the boundaries between the 'Cinderella specialty' and general medical complaints are more blurred than initially anticipated. Scotland has the PsyStar Academic specialist registrar programme, but currently there is no core training academic programme. Such a programme may encourage the academically minded to do a training programme in psychiatry.

From general practice to psychiatry – I entered psychiatry core training in 2012, having qualified as a GP in 2010 and worked in general practice for 2 years. Why the change? It is not that I dislike general practice. Yet psychiatry offers so many good prospects, areas that are challenging and fulfilling. I like that psychiatry is holistic, dealing with the whole person, not just the bit of the body that is hurting or diseased. The context – family, work, events in the past and present – in which the person finds him or herself cannot be ignored. Moreover, in psychiatry there is time to explore these issues. In psychiatry there is an emphasis on the multidisciplinary team. Everyone has a part to play – the specific skills of each person are valued. It is a privilege to work alongside these dedicated professionals. Like GPs, psychiatrists look after their patients over long periods of time. Continuity of care is important, and I found that a good reason to consider psychiatry. I was also attracted by the intellectual challenges. Good psychiatrists make it look easy, but there is a depth of knowledge and understanding required, spanning the fields of neurology, psychology, pharmacology and more! Ultimately, though, the reason for changing to psychiatry was that I like it. I like the patients, everyone a unique human being with his or her own story. I get up in the morning and look forward to going to work. So far, I have had no regrets about the change. It is early days to know which field I would prefer, but I am attracted to old age psychiatry. My encounters with older folk and their families have been among the most thought-provoking and rewarding I have faced in medicine. Add to that the real prospect of further advances, particularly in the treatment of dementia, and old age psychiatry presents itself as an excellent career choice.

1 Solomons L, Ranjith G. Are some subspecialties better with foundation doctors? *Psychiatrist* 2012; **36**: 35–6.

2 Dudleston KE. Recruitment in psychiatry. *Psychiatrist* 2012; **36**: 196.

3 Fearnley ER. The psychiatry experience from a medical student perspective. *Psychiatrist* 2012; **36**: 272.

4 Mozdiak REC. The experience of a medical student who was 'converted' to psychiatry (e-letter). *Psychiatrist* 2012; 7 August.

5 Sinclair HR, Patterson JR. Re: Thoughts for the future, the psychiatry experience from a medical student perspective (e-letter). *Psychiatrist* 2012; 16 July.

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Red light – don't drive!

As it happens, we have been grappling with the same issues as Curwen & Jebreel,[1] namely low rates of documented action taken in relation to driving risk in our crisis resolution team. We would like to share the approach we arrived at, which might inspire others.

As was indeed suggested by Curwen & Jebreel, we did place a poster regarding the guidelines for driving with psychiatric illness in our team's work space, and repeatedly discussed the issue at team meetings. Unfortunately, this did not make much difference and documented action remained near zero. More successful was indicating driving status as part of the patient's details on our overview boards and including a simple screening tool in the admission pack. This pack is used by practitioners at first assessment and the tool simply looks at the three general domains of psychiatric illness covered in the guidelines: (1) depression, anxiety; (2) psychosis, hypomania, mania; (3) dementia. The rater needs to broadly rate each of these domains, assigning each a colour: green – low risk and no action needed, amber – sufficient risks present to refer for a medical opinion, red – risks are overwhelmingly clear and driving needs to stop immediately.

In the case that driving needs to stop, a letter is available in the admission pack, written on behalf of the unit, explaining the need to do so.

1 Curwen J, Jebreel A. Advice on driving while under the care of a crisis resolution team: findings from two audits. *Psychiatrist* 2012; **36**: 424–6.

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