



Examiners for the new OSCEs

I have been an examiner for the MRCPsych Part I examination for several years now. However, I am now in an unfortunate situation and having to consider my position as an examiner due to the fact that my employing Trust has decided to consider my leave during the examination as study leave.

The College has introduced objective structured clinical examinations (OSCEs) in its Part I examination, and requires examiners who have gained experience in OSCEs conducted by the College. The

problem is that there is only one centre for this examination, this being in London. The examinations are conducted over a period of 3 days, using 12 stations per candidate. The exam goes through some 45 or more candidates in a single day. Some examiners examine on all three days and some less.

The second such examination will take place in October this year, and the College is already finding it difficult to find examiners experienced in OSCEs.

In my opinion, employing authorities that consider their consultant going off to examine in London as having a leisurely walk in Hyde Park, are grossly deluded.

Moreover, the examiner does not get any continuing professional development points for these days, which are merely considered as study leave by the employing authority. Neither does the employing authority's stance allow the examiner to attend the annual Examiners' Committee Meeting in London.

The views of existing examiners and of those aspiring examiners, many of whom I am sure are in a similar situation to mine, would be interesting to hear.

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obituary

Harry Stalker

Formerly Physician Superintendent at Murray Royal and Murthly Hospitals, Consultant Psychiatrist and Honorary Lecturer at Dundee University

Harry Stalker died, aged 90, on 19 June 2003. He was born in Edinburgh, educated at Daniel Stewarts College and he graduated in Medicine in 1935 from Edinburgh University. He obtained a DipPsych in 1938, an MD(Commended) in 1939, FRCPE in 1943 and FRCPsych in 1972. He was elected a Commonwealth fund Fellow in 1947–48, which time he spent in the psychiatric services in New York.

He began his career in psychiatry at the Royal Edinburgh Hospital under D. K. Henderson (later Sir David) and was appointed Lecturer in Psychiatry, a position he held from 1938 to 1950, and served as Deputy Physician Superintendent from 1942 until 1950. After 2 years as a consultant at Cane Hill Hospital, Surrey, he was appointed Physician Superintendent at Murthly Hospital, Perthshire, and 10 years later, in 1962, at Murray Royal Hospital, Perth.



After suffering a severe sub-arachnoid haemorrhage, from which he made an excellent recovery, he resigned his management responsibilities, but continued as consultant until he retired in 1977.

In his formative years in psychiatry he wrote papers on 'Masquerading in Uniform' and 'Nocturnal enuresis', and the major influences in his life were D. K. Henderson and Adolf Meyer, whose views on clinical practice were incorporated into his own practice. He also strongly supported the concept of the hospital as a therapeutic community. Another significant influence was his wife, Elspeth, whom he married in 1950, and

who was very much the creator of the artistic and cultural changes they brought to the hospital community.

His career in psychiatry spanned more than 40 years – a large part being before the introduction of the NHS in 1948.

Harry was a great lover of books, and he built up a large personal library as well as an excellent medical library at the Murray Royal Hospital. In recognition of this, it was with due ceremony renamed The Stalker Library. He contributed to the publication of the first history of the hospital 1827–1927 and researched and wrote the history covering the period from 1927 to 1977.

His interests, both civic and professional, included marriage guidance, the Franco-Scottish Society, history of medicine, The Howard League, local theatre and the Probus Club. He was also a collector of art, in its many forms.

In his clinical work, he was invariably patient, tolerant and understanding. His practice was based on the twin pillars of good history-taking and detailed physical examination. He particularly enjoyed Liaison Psychiatry and psycho-somatic medicine.

He leaves his two daughters, Kirsten and Elizabeth, and a much loved grandson, Jamie.

John C. Scott

reviews

Out of the Maze

Greatley, A. with Ford, R. Sainsbury Centre for Mental Health, £10.00 pb. ISBN: 1-85717-469-0

This report describes three services supported by the Working Together in London Programme, a partnership of the King's Fund, the Sainsbury Centre and the Department of Health. A chapter

discussing 'assertive outreach' suggests all three services use assertive outreach principles, but only one, the Camden and Islington Team, is an assertive outreach team as conventionally understood. The other two, the Antenna Outreach Service in Haringey, aimed at young black people, and the Lambeth Early Onset (LEO) team, exclude those with long term illnesses and interpret 'assertive outreach' rather flexibly in practice. Stretching the concept may be

useful at a time when new teams are needed to meet targets, but risks loss of meaning. A chapter discusses the role of the services in combating social exclusion, though in a later section on regeneration, the report acknowledges the way current 'punitive policies' may work counter to this intention by worsening the stigma of involvement with services. This was clearly a concern to the services themselves.



The strength of the report lies in the description of the development of the actual services, their contexts and their activities. The accounts convince the reader that much of value was achieved, while being frank about difficulties. Many of these (staff recruitment and retention, inability to solve problems with housing, employment and benefits, and difficulty forming partnerships with other stakeholders, including primary care) are common to many London services. In the face of these, even successful service developments may be insufficient to get us 'out of the maze'.

An evaluation of the services is given, based on stakeholder interviews. The conclusions tend to be cautiously positive, though the real difficulties of developing integrated services in the London context also emerge. More rigorous evaluations of these service models are needed, and two of the services are carrying out randomised trials to be reported separately. A final chapter makes common sense recommendations and this should ensure that the report finds a place as a useful primer for service developers. However, its clear description of a fragmented and complex service context should warn policy makers that there is unlikely to be a single 'London Model' to rival Birmingham's.

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Psychology for the MRCPsych (2nd edn)

Marcus Munafò
London: Arnold, 2002, 198pp.
£18.99 PB, ISBN: 0-340-80911-6

This is a book written for trainee psychiatrists by a psychologist experienced in preparing candidates for the Part I examination. He finds that candidates are unhappy when presented with a heavy-weight introductory psychology textbook, and this text serves as an introduction, a glossary and a source of multiple-choice questions to help revision.

My main concern probably reflects the structure of the MRCPsych exam as much as this book. Conceptually similar material seems to be dotted, almost arbitrarily, through several sections. So while learning, modelling, conditioning etc. appear as 'basic psychology', social learning theory pops up without cross-reference in 'social psychology' (p. 83) and again under 'human development' (p. 124) and learnt fears are treated elsewhere (p. 155). There are also lacunae. For example, for psychiatrists to understand intelligence quotient (IQ) assessments, it might help them to know that two-thirds

of the population have IQs between 90 and 110. Indeed, this may be far more important than being able to define IQ. The number of self-report questions also seems unbalanced: the Social section (28 pp) has 35 questions and Assessment (12 pp) 65.

I admire the author's bravery in attempting to cover the whole of psychology, but there are niggles such as a fundamentally incorrect definition of IQ (p. 106) and ordinal scales (p. 107), an idiosyncratic definition of split-half reliability (p. 102), the claim that there are only two sub-scales in the Wechsler Adult Intelligence Scale (p. 106; there are 11 sub-scales, best combined to yield scores on four ability factors) and an idiosyncratic reading of the behaviour-genetic literature (p. 127), which ignores adoption studies. Likewise, readers may think that behaviour-genetic designs are limited to simple additive models (p. 123), which is incorrect. This book should surely present mainstream opinion. There are also a few incorrectly-spelt authors' names and some terms appear to be used without being defined (e.g., p. 102).

This book is well-written, the index is good, and many of the succinct definitions and sample questions are likely to help trainees' revision. However, there are problems as noted above and the structure of the book makes for a disjointed read.

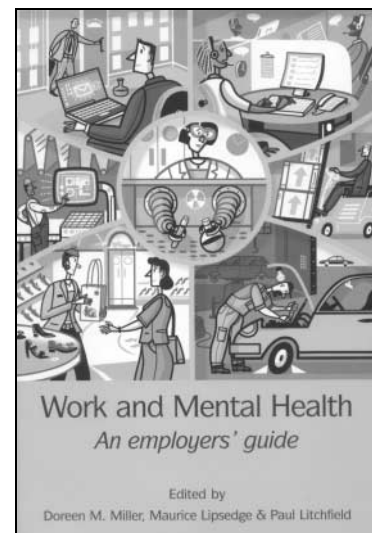
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Work and Mental Health: an Employer's Guide

Miller, D. M., Lipsedge, M. & Litchfield, P. (eds).
London: Gaskell, 2002, £20 pb,
176 pp. ISBN: 1-901242-85-4

There seems to be little doubt that work plays an important role in the well-being of the population. Work is after all, *just about the only thing that you can do for eight hours a day*. This book, aimed at employers and occupational health workers, contains a series of articles from a string of leaflets on 'The ABC of Mental Health for Occupational Physicians' and presentations from a conference on 'Mental Well-being in the Workforce – Current Practice'.

The book is divided into chapters concerned with assessing mental health problems and specific disorders written by clinicians and a series of case studies on employers' schemes to improve practice in the workplace. The former are of value to those working in occupational health settings, but the latter may be of interest to general practitioners and those working in mental health services. The chapter on legal aspects of mental health in the workplace is particularly useful.



As with many edited books containing material written for other purposes, there are important omissions. The book has missed an opportunity to outline the importance of work and employment for those with a mental illness. Work for people with mental illness is given an important place in the National Service Framework and both getting people with mental illness into work and keeping them in employment is crucial. More importantly for this book, the National Health Service (NHS) is one of the largest employers in the United Kingdom, yet there is no mention of schemes in NHS Trusts that employ users of mental health services. These schemes not only create jobs, but also challenge many of the barriers and misconceptions about employing people with mental health problems.

Employment for those with a mental illness is of significance to the process of recovery and to social inclusion. It is important that employers, occupational physicians, general practitioners and mental health workers are made aware of these matters and liaison between these groups encouraged. This book may have a role to play in promoting this awareness and collaboration.

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Outcome Measurement in Psychiatry: a Critical Review

IsHak, W. W., Burt, T. & Sederer, L. I. (eds). Washington, American Psychiatric Association, 2002, £69.95 pb. ISBN: 0-88048-119-6

There is international interest in establishing outcome measurement as part of routine practice in mental health services. This book is therefore timely. Its main limitation is that it concentrates almost exclusively on developments in the United