appointment, were actually seen. I would disagree, however, that it is only the psychiatrist who gains from this system. For the same rate of referral, patients who do wish to be seen will be given an earlier appointment than under a conventional system, as slots are not wasted by individuals failing to attend. Apart from getting patients seen faster, the referrer will benefit by being informed quickly that the individual has not requested an appointment, thereby allowing an alternative plan to be devised. The hospital manager too should benefit from a more efficient utilisation of an expensive resource and from increased satisfaction from referrers and patients.

I would agree that a home assessment may be an excellent alternative option for those patients whom the referrer still wishes to be seen and who have declined the option of an out-patient appointment. I do not believe, however, that a home assessment should be offered to all to improve non-attendance, as this method of service provision has a number of significant disadvantages.

(a) It is more expensive than an efficiently run out-patients as it involves unproductive travelling time and requires at least two members of the team to assess a single patient for reasons of safety.
(b) The environment at home is often more difficult to control. There may not be a suitable quiet area free from distractions such as children, dogs and television. Physical examinations and relevant investigations are less easily performed. Therefore a home assessment may take longer or be less complete than the equivalent in out-patients.
(c) There is an argument that if an intervention is too readily available and involves no effort from the patient, it may not be valued as greatly and therefore may be less effective.
(d) There are some feckless patients who are as unreliable at being in as they are at attending out-patients.

I would suggest that a home assessment is a sensible solution only when there are positive reasons to justify the extra cost and difficulty. Apart from those who do not request an appointment when offered one, indications for home assessment might include particular diagnostic groups such as panic disorder with agoraphobia (who may find attending very difficult) or patients in whom a first hand knowledge of their social environment would be especially valuable.

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Trainees and research

DEAR SIRS

We enjoyed reading Atkinson and Coia's article 'Trainees and Research' (*Psychiatric Bulletin*, June 1993, **17**, 355–356) but we would question one of their hypotheses explaining an apparent lack of research effort among trainees. They hypothesise that trainees "are not hungry enough". Is it possible that many trainees – far from being not hungry enough – are actually starved of opportunity to do research?

The emphasis placed on the relevance of the article to trainees outside the main centres may be misplaced. There is little or no evidence to back up the idea that the problems of most trainees attempting to complete research are less onerous in the centres than in the periphery. The discriminators determining shortlisting for SR interviews for Central London training rotations have been examined (Lewis, 1991; Katona & Robertson, 1993) but we are not aware of any systematic studies which examine career progression of trainees in peripheries compared with 'main centres'.

Also, we think, that there is confusion stemming from the question "Does everyone need to do research?" One of the conclusions, "that wider perspective needs to be taken on what counts as research and this should include audit" is, we think, largely informed by the prevailing ethos of 'publish or perish' even though the paper asks whether it would be better to accept that some trainees are not interested in pursuing research. Perhaps more consistent with the discussion would be a recommendation that activities which lie outside the traditional remit of research, for example audit, management interests or teaching ability, may be included in a wider perspective of what is valued and therefore valuable for career progression?

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Reply

DEAR SIRS

We wholeheartedly support Drs Bowen and Cox in the sentiment "that activities which lie outside the

traditional remit of research ... be included ... in what is valued and therefore valuable for career progression".

We would, however, continue to maintain that research opportunities are there for those who seek them, even if they are not exactly handed out on a plate although the position for registrars and senior registrars is different. Senior registrars are given sessions (usually two per week) to carry out research. What are they doing with this time?

As a comparison may we give as an example students on a part-time Masters in Community Care course run by one of us (JMA). These students are in full-time jobs, may or may not be given one day a week to do research and (as part requirement for the degree) in a 12 month period plan, carry out and write a 20,000 word thesis on a piece of research of their own choice. Yes, they have a university supervisor but many receive little or no support (practical or psychological) in their job. Maybe the carrot of MCC after their name (but without the flashy tie!) is enough to motivate them. Or maybe they are looking for career advancement, an opportunity to learn and develop new areas and skills, maybe they are all masochists ... whatever their motivation it does demonstrate what can be accomplished in a limited period of time, with limited resources – given the will.

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DEAR SIRS

The paper by Atkinson and Coia on 'Trainees and Research' (*Psychiatric Bulletin*, June 1993, **17**, 355–356) makes some valuable comments on the issues, but I believe omits some of the main reasons for trainee research. In SW Thames successful applicants for senior registrar posts have at least one publication and usually more; however, it is important to examine the skills which have been acquired in the publication process, rather than the research *per se*. Compared to trainees who have not published, trainees with a list of publications will have picked up some computer skills, be familiar with word-processing, have carried out literature searches, and improved their writing skills. Perhaps most importantly, they will approach their everyday clinical work with the same level of mental scrutiny as they would a research problem.

I agree with the benefits to be gained from being part of a larger research group and also see this as a means of acquiring the above skills. Often there is a body of knowledge which the trainee may not be a party to, such as who to approach for some basic teaching in computer skills. Joining an established group can ease the acquisition of such knowledge.

The original research paper is rightly quoted as being unrepresentative of trainee publications as a whole, and review articles, case histories and audit are also mentioned as sources for publication. In addition, general practice journals and student journals generally welcome articles on psychiatric topics and there is a ready market for articles on management or administrative approaches in which trainees may be involved. Everyone will have an opinion on the articles that appear each week in the journals, so why not submit these opinions to the editor in the form of a letter?

The advantage of publications on a CV should be seen as evidence of skill acquisition and continue to be rewarded as such.

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Reply

DEAR SIRS

Dr McClintock makes a number of points with which we would agree. Certainly we would see the skills obtained through publishing to be part of 'research' in its widest sense but such skills need not be dependent on research-as-collecting-new-data, a point we make. We would simply reiterate that if these skills are valued, whether gained through research or publication, then thought must be given first to identify what the skills are, then how best trainees in all clinical situations, not just the main academic centres, can develop them.

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DEAR SIRS

As trainees working "in the periphery", we were interested to read the article by Atkinson and Coia (*Psychiatric Bulletin*, June 1993, **17**, 355–356). In particular, from our viewpoint as psychiatric trainees, their advice on what counts as research is useful. However if the emphasis on research in order to progress up the career ladder is to continue, the College needs to urgently address this issue which marginalises a large number of trainees.

Wherever one works some of the problems are the same. The first being one of juggling the priorities between clinical work, examinations and research (not to say family and other normalising social demands on one's time). As pointed out, there are