Correspondence

Continuing Professional Development

Sir: Morgan's editorial on Continuing Professional Development (CPD) (*Psychiatric Bulletin*, September 1998, **22**, 529–530) paints a picture of two contrasting groups of psychiatrists: one containing diligent, committed clinicians who have opted in to CPD, the other being made up of foolhardy cynics who ignore his warnings at their peril. An advertisement follows the article tempting us with free subscriptions to a journal if we 'join' CPD. The product called CPD therefore sounds like something I can have if the price is right (but perhaps I should wait for the January sales).

I am sure, however, that the vast majority of psychiatrists are in favour of CPD as a process. I certainly am. The suggestion that those members who have not registered with the College's scheme are not participating in CPD is inaccurate as well as somewhat insulting. The College should cease describing CPD as a kind of 'club' and, recognising that the process of on-going education is desired by most psychiatrists, make it available to all. Regular information about recommended articles, books and Web sites, together with notification of approved conferences, would be useful. Informal re-testing of clinical knowledge via short answer questions and case vignettes would be one way of stimulating both clinicians and academics. The administrative costs could be met by dispensing with the *British Journal of Psychiatry* as an automatic membership entitlement since the relevance of the journal to sub-specialties like my own is debatable.

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Dilemmas of a psychiatrist in a developing country

Sir: Dr Malik (*Psychiatric Bulletin*, September 1998, **22**, 578–580) paints a very real picture of the challenges facing psychiatric services in developing countries. He stresses the need for high quality training programmes for foreign doctors in Western countries, which can be modified accordingly to suit the local needs. The launch of the Overseas Doctor's Training Scheme by the Royal College of Psychiatrists, about a decade ago aimed to achieve this goal. So far, hundreds of trainees from developing countries have benefited from this scheme, as it has provided very well organised and structured training. Unfortunately, the very problems which Dr Malik has mentioned have prevented more than 80% of these doctors from returning to their home countries.

In my opinion the College needs to review its training scheme. Perhaps there is a need to support local training in developing countries, incorporating local training models to improve the existing services. By adopting an approach which is compatible with the local culture and beliefs, and which involves close coordination between the College and the services in the developing world, it is possible to achieve training standards in those countries which will hopefully ensure better psychiatric care.

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Attendance at child psychiatric clinics

Sir: We were interested to read the paper by A. Ubeysekara & N. Cox (*Psychiatric Bulletin*, July 1998, **22**, 435–437). As the authors point out, there has been little research before into the reasons why patients do not attend. It was interesting to note some of the reasons highlighted by the paper. These seem to suggest that measures such as providing information about the service before the family attend, and helping with transportation, may help with attendance.

In the Shropshire Child and Family Service, we have also tried to tackle this problem from a slightly different angle. During the case allocation meeting, selected cases are sent 'opt in' letters, rather than appointments straight away. Such cases are selected, for example, if the problem seems to be of a less urgent nature, or if it is not clear from the referrer's letter that the family are committed to attending. The 'opt in' letter asks families to contact the service if they require an appointment. There are of course arguments for and against such letters; on the one hand there is the potential for reducing clinic non attendance while on the other hand there is

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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