

the worry that such letters may alienate some families who are genuinely in need of help.

We are currently auditing the use of such letters. Initial results show 61% of recipients of such letters 'opt in', and of these 98% subsequently attended their appointments. It would certainly appear that there are a large proportion of families referred to our service who are not actually interested in attending. We would be interested to hear from any other service with experience of using such letters.

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### Use of the Care Programme Approach register by an inner-city old age psychiatry team

Sir: We were interested to read the audit by Jeremy Wallace & Chris Ball (*Psychiatric Bulletin*, August 1998, **22**, 489–491) and compare their experience with our own. Part of our Trust lies within the same health authority as the service studied and we have a very similar Care Programme Approach (CPA) policy. Despite this there are some differences in our use of the CPA

register. In a recent audit of our practice we examined the threshold of CPA registration. We included a random selection of patients placed on the register between January and March 1998 ( $n=21$ ). The demographic features of this group were similar to those described in the paper. However, a larger proportion of our patients were suffering from dementia (48% compared with 7% in Wallace & Ball). The patient's refusal to accept care clearly raised the threshold of registration.

Our study included a randomly selected group of patients not placed on the CPA register but referred at about the same time. Twenty-seven per cent of the control group also fulfilled criteria for registration. Rates of registration differed markedly between individual consultant teams.

We agree with the authors' conclusion that their study may not be generalisable to other services. For example, we have learnt that some services are obliged to register nearly all their patients on the CPA to ensure that they are assessed by social workers. However, it ought to be possible to strive for more uniformity between services using similar policies if the latter are to be of any practical value.

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## Critical Review in Psychiatry

Greg Wilkinson and Tom Brown



From April 1999 The Royal College of Psychiatrists is proposing to introduce into the MRCPsych Part II examination a critical review paper. One main reason for this introduction is the increasing recognition of the importance of developing critical appraisal skills and evidence-based practice. Candidates will be required to demonstrate knowledge of statistics and different kinds of research, and to develop skills in the systematic appraisal of papers. The book is unique in its coverage of psychiatric aspects of critical review papers and will be essential reading for all psychiatric trainees preparing for the MRCPsych exam.

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