

drugs consumed by many patients, especially the elderly, are mentioned under *prevention*. In the section on *prescribing*, attention is drawn to the misuse of psychotropics, risk of self-poisoning, repeat prescriptions, and the uptake of widely advertised new preparations. In *general comments* mention is made of the work of practice teams, including receptionists and ancillary workers, presumably including CPNs where available.

Baker accepts that the setting of standards of care in general practice could be unrealistic and change rapidly with changes in societal demands. There is also the danger that such recommended standards are not set in a comprehensive review of practice as a whole.

This paper had relevance to ourselves in that it reminds us of our own need to review the standard of care we as specialists provide for psychiatric patients referred to us, and also reminds us and our GP colleagues of the importance of the wide variety of psychiatric disorders presenting in primary care settings.

Occasional Paper 40: Rating Scales for Vocational Trainees in GP 1988. By the Centre for Primary Care Research, Department of General Practice, University of Manchester. Pp. 25. £5.00.

This paper sets out in detail 23 areas of skill required of vocational trainees, organised under the main headings of history and examination (6 scales), diagnosing and defining the problem (4 scales), management (5 scales), emergency care (3 scales) and professionalism (5 scales). Each scale has a main component under 10 boxes ranging from "poor performance" of that particular skill, up to "skilled performance". There then follows a number of subscales examining that skill in detail on a 5-point range of "seldom performed" to "usually performed". Notes for raters accompany the scales.

The scales of particular interest to ourselves are as follows: psychiatric aspects of history taking and diagnosis (scale 2), hypothesis formation (7), hypothesis testing (8), coping with uncertainty (11), using community resources (12), interpersonal skills in prescribing (14), emergencies – acute psychoses, depression (including the assessment of suicidal risk), and panic attacks (18), and finally, accessibility, involvement, commitment, working with colleagues and personal development, under professionalism (19–23).

Again, this paper has relevance to us in that it serves as a model whereby we might assess the content of the curriculum and the progress of our trainees towards the MRCPsych, and it again reminds us of the important aspects of the psychiatric component of primary medical care.

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Videotape review

The Final Choice: An Introduction to Suicide
(UK 1988, 40 mins.)

This videotape deals with suicide in a wide perspective. It offers a comprehensive survey of historical and religious developments, it compares differing national and cultural attitudes and it outlines various legal aspects. Sociological, psychological and psychiatric factors are discussed, supported by statistics and useful 'clinical' (enacted) recordings. It includes some fascinating asides; for example, suicide predated man, and dogs commit suicide (not a lot of psychiatrists know that!).

The whole is very effectively bound together by an excellent link-man (Paul Sinclair – an actor?) and there are some authoritative comments from Professor Philip Seager. A "Senior Tutor for Continuing Education" also appears, who must be assumed to be a nurse (the producers are rather fond of anonymity) and, to a less effect, the publicity officer for MIND and the National Chairperson of The Samaritans contribute in part II.

Technically this is a very competent production, with excellent titling and graphics. It is sympathetic, maintains interest and gives a clear, easy-to-follow, exposition of the subject. It would, however, have benefited from more vigorous cutting, especially of the 'clinical' recordings which go on long after they have made their point. It is intended however for members of The Samaritans, MIND and other mental health volunteers, as well as professionals in training. For the last group part I (20 minutes) contains most, but not all, of the main points and