columns

skills specific to liaison nursing and their unique role in general hospitals.

Our recent survey at Chelsea and Westminster Hospital of the provision of psychosocial assessments to A&E patients presenting with suicidal thoughts or behaviours showed that 90% received full assessment by the liaison team or duty psychiatrist, with plans for further action communicated to their general practitioner (or community mental health team). This level of service was achieved with a liaison nursing team managing 85% of out-of-hours clients without medical input, with implications not only for 4-hour targets but also for the European Working Time Directive on junior doctors' working hours. Any further threats to liaison services run counter to the government's efforts to tackle suicide targets, to address the psychological needs of patients with cancer, HIV, neurological disorders, cardiovascular disease and diabetes, and its obligation to uphold employment law.

ROYAL COLLEGE OF PHYSICIANS & ROYAL COLLEGE OF PSYCHIATRISTS (2003) *The Psychological Care of Medical Patients. A Practice Guide* (Council Report CR108). Royal College of Physicians & Royal College of Psychiatrists. http://www.rcpsych.ac.uk/files/pdfversion/cr108.pdf

***Alexandra Pitman** Senior House Officer in Psychiatry, South Kensington and Chelsea Mental Health Centre, London SW10 9NG, email: alexandra.pitman@imperial.ac.uk, **José Catalán** Consultant Psychiatrist, Psychological Medicine Unit, South Kensington and Chelsea Mental Health Centre, London SW10 9NG

'Research day' – is it a misnomer?

Okolo & Ogundipe (*Psychiatric Bulletin*, July 2006, **30**, 275–277) could not substantiate why the research day was considered useful by consultant psychiatrists in the West Midlands, but the majority of trainees had used the day for non-research purposes. Perhaps this is why it was considered useful. Certainly, with the changing face of training in psychiatry and the emphasis on new ways of working for consultant psychiatrists (Department of Health, 2005), the day could be used to enhance skills that would be useful to consultants.

It was noted that the day was not particularly productive in terms of publications and no mention was made to this effect. Other issues for discussion are the local availability of suitable training and supervision for research, access to statistical advice, and the lack of clear consensus on what to do in the day. If the day is going to be used to pursue other interests, we need to rethink whether our current approach is beneficial. For example, Hewson *et al* (2006) proposed that management experience should be an integral part of training for future consultants at an earlier stage. Most would wish to have protected time to acquire specialised skills. We suggest a more pragmatic approach to the research day. Perhaps the first step would be to rechristen it (for example, 'career enrichment day'). This day could be utilised by the specialist registrar to pursue their particular field of interest, be it research, a higher degree, audit or management.

DEPARTMENT OF HEALTH (2005) *New Ways of Working for Psychiatrists: Enhancing Effective, Person-Centred Service through New Ways of Working in Multidisciplinary and Multiagency Contexts*. Department of Health. http://www.dh.gov.uk/assetRoot/04/12/23/44/04122344.pdf

HEWSON, L., HOOPER, S. & WORRALL-DAVIES, A. (2006) Taking on the management: training specialist registrars in child and adolescent psychiatry. *Psychiatric Bulletin*, **30**, 71–74.

***Nanda Dayalan** Senior House Officer in General Adult Psychiatry, Lymebrook Mental Health Resource Centre, Stoke-on-Trent ST5 7TL, email: nandak.dayalan@northstaffs.nhs.uk, **Richard Hodgson** Consultant Psychiatrist in General Adult Psychiatry, Lymebrook Mental Health Resource Centre, Stoke-on-Trent

Regional specialist registrar training day – our experience

As training day coordinators for the North-West Higher Training Scheme in Adult Psychiatry, we read with interest the article by Dr Ogden (*Psychiatric Bulletin*, August 2006, **30**, 310–312) on developing a regional specialist registrar day. We would like to report on similar training days that have been an integral part of the North-West Higher Training Scheme for the past 5 years. Our training days are similar in most aspects to the Merseyside ones, but with some important differences.

We have 10 training days per year with full support of the local specialist training subcommittee. Unlike the Merseyside specialist registrar training days, the venues in our case are rotated regularly, as our scheme covers a wide geographical area. Pharmaceutical companies sponsor the venue and catering, and the speakers give their time and expertise for free. Although the majority of the speakers come from the north-west, we have been able to secure others from further afield. Attendance at the training days is mandatory and the average attendance is around 75%.

The topics covered during the training days include a broad range of core clinical, managerial and personal development skills; for example, our next training day is on court room skills, with trainees giving expert evidence and undergoing cross examination by a barrister in a mock courtroom.

Similar to Dr Ogden's experience in Merseyside, the training days have helped in improving communication and in fostering a sense of community among the specialist registrars.

***Raghu Paranthaman** Specialist Registrar, Belmont Day Hospital, Royal Bolton Hospital, Bolton BL4 0JR, email: rparanthaman@gmail.com, **Faouzi Dib Alam** Specialist Registrar, Royal Preston Hospital, Preston PR2 9HT

Blood glucose testing

The results reported by Dr Tarrant (*Psychiatric Bulletin*, August 2006, **30**, 286–288) on blood glucose testing for adults prescribed atypical antipsychotics are far more impressive than we obtained when we audited prescribing on acute psychiatric wards in four health districts in the West Midlands in 2004. Adherence to blood glucose testing ranged from 8 to 47% between these units for patients on atypical antipsychotics. These rates are poor even when allowing for an unwillingness of some patients with acute illness to agree to blood tests (Hodgson & Adeyemo, 2004).

In 2004 we carried out a survey of 181 consultant psychiatrists working across the West Midlands and found that only 52% undertook blood glucose monitoring and only 29.6% believed that psychiatrists should monitor the physical health of their patients. This survey underlined the tension between primary and secondary care over physical health monitoring for those with serious mental illness. The recent guidelines (National Institute for Health and Clinical Excellence, 2006) for the management of bipolar disorder recommend an annual physical health review in primary care. However, while a patient is in hospital it is difficult to justify any lack of monitoring of physical health given that psychiatry is a medical specialty. Abrogation of responsibility for physical evaluation of patients has implications for the profession as a whole. Acknowledgement of this responsibility is reflected in the College's requirement that candidates perform a physical examination in the both parts of the Membership examination. However, consultant psychiatrists are unlikely to maintain these skills, which is a compelling argument for basing the physical healthcare of those with serious mental illness in primary care.

HODGSON, R. E. & ADEYEMO, O. (2004) Too little, too late? Physical examinations performed by trainee psychiatrists on newly admitted psychiatric patients. *International Journal of Psychiatry in Clinical Practice*, **8**, 57–60.

https://doi.org/10.1192/pb.31.1.34 Published online by Cambridge University Press