



columns

women. We examined the notes consecutively over 3 years, which resulted in 360 records. These were examined for documentation of the annual physical health check.

Results showed that 302 (84%) had recorded evidence of the annual physical, and 11 patients (3%) had declined examination. Few clinically significant abnormalities were detected (6 of 360, 1.7%), though these included cases of previously undiagnosed asthma, diabetes and anaemia. Wider review indicated that physical disease management was variable and non-systematic.

We concluded that the traditional annual physical health check is of limited value. We felt that psychiatrists should review their current care and consider systematic primary care based services for long-term psychiatric in-patients and those on long-term follow-up.

SANTHOUSE, A. & HOLLOWAY, F. (1999) Physical health of patients in continuing care. *Advances in Psychiatric Treatment*, **5**, 455–462.

SMITH, R. (1999) Prisoners: an end to second class health care? *British Medical Journal*, **318**, 954–955.

Graham Ness Clinical Lecturer in Forensic Psychiatry, Division of Forensic Psychiatry, SchARR, Regent Court, 30 Regent Street, Sheffield S1 4DA

my specialist registrar training thus far to have had full internet access at both my place of clinical work and the university allied to it. Recently, on commencing an MSc I have been struck by the exceptional quality of computing services available to students. Unrestricted internet access, an effective system of e-mail communication and a profusion of terminals seems the norm and more youthful postgraduates than myself appear to expect no less. In the preparation of essays (in criminology and criminal justice, in my case) websites are listed in course guidebooks and the more enterprising students search the web for pre-written examples of essays!

An ability to access information to at least the standard of that experienced by students must surely be mandatory for today's doctors. Unfortunately, even where access to computers is provided, the level of access can vary. Some sites forbid internet access or restrict its use to pre-determined intranet sites. Focusing attention towards academia is laudable, but must surely at least permit the checking of one's e-mail. If a myriad of students can be trusted with such a facility it seems strange that some doctors are not.

Adrian R Brown Specialist Registrar in Forensic Psychiatry, Rampton Hospital, Retford, Nottingham DN22 0PD

described having access to computers, and that, of these only one-quarter had internet access.

We have recently conducted a survey of psychiatric trainee attitudes in the Eastern region of the Republic of Ireland ($n=153$) in which we found that only 67% of respondents ever used a computer at work. Access in the workplace to the internet is higher than in the London sample (54%), but this figure and associated e-mail availability (29%) appear disappointingly low.

The College recognises the importance of trainee involvement in research (*Psychiatric Bulletin* 1994, **18**, 514–524), an area where computer access and skills are now essential. Perhaps it is not surprising that we found that those trainees in our sample who had access to a computer or to the internet at work were more likely to be actively involved in research. Kotak & Butler have reported a demand among junior doctors for greater access to computers and the College recommends facilities for 'hands on' computerised literature searching for all trainees (*Psychiatric Bulletin*, 1994, **18**, 514–524). Access is only half the point, in our sample only 71% of respondents rated their computer literacy as 'fair' or better; given the perceived demand and obvious potential benefits, should education in psychiatry include information technology training?

Aiden Corvin Wellcome Trust Research Fellow in Mental Health; e-mail: acorvin@tcd.ie, **Edmond O'Mahony** Health Research Board Clinical Research Training Fellow, Department of Psychiatry, Trinity Centre for Health Sciences, St James's Hospital, Dublin 8; e-mail: omahonep@tcd.ie

Trainee access to computers

Sir: Kotak & Butler (*Psychiatric Bulletin*, January 2001, **25**, 31–32) report the continued poor access to, and training in the use of, computers for junior psychiatrists. I have been fortunate throughout

Sir: Kotak & Butler (*Psychiatric Bulletin*, January 2001, **25**, 31–32) highlighted the importance of computers for psychiatrists in training. We share their disappointment that half of senior house officers and three-quarters of specialist registrars

the college

Comment on the following Joint Statement

We are pleased to share with you the Joint Statement agreed between the Royal College of Psychiatrists and the Association of Chief Officers of Probation (ACOP).

Within the public policy areas of mental health, community safety and criminal justice, both organisations share issues of common interest.

The purpose of the joint statement is to promote engagement at a national level between the ACOP and the College in a form that stimulates and supports joint working between psychiatric and probation practitioners and managers at a local level.

The Government is seeking to achieve greater working across departmental boundaries, and collaboration between the ACOP and the College will contribute to this.

The Joint Statement is the product of an ACOP/RCPsych Liaison Group. Our sincere thanks are owed to the following members of the group who have informed and advised on the content: Dr Ranjit Baruah; Professor John Gunn; Dr Peter Snowden and Stuart McPhillips, ACOP Policy Development Advisor.

We will continue to work on the agenda identified in the Joint Statement and hope that it will be taken forward by the National Probation Service Directorate with the Royal College of Psychiatrists from April 2001.

If there are areas of work in the Joint Statement that you would like to discuss further please contact either the ACOP or the Royal College of Psychiatrists. We would be pleased to hear from you.

Mike Shooter Registrar, Royal College of Psychiatrists, **Kathy Vagg** Association of Chief Officers of Probation, Lead Officer, Health and Crime

Joint Statement of Purpose by the Association of Chief Officers of Probation and the Royal College of Psychiatrists

The Association of Chief Officers (ACOP) of Probation exists to:

- develop good practice and effective responses to crime, and to ensure the protection of children's welfare in cases of family separation
- consult and negotiate with Government departments on behalf of local probation services
- establish and maintain links with other organisations and bodies working in criminal justice and family court welfare
- encourage cooperative and collaborative endeavours between services in order to improve service delivery and achieve value for money
- promote equal opportunities.



columns

The objects and purposes for which the College is constituted are to:

- advance the science and practice of psychiatry and related subjects
- further public education therein
- promote study and research work in psychiatry and all sciences and disciplines connected with the understanding and treatment of mental disorder in all its forms and aspects and related subjects and publish the results of all such study and research.

Statement of purpose

Within the public policy areas of mental health, community safety and criminal justice, both the ACOP and the Royal College of Psychiatrists share issues of common interest. The purpose of this joint statement is therefore to promote joint working at the national and local level between the ACOP and the College.

Probation officers and psychiatrists operate in a world of changing expectations, mirrored by the concerns of politicians, the public and the media, about the way we manage difficult and often dangerous offenders with mental disorder. Care, treatment, rehabilitation, risk and public protection are issues we jointly need to address. We also need to be seeking to develop evidence-based practice and to work together and in partnership with social care agencies to deliver services that are safe, sound and supportive.

The Government is seeking to achieve greater working across departmental boundaries, and collaboration between the ACOP and the College can contribute to this.

Shared principles

The following shared principles will inform joint working at the national and local levels:

- protection of the public
- achievement of high practice standards
- consistent evidence-based approaches to work within the criminal justice system
- respect for each others' professional roles and contribution
- equal opportunities.

Joint aim

Effective working relationships between probation services and psychiatrists have significant mutual benefits. Of paramount importance is the contribution provided by effective joint working to the establishment of healthier communities and increased public confidence in the ability of both services to provide for their safety. Desired outcomes are:

- to reduce the risk of public harm
- to enhance public safety and public health
- to reduce the fear of crime and its impact on the health of the public
- to contribute to the enhancement of healthy communities
- to promote health care for mentally vulnerable offenders.

Areas of work

Joint working will be led by a joint ACOP/College strategy group that will identify specific areas for collaboration and oversee the work, some of which will be pursued through existing groups. The following potential areas of joint work have been identified.

- Assessment and management of risk
 - confidentiality
 - psychiatrists' involvement in public protection panels
 - substance misuse
- Suicide and self-harm
- Supporting victims
 - victims of mentally disordered offenders
- Mentally disordered offenders
 - diversion of mentally disordered offenders
 - quality of psychiatric court reports
 - severe personality disorders
 - discharge from special hospitals
- Understanding structures, boundaries and roles
 - probation orders with a condition of psychiatric treatment
- Work in prisons
- Local arrangements
 - multi-agency public protection panels
 - local liaison
 - information sharing and protocols.

The joint strategy group will identify a programme of work, reflecting current concerns and priorities. It is envisaged that progress towards shared outcomes will be through task groups, preparation of guidance and joint events.

Annual Elections Council and Court of Electors

Fellows and Members are reminded of their rights in connection with the forthcoming elections for the vacancies of the Court of Electors and for elected members of Council. The relevant Bye-Laws and Regulations are printed below.

The nominating meeting of Council will take place on 23 April 2001 and the last date for receiving nominations will therefore be 21 May 2001.

Extracts from the Bye-Laws and Regulations

Bye-Law XXI The Court of Electors

- At the first meeting of the Council in alternate years after the name of the President for the next ensuing College year has become known, the Council shall nominate a sufficient number of candidates for appointment as Electors to ensure an election, which will be held by a postal ballot of all Members of the College in the manner prescribed by the Regulations. Additional nominations may be lodged with the Registrar between the beginning of the then current calendar year and the end of 4 clear weeks after the meeting of the Council above referred to. No such nominations shall be valid unless it be supported in writing by 12 Members of the College and accompanied by the nominee's written consent to serve if elected.

Regulation XIX The Council

- Elections shall be held in alternative years to ensure that there are not less than six elected Members of Council and no more than six elected Fellows of the Council subject to the overall condition that no elected Member or Fellow shall serve on Council for more than 6 years in that capacity without a break of at least 1 year. At its first meeting in each alternate College year after the name of the President for the next ensuing College year has become known, the Council shall nominate the necessary number of Members and Fellows of the College to ensure that there are no more than six elected Fellows and not less than six elected Members serving on Council. Any nominee who is proposed and seconded and gives his or her consent in writing to serve, shall be validly nominated.

Any 12 Members of the College may make nominations in writing at any time between the first day of January in each alternate year and the date which is 4 clear weeks after the meeting of the Council at which nominations were made. Nominations other than those made by the Council shall be lodged with the Registrar and accompanied by the written consent of the candidate to serve if elected. Should there be more nominations than vacancies, an election shall be held by ballot of the Members of the College. The ballot paper shall not indicate the method of nomination or the names of those nominating. If the number of nominees does not exceed the number of vacancies, these nominees shall be declared elected at the first meeting, whether of the Council or of the Executive and Finance Committee,