

both positive and negative aspects of the trainee's clinical practice. It is likely, therefore, that a consultant will spend up to two hours each week in individual conversation with a trainee; although this will vary according to the needs of the trainee and the management style of the consultant. For example, *clinical* supervision may occur with a group of trainees, or in the setting of a multidisciplinary review.

The general supervision relating to career advice, clinical methods and clinical instruction is *always* an individual meeting between the trainee and the consultant. It is, therefore, the express intent of the College that there should be one hour of protected time when the trainee and the educational supervisor are together to discuss non-clinical issues. This is regarded as a benchmark of an adequate learning situation, and is necessary for approval of an individual post or rotation.

The Statement of Approval will require slight revision in the light of expected new basic specialist and higher specialist training grades, and this opportunity may be taken to clarify this possible ambiguity pointed out by your correspondent. Furthermore, we are considering more detailed advice to educational supervisors as to how this general supervision may be carried out: a meeting is planned at the College in the summer of 1995.

JOHN COX, *Dean, Royal College of Psychiatrists*

Sir: We were interested to read the findings and recommendations of Drs Herriot, Bhiu and Lelliott (*Psychiatric Bulletin*, 1994, **18**, 474-476) to improve the quality of supervision provided to trainees. In fact, we have recently completed a year long audit cycle aimed at improving the quantity and quality of supervision provided by an individual consultant.

We found that prior agreement of an agenda of items, with mutual commitment to preparation prior to sessions, significantly improved the subjective quality of supervision for both parties. Sufficient flexibility to tailor sessions to trainee's changing needs was incorporated by having regular reviews whereas the temporal regularity of sessions enhanced attendance. Although agreeing that the acceptance of standards of supervision for

an entire training scheme is necessary, it is apparent that there needs to be clear commitment from both trainer and trainee at an individual level for this to be effectively enacted.

The audit of individual supervision is simple to perform, improves standards, and can act to reinforce this commitment. We can recommend it.

DAVID LAWLEY, DEREK PROUDLOVE, and JOHN BESTLEY, *De La Pole Hospital, Willerby, Hull*

Lithium monitoring

Sir: Having recently completed a similar audit of lithium monitoring, I read with great interest the article by John R. Taylor and Ian G. Dewar (*Psychiatric Bulletin*, 1994 **18**, 620-621). However, as opposed to the monitoring of in-patients, the aim was to follow up over a 12 month period all patients who were discharged from hospital on lithium between January and May 1993. In addition, as from the results of a previous audit that the highest proportion of 'revolving door patients' are those suffering from bipolar affective disorder, close and effective monitoring is all the more necessary in an attempt to improve compliance and reduce the need for readmission.

I agree that improvements in future monitoring depend on close liaison with other professionals, particularly with regard to patients in the community. However, the results of the out-patient audit reveal that the level of monitoring of serum lithium, renal and thyroid function is far superior in those patients who attend the clinic nurse in the out-patient department than those monitored by the community psychiatric nurse or general practitioner in the community. In addition, if patients default from their blood monitoring or are found to be non-compliant with medication, then they, and the relevant medical team, are immediately contacted.

Although I understand that the audit examined a selective group of patients taking lithium in that they had all been recently discharged from an in-patient unit, I feel that the results emphasise the need for a single, effective monitoring service where a register is available of all relevant patients.

STEPHEN NOBLETT, *Parkside Hospital, Macclesfield SK10 3JF*