Health Director were directly involved in the care of the patients. The attendance varied from 10 (the very first talk) to a maximum of 62, with the median of 30. There were lively discussions during the meetings and also afterwards.

The feedback from the participating audience was very encouraging with comments such as "so many things I did not know", "now I understand why I was so intolerant" or simply "I did not know that this is the way my client thought", "it is good to know that you are there", "it is reassuring to know that there are many things you do not know too"!

After 18 months we decided to temporarily suspend the forum in order to take stock and improve our own knowledge before embarking on the next training programme.

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Clinical pharmacists: the benefits for psychiatric trainees

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Psychiatric trainees' knowledge and understanding of the therapeutic principles underlying the appropriate use of psychotropic medication comes from many sources. They receive a grounding in neuropharmacology as a medical student and this is updated and expanded by attendance at a university lecture course in preparation for the MRCPsych examinations. Practical advice is handed down by supervising consultants and is augmented by reference to standard textbooks and research literature. Pharmaceutical representatives occasionally provide useful information though this may be biased, concentrating on specific drugs in isolation and without comparisons to competitors. Because of the variety and uneveness of these sources there is a risk, especially in the earlier years of training that knowledge is patchy, impractical or unsoundly based on dogmatic or out of date advice. There have been calls for training in psychopharmacology to be improved and suggestions as to how this may be achieved (Ferrier & Cooper, 1994). This paper describes the clinical pharmacy services in Fife and their value in improving the knowledge and practice of therapeutics amongst psychiatric trainees.

Clinical pharmacists have a broad understanding of pharmacological and therapeutic principles. Training begins with a basic degree in pharmacy which provides a relatively limited knowledge of psychopharmacology, but over the past ten years there has been an increasing trend towards specialisation and further study in the clinical area of drug use leading to a diploma or masters degree in clinical pharmacy. Pharmacology and therapeutics are two of the main areas studied such

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that clinical pharmacists have extensive and detailed working knowledge of drug use within the particular area they have specialised in. The clinical pharmacist has to keep up to date with developments in therapeutics within their chosen area, including the launch of new drugs to enable them to offer advice on treatment and drug choice. Clinical pharmacists are taught and encouraged to view data on drugs in an unbiased and critical way and are thus able and well placed to provide an impartial source of information on drugs and their use in clinical situations. They are generally familiar with and have ready access to further sources of detailed information enabling them to provide up to date advice on pharmacokinetics, interactions, adverse drug reactions, side-effect profiles, preparations and dosages, contra-indications or recommended monitoring regimes.

Fife has a psychiatric training scheme based at four hospital sites serving a mixed urban and rural population of approximately 340 000. There is an excellent clinical pharmacy department within the psychiatric service though the recent change to Trust status has brought about changes and some uncertainties about the future. This paper will concentrate on the training benefits of the clinical pharmacy service. The debate of whether such services should be provided on economic grounds is a separate issue and no attempt has been made to address it here.

Attendance at team meetings

There is a regular commitment to attendance at multidisciplinary team meetings for in-patients on acute adult, old age assessment, and some learning disability wards. This allows for informed debate in choice of medication, taking into account interactions, age, contra-indications, response to previous treatments and specific side-effects reported by patients. The clinical pharmacist is generally able to provide more detailed information than is available in, for example, the *British National Formulary*. The pharmacist also keeps an independent set of notes that can be reviewed more quickly than clinical notes to ascertain past responses to medication.

Drug reviews

For selected patients with complex past histories and treatment regimes, the pharmacist can review the patient's notes and produce a drug history which outlines previous prescribed medication and the noted responses to these treatments. This often provides useful information on possible solutions to therapeutic problems, for example, it may appear that a patient has failed to respond to all classes of antidepressants or antipsychotics over a number of years but closer inspection may show a class that has not yet been tried or one that has been tried in inadequate dosage or for insufficient time. Ideally every patient's past responses to medication should be reviewed by the junior doctor involved in the patient's care but exigencies of ward life mean that this is sometimes performed too hurriedly and valuable information overlooked.

Pharmacist clinic

Regular time is set aside for in-patients to approach the pharmacist directly on the ward to discuss any aspect of medication. Commonly, patients about to start lithium therapy or depot antipsychotic medication have a great number of questions which, if addressed early, may improve compliance. Although a psychiatric trainee should be able to answer these questions, the greater experience of a clinical pharmacist is often valued by patients. Non-psychotropic medication prescribed by other medical practitioners may be a case of concern to the patient and be outwith the experience of the medical or nursing staff, here too the pharmacist's broader knowledge may be useful. Finally, the pharmacist has a good knowledge of and access to patient information material which the trainee may not be aware of.

Education

Participation in multidisciplinary teaching provides a useful vehicle for the pharmacist to inform prescribers about new developments such as new drugs, or cautions from Committee on Safety of Medicines, and allows for more vigorous debate of issues raised at discussions of, for example the *Consensus Statement on the Use of High Dose Antipsychotic Medication* (Royal College of Psychiatrists, 1993). Involvement in case presentations is often extremely valuable as clinical pharmacists are often able to provide fresh insights into complex cases.

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Research

Outwith a university department it can be difficult for trainees to find willing partners for research but collaborative projects with clinical pharmacists have led to published work in Fife (Baldacchino & McKnight, 1994). Small scale audit projects are a useful introduction to basic research methodology for trainees and pharmacists are well placed to encourage and assist in the supervision of such audits.

Multidisciplinary approach

Good multidisciplinary teamworking depends on informed debate between the disciplines, however, social workers, occupational therapists and nursing staff have, in general, a limited knowledge of drugs and are thus unable to question doctors about their prescribing. It can also be difficult for junior doctors to challenge their seniors and the presence of a clinical pharmacist in the team can act as an important influence in ensuring good practice. The routine participation of clinical pharmacists in clinical meetings is becoming increasingly widespread in other medical specialities but remains comparatively rare in psychiatry. The experience of trainees and many consultants in Fife is that such participation is valuable and should be more widely available.

In addition to the services described above, clinical pharmacists are becoming increasingly involved in a wide range of activities which are of benefit to trainees and clinicians: these include the provision of drug information services dedicated to providing unbiased information to prescribers, formal teaching on MSc/MRCPsych courses, local drug information newsletter and bulletins, involvement in lithium clinics and pharmacy clinics in community centres.

NHS Trusts differ in the extent to which they purchase pharmacy services but all provide at least a basic service and clinical pharmacists should not be overlooked by psychiatric trainees as a valuable source of experience and information in a key area of clinical practice.

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