

appointment, were actually seen. I would disagree, however, that it is only the psychiatrist who gains from this system. For the same rate of referral, patients who do wish to be seen will be given an earlier appointment than under a conventional system, as slots are not wasted by individuals failing to attend. Apart from getting patients seen faster, the referrer will benefit by being informed quickly that the individual has not requested an appointment, thereby allowing an alternative plan to be devised. The hospital manager too should benefit from a more efficient utilisation of an expensive resource and from increased satisfaction from referrers and patients.

I would agree that a home assessment may be an excellent alternative option for those patients whom the referrer still wishes to be seen and who have declined the option of an out-patient appointment. I do not believe, however, that a home assessment should be offered to all to improve non-attendance, as this method of service provision has a number of significant disadvantages.

- (a) It is more expensive than an efficiently run out-patients as it involves unproductive travelling time and requires at least two members of the team to assess a single patient for reasons of safety.
- (b) The environment at home is often more difficult to control. There may not be a suitable quiet area free from distractions such as children, dogs and television. Physical examinations and relevant investigations are less easily performed. Therefore a home assessment may take longer or be less complete than the equivalent in out-patients.
- (c) There is an argument that if an intervention is too readily available and involves no effort from the patient, it may not be valued as greatly and therefore may be less effective.
- (d) There are some feckless patients who are as unreliable at being in as they are at attending out-patients.

I would suggest that a home assessment is a sensible solution only when there are positive reasons to justify the extra cost and difficulty. Apart from those who do not request an appointment when offered one, indications for home assessment might include particular diagnostic groups such as panic disorder with agoraphobia (who may find attending very difficult) or patients in whom a first hand knowledge of their social environment would be especially valuable.

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### Trainees and research

DEAR SIRs

We enjoyed reading Atkinson and Coia's article 'Trainees and Research' (*Psychiatric Bulletin*, June 1993, 17, 355–356) but we would question one of their hypotheses explaining an apparent lack of research effort among trainees. They hypothesise that trainees "are not hungry enough". Is it possible that many trainees – far from being not hungry enough – are actually starved of opportunity to do research?

The emphasis placed on the relevance of the article to trainees outside the main centres may be misplaced. There is little or no evidence to back up the idea that the problems of most trainees attempting to complete research are less onerous in the centres than in the periphery. The discriminators determining shortlisting for SR interviews for Central London training rotations have been examined (Lewis, 1991; Katona & Robertson, 1993) but we are not aware of any systematic studies which examine career progression of trainees in peripheries compared with 'main centres'.

Also, we think, that there is confusion stemming from the question "Does everyone need to do research?" One of the conclusions, "that wider perspective needs to be taken on what counts as research and this should include audit" is, we think, largely informed by the prevailing ethos of 'publish or perish' even though the paper asks whether it would be better to accept that some trainees are not interested in pursuing research. Perhaps more consistent with the discussion would be a recommendation that activities which lie outside the traditional remit of research, for example audit, management interests or teaching ability, may be included in a wider perspective of what is valued and therefore valuable for career progression?

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### Reply

DEAR SIRs

We wholeheartedly support Drs Bowen and Cox in the sentiment "that activities which lie outside the