasingly important role in psychiatric services and should be encouraged to undertake continuing professional development (CPD). APT is one of the better journals in this area. In a recent survey of local psychiatric NCCG doctors, over 85% of those not currently subscribing to APT would like to receive it as part of their CPD package. Overall they felt that APT provides better value for money than the current Royal College of Psychiatrists CPD package. Dr Slinn wrote that the process of learning does not change on moving from a training grade to a consultancy, and I believe this also applies to doctors moving into NCCG posts.

I do not take issue with anything that Dr Slinn wrote, but would strongly advocate the use of *APT* in providing ongoing education for all groups of doctors, especially NCCG doctors.

Slinn, R. (2000) Advances in Psychiatric Treatment for trainees? Advances in Psychiatric Treatment, 6, 241–242.

**Dr Simon Budd** High Royds Hospital, Menston, Ilkley, West Yorkshire LS29 6AQ

**Editor's reply:** I would like to thank Dr Budd for his letter: the point is well taken. I am very glad to read that non-consultant career grade (NCCG) doctors enjoy reading *Advances in Psychiatric Treatment* and find it useful for their continuing professional development (CPD).

Of course we want to target NCCG doctors, as *APT* is aimed at providing CPD for all trained psychiatrists, whatever their grade. The purpose of the editorial was to emphasise that *APT* is also a useful source for those still in training, both before and after the membership examination. We welcome Dr Budd's response, and we would happily consider any suggestions of ways in which *APT* could be modified to be more useful to NCCG doctors.

**Professor Andrew Sims** The Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG



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Carol Joughin & Mike Shaw

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We envisage *Finding the Evidence: A Gateway to the Literature in Child and Adolescent Mental Health* as a 'living document' evolving to address the growing demand for knowledge and plan to exploit the new opportunities provided by information technology.

### July 2000, paperback, £12.00, ISBN 1 901242 50 1

Book Sales, The Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Telephone +44 (0)20 7235 2351 ext. 146; Fax +44 (0)20 7245 1231.



# **New Council Reports**

## CR77 Services for Younger People with Alzheimer's Disease

#### and other Dementias

Young sufferers of dementia often fall through the net. This paper is welcomed within the College and strongly supported by the Alzheimer's Society. An incremental approach is advocated with the appointment of two key players; at the commissioning level (health authority/primary groups or their equivalent) a named person responsible for planning and a clinician to act as a focus for referrals, initially two consultant sessions. An Old Age Psychiatrist is well placed to undertake the clinical role. After these appointments have been made the rudiments of the local service are created. At all stages coordination and networking with people already involved with young sufferers is important while the composition and evolution of the new service will depend on existing local services and facilities.

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### CR78 Safety for Trainees in Psychiatry

Safety is of paramount importance to all psychiatrists. Just one piece of advice may make all the difference to you or to one of your trainees. This Council Report contains practical advice on maintaining personal safety and sets standards for safety training, interview rooms and on-call accommodation. Recommendations are made about safety training for use on trainees' induction days and for the development of local policies and procedures on safety. Guidance is given about what to do in the event of an assault. This document is essential reading for all educational supervisors, scheme organisers, trainees and anyone interested in personal safety in the field of psychiatry.

#### August 2000, 20pp, £5.00

## CR79 Guidance for the Use of Video Recording in Child Psychiatric

#### Practice

Videotape recording of interviews with patients and their families is now commonly used in child psychiatric practice. Involvement in videotape recording has a unique meaning for each patient and their family, and may potentially have a profound effect. There are several purposes for the making of videotape recordings. The recording is based on a prior negotiation with the patient or a responsible adult, including verbal or written explanation and the gaining of formal consent.

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#### Patients in the Community

This new Council Report updates and replaces CR12, 'Good Medical Practice in the the aftercare of potentially violent or vulnerable patients discharged from in-patient psychiatric treatment', published in 1991. The scope of this new report is somewhat broader than the 1991 document, as it was considered to be important to recognise that the care necessary for such patients is not only applicable following discharge from hospital. The report outlines current statute and common law, and incorporates guidance from the Department of Health, and The General Medical Council, as well as other pertinent documents, including inquiry reports.

#### August 2000, 16pp, £5.00

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