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psychiatrists to practise in low- and middle-income countries (*Psychiatric Bulletin*, November 2008, **32**, 431–435).

Higher specialist psychiatry trainees may spend 3 months in Ghana in psychiatry services as part of their training time. The aim is to provide a sustainable and continuing link between the UK and Ghana, based on development need, safety and Ghanaian population locally in south-west London.

We have been focusing on training the medical assistant level cadre in accordance with the general principles of development need and the wishes of our partners in Ghana. We have also focused on facilitating local improvement of ward systems.

We feel that this type of partnership is a good model for those interested in

gaining overseas experience. We would recommend it to other health trusts in the NHS as a workable model of following through the Crisp report (2007). It ensures that the input of the trainee is sustainable, helpful and not an encumbrance on the local host.

There are instances of professionals setting up their own projects overseas in low- and middle-income countries.

Although some projects work, many do not. It can be very difficult to sustain a project without a sufficient level of support and back-up.

#### Acknowledgements

We thank Dr Osei of Accra Psychiatric Hospital for hosting our trainees as well as Eoghan Mackie of Challenges

Worldwide. We acknowledge and thank the London Deanery and the South West London and St George's Mental Health NHS Trust for enabling this project to continue.

CRISP, N. (2007) *Global Health Partnerships: the UK Contribution to Health in Developing Countries*. Central Office of Information.

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doi: 10.1192/pb.33.2.76b

## the college

### Mentoring and coaching

Occasional Paper OP66,  
November 2008, £10,  
37 pp.

This paper on mentoring and coaching is a practical resource and reference guide. It is aimed at prospective mentees and mentors, with suggestions on training and preparation for these roles. Those involved in setting up mentoring schemes will find suggested approaches and templates for useful documents. The main body of the text includes 'capsules' of additional detailed information on specific topics and the appendices provide examples of useful publications and where to find further information. The guide covers both mentoring and coaching; most models of mentoring and coaching share

the same basic premise, namely that the mentee is resourceful and that the key role of the mentor/coach is to help the mentee use this untapped resourcefulness.

The National Health Service is currently undergoing a major cultural shift with the emergence of foundation trusts, performance management and a plurality of service providers. Trusts need to ensure good recruitment and retention of medical staff and reduce locum costs. Psychiatry too is changing – the advent of New Ways of Working, payment by results and the fact that psychiatrists nowadays may have less leverage within trusts, create new challenges for the specialty. Shorter specialist training periods place new pressures on trainees and consultants. This is taking place alongside high expectations from the government and the public. Consultants need to be adaptable and to have sound

methods to facilitate their professional and personal development. Achieving an optimal work–life balance is increasingly important. There is a growing evidence base on the usefulness of mentoring to both individuals and organisations. Since 2002, the College has recommended that all newly appointed consultants be offered a mentor, but a recent survey of mental health trusts conducted by the College (summarised in an appendix to this report) shows patchy implementation of this recommendation. A key aim of this guide is to highlight the usefulness of mentoring to all grades of psychiatrists at different stages in their careers. We hope mentoring will become a 'normal' widespread activity accessible to all psychiatrists.

doi: 10.1192/pb.bp.108.024471

## corrections

Authors of the paper 'Pharmacological management of alcohol withdrawal in a general hospital' (*Psychiatric Bulletin*, **32**, 452–454) are Siobhain Quinn, Rani Samuel, Jim Bolton, Anna Stout and

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'One man's trash is another man's treasure' (A pennyworth of history. *Psychiatric Bulletin*, **32**, 479).

doi: 10.1192/pb.33.2.77