



columns

urgent need for resources to undertake this task.

FAMY, C., STREISSGUTH, A. P. & UNIS, A. S. (1998) Mental illness in adults with fetal alcohol syndrome or fetal alcohol effects. *American Journal of Psychiatry*, **155**, 552–554.

NANSON, J. L., BOLARIA, R., SNYDER, R. E., et al (1995) Physician awareness of fetal alcohol syndrome: survey of pediatricians and general practitioners. *Canadian Medical Association Journal*, **152**, 1071–1076.

O'LEARY, C. M. (2004) Fetal alcohol syndrome: diagnosis, epidemiology and developmental outcomes. *Journal of Paediatrics and Child Health*, **40**, 2–7.

***Raja A.S. Mukherjee** Honorary Lecturer, Division of Mental Health, Social and Developmental Psychiatry, St George's, University of London, London SW17 0RE, e-mail: rmukherj@sgul.ac.uk, **Sheila Hollins** Professor, Division of Mental Health, Social and Developmental Psychiatry, St George's, University of London, **Jeremy Turk** Reader in Developmental Psychiatry, Division of Clinical Development Sciences, St George's, University of London

Flexible training

I am a senior house officer who has been training under a flexible training scheme

for the past 2 years. Like any other trainee in psychiatry, I have read with great interest the recent publications regarding the imminent changes in training and I have wondered how flexible training will be affected by the introduction of modular and work place-based assessments.

I understand the College is committed to improving and developing flexible training (Ramsay, 2005) and am pleased to report that such has been my experience. During my 2 years as a flexible trainee I have experienced some difficulties in attending all teaching sessions because some in-house sessions fell on days that I did not work. Most flexible trainees work six sessions (equivalent to 3 days) a week.

It would appear that flexible trainees are satisfied with current training schemes. Flexibly trained psychiatrists have been found to outperform their full-time colleagues in terms of how quickly they gain College Membership (assessed by the number of examination attempts) (Mears et al, 2004). I am again pleased to report that this has been my experience.

It has been suggested that nationally 14% of all psychiatrists train flexibly

(Mears et al, 2004). In 2003 over 60% of all applicants to medical schools in the UK were female (British Medical Association, 2004). It seems reasonable to predict an increase in the number of women trainees in psychiatry (Ramsay, 2005). This could mean more trainees wanting to train flexibly.

I think it is very important that the College considers flexible training during the current revision so that the scheme will be compatible with part-time working.

BRITISH MEDICAL ASSOCIATION (2004) The Demography of Medical Schools: A Discussion Paper. London: BMA. [http://www.bma.org.uk/ap.nsf/Content/DemographyMedSchls/\\$file/demography.pdf](http://www.bma.org.uk/ap.nsf/Content/DemographyMedSchls/$file/demography.pdf)

MEARS, A., ETCHEGOYEN, A., STORMONT, F., et al (2004) Female psychiatrists' career development after flexible training. *Psychiatric Bulletin*, **28**, 201–203.

RAMSAY, R. (2005) Women in Psychiatry: ten years of a special interest group. *Advances in Psychiatric Treatment*, **11**, 383–384.

Anu Ipe Senior House Officer in Psychiatry, Wonford House, Exeter EX2 7AF

the college

Good Psychiatric Practice: Confidentiality and Information Sharing

Council Report CR133, March 2006, Royal College of Psychiatrists, £10.00, 48 pp

The central purpose of this report is to provide members with guidance on good practice in patient information privacy. This includes guidance on information sharing and on decisions about disclosure. It provides an in-depth development of the outline guidance given in *Good Psychiatric Practice* (CR125; Royal College of Psychiatrists, 2004).

In the interval since the first issue of these guidelines in 2000 there have been a number of changes in health service organisation, clinical practice and public expectations, as well as a general trend to augment the duty to disclose and to reduce professional privilege. Particular consideration has been given to the special issues surrounding the sensitivity of mental health information, the impact of changes in health service organisation,

developments within practice (e.g. multi-disciplinary and multi-agency working) and the impact of new technologies (e.g. electronic communication and computerised information systems).

The focus is on practical guidance relevant to a variety of situations and issues throughout the National Health Service and independent sector that confront psychiatrists and other members of multi-disciplinary teams. Confidentiality is both an ethical and a legal issue and the approach adopted has been detailed in consideration of the ethical principles and legal framework that inform good practice.

The following topics are covered:

- Keeping patients and carers informed, including information sharing to provide healthcare.
- Information sharing between users and carers.
- Multidisciplinary teams and inter-agency working.
- Disclosure, including where there is a legal requirement to disclose, and where decisions are matters of professional judgement.
- Requests for case notes, providing reports.

- Media requests and video recording.
- Secondary uses of patient information, including research.

Services for Younger People with Alzheimer's Disease and Other Dementias

Council Report CR135, March 2006, Royal College of Psychiatrists and Alzheimer's Society, £10.00, 32 pp

Younger people with dementia and their carers frequently fall through the net of the health and social care services. During the 1990s an increasing number of these patients were referred to old age psychiatry services. In response to this new pattern, in 2000 the Royal College of Psychiatrists' Faculty of Old Age Psychiatry, in conjunction with the Alzheimer's Society, published a policy paper outlining the configuration of services for younger patients with dementia. The document was well received. In 2002 a review showed that a