columns

women. We examined the notes consecutively over 3 years, which resulted in 360 records. These were examined for documentation of the annual physical health check.

Results showed that 302 (84%) had recorded evidence of the annual physical, and 11 patients (3%) had declined examination. Few clinically significant abnormalities were detected (6 of 360, 1.7%), though these included cases of previously undiagnosed asthma, diabetes and anaemia. Wider review indicated that physical disease management was variable and non-systematic.

We concluded that the traditional annual physical health check is of limited value. We felt that psychiatrists should review their current care and consider systematic primary care based services for long-term psychiatric in-patients and those on long-term follow-up.

SANTHOUSE, A. & HOLLOWAY, F. (1999) Physical health of patients in continuing care. *Advances in Psychiatric Treatment*, **5**, 455–462.

SMITH, R. (1999) Prisoners: an end to second class health care? *British Medical Journal*, **318**, 954–955.

Graham Ness Clinical Lecturer in Forensic Psychiatry, Division of Forensic Psychiatry, ScHARR, Regent Court, 30 Regent Street, Sheffield S1 4DA

Trainee access to computers

Sir: Kotak & Butler (*Psychiatric Bulletin*, January 2001, **25**, 31–32) report the continued poor access to, and training in the use of, computers for junior psychiatrists. I have been fortunate throughout my specialist registrar training thus far to have had full internet access at both my place of clinical work and the university allied to it. Recently, on commencing an MSc I have been struck by the exceptional quality of computing services available to students. Unrestricted internet access, an effective system of e-mail communication and a profusion of terminals seems the norm and more youthful postgraduates than myself appear to expect no less. In the preparation of essays (in criminology and criminal justice, in my case) websites are listed in course guidebooks and the more enterprising students search the web for pre-written examples of essays!

An ability to access information to at least the standard of that experienced by students must surely be mandatory for today's doctors. Unfortunately, even where access to computers is provided, the level of access can vary. Some sites forbid internet access or restrict its use to pre-determined intranet sites. Focusing attention towards academia is laudable, but must surely at least permit the checking of one's e-mail. If a myriad of students can be trusted with such a facility it seems strange that some doctors are not.

Adrian R Brown Specialist Registrar in Forensic Psychiatry, Rampton Hospital, Retford, Nottingham DN22 0PD

Sir: Kotak & Butler (*Psychiatric Bulletin*, January 2001, **25**, 31–32) highlighted the importance of computers for psychiatrists in training. We share their disappointment that half of senior house officers and three-quarters of specialist registrars described having access to computers, and that, of these only one-quarter had internet access.

We have recently conducted a survey of psychiatric trainee attitudes in the Eastern region of the Republic of Ireland (n=153) in which we found that only 67% of respondents ever used a computer at work. Access in the workplace to the internet is higher than in the London sample (54%), but this figure and associated e-mail availability (29%) appear disappointingly low.

The College recognises the importance of trainee involvement in research (*Psychiatric Bulletin* 1994, **18**, 514–524), an area where computer access and skills are now essential. Perhaps it is not surprising that we found that those trainees in our sample who had access to a computer or to the internet at work were more likely to be actively involved in research. Kotak & Butler have reported a demand among junior doctors for greater access to computers and the College recommends facilities for 'hands on' computerised literature searching for all trainees (*Psychiatric Bulletin*, 1994, **18**, 514–524). Access is only half the point, in our sample only 71% of respondents rated their computer literacy as 'fair' or better; given the perceived demand and obvious potential benefits, should education in psychiatry include information technology training?

Aiden Corvin Wellcome Trust Research Fellow in Mental Health; e-mail: acorvin@tcd.ie, **Edmond O'Mahony** Health Research Board Clinical Research Training Fellow, Department of Psychiatry, Trinity Centre for Health Sciences, St James's Hospital, Dublin 8; e-mail: omahonep@tcd.ie

the college

Comment on the following Joint Statement

We are pleased to share with you the Joint Statement agreed between the Royal College of Psychiatrists and the Association of Chief Officers of Probation (ACOP).

Within the public policy areas of mental health, community safety and criminal justice, both organisations share issues of common interest.

The purpose of the joint statement is to promote engagement at a national level between the ACOP and the College in a form that stimulates and supports joint working between psychiatric and probation practitioners and managers at a local level.

The Government is seeking to achieve greater working across departmental boundaries, and collaboration between the ACOP and the College will contribute to this.

The Joint Statement is the product of an ACOP/RCPsych Liaison Group. Our sincere thanks are owed to the following members of the group who have informed and advised on the content: Dr Ranjit Baruah; Professor John Gunn; Dr Peter Snowden and Stuart McPhillips, ACOP Policy Development Advisor.

We will continue to work on the agenda identified in the Joint Statement and hope that it will be taken forward by the National Probation Service Directorate with the Royal College of Psychiatrists from April 2001.

If there are areas of work in the Joint Statement that you would like to discuss further please contact either the ACOP or the Royal College of Psychiatrists. We would be pleased to hear from you.

Mike Shooter Registrar, Royal College of Psychiatrists, **Kathy Vagg** Association of Chief Officers of Probation, Lead Officer, Health and Crime

Joint Statement of Purpose by the Association of Chief Officers of Probation and the Royal College of Psychiatrists

The Association of Chief Officers (ACOP) of Probation exists to:

- develop good practice and effective responses to crime, and to ensure the protection of children's welfare in cases of family separation
- consult and negotiate with Government departments on behalf of local probation services
- establish and maintain links with other organisations and bodies working in criminal justice and family court welfare
- encourage cooperative and collaborative endeavours between services in order to improve service delivery and achieve value for money
- promote equal opportunities.

https://doi.org/10.1192/pb.25.4.155 Published online by Cambridge University Press