



columns

Department, where she met her future husband.

Having obtained the DPM, she and Tony moved to Winchester, where Joan took a part-time staff grade post with the Southampton Psychiatric Service. In 1972, she became a Member of the Royal College of Psychiatrists, but wishing to remain part-time, she continued in a staff grade post, running out-patient and day-patient services.

When the psychiatric services moved from the mental hospital to the city in 1979, Joan became a senior member of the firm dealing with the eastern half of the city. She frequently acted as a part-

time locum consultant in a variable and flexible way, making her one of the most valued and discerning members of the Southampton consultant establishment. This unusual career continued without a break until her retirement in 1991, although she did then occasionally return to clinical work in her characteristically helpful way, when she perceived that there were pressures.

Joan's long-standing service in Southampton enabled her to provide continuity of care to a vast number of patients – a virtue which is all too frequently wanting in modern psychiatric practice. Her considerable clinical acumen

generated respect from patients and colleagues alike. On many occasions colleagues on her firm would have cause to be grateful for her unusual perspicacity and discernment.

As a colleague she was generous, obliging and unassuming. Outside medicine her interests were wide, including the Welsh language, history, travel, sailing and cooking, to mention only a few.

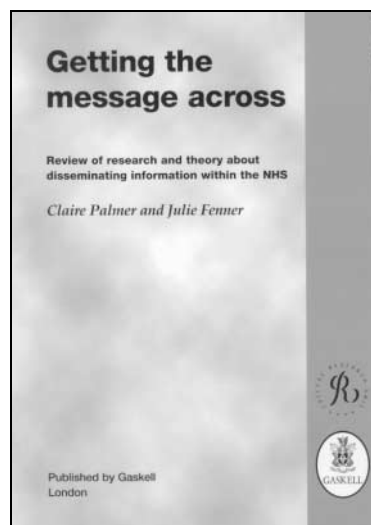
Joan died on 28 May, 2001, aged 69, following a tragic and short illness, bravely borne.

John Grimshaw

## reviews

### Getting the Message Across. Review of Research and Theory about Disseminating Information within the NHS

By Claire Palmer and Julie Fenner. London: Gaskell. 1999. 68 pp. £10.00 (pb). ISBN: 1-901242-36-3



Ultimately the success of evidence-based medicine depends not on the number and quality of trials examining clinical effectiveness but on whether or not the evidence from these trials is implemented in everyday clinical practice. This book offers a good review of the growing literature on dissemination and implementation and as such provides a useful summary of the field. Yet in spite of its comprehensiveness the book is deeply mired in many of the contradictions that beset this area.

No doubt, as the authors claim, the book has many potential readers charged

with or involved in dissemination of evidence-based practice. But they will meet the first conundrum in the small warning in the introductory chapter: one must encourage only the dissemination of 'valid and credible' information and 'prevent dissemination of information which has not been properly evaluated'. An obvious point perhaps but like those easy recipes with impossible-to-find ingredients the authors leave unsaid how 'valid and credible' information is to be separated from unevaluated. But more: can we be sure that this book itself falls into the valid category? Well, the review of research evidence quite fairly summarises the existing literature as not having identified successful dissemination strategies. In particular the reader will note that printed materials alone are not of much value, and then perhaps reflect that this book is also 'printed material'.

Having summarised a literature that struggles to identify any dissemination strategy that can claim to work (and change clinicians' behaviour), the authors go on to present a chapter on theories why strategies should work (Chapter 3) and a chapter on how these might be put into practice (Chapter 4). But have the proposals in the latter chapter been shown to work? Do they meet the criteria of being 'valid and credible'? Certainly not by the usual criteria of evidence-based medicine that would look for trial evidence, effect sizes and so on. Indeed, the earlier chapter on existing evidence failed to identify proven dissemination strategies.

So should you buy a 68-page book that commends dissemination strategies that are unevaluated? Ironically the authors' advice seems to be to save your money.

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### Finding and Keeping. Review of Recruitment and Retention in the Mental Health Workforce

London: The Sainsbury Centre for Mental Health. 2000. 136 pp. £20.00. ISBN: 1-870-480-46-5

On the day that I read the Sainsbury Centre's report on recruitment and retention, the London *Evening Standard* newspaper contained three separate articles on staff shortages in the NHS. Not that I needed the media to remind me of what has been apparent to mental health workers for several years. As the report confirms, staff vacancies and low morale are contributing to the increasing pressure under which we work.

The report details the staff shortages in various disciplines: 14% of consultant posts are vacant; 85% of trusts have difficulty in recruiting and retaining nursing staff; there are similar problems in social work, psychology and occupational therapy. It then makes recommendations that, at a trust level, are aimed at management and human resources. These recommendations are accompanied by an A to Z of practical points, which range from 'advertising' to 'zero tolerance of violence'.

The report highlights the cycle of staffing frustration familiar to those of us who work in an understaffed organisation. Services can be forced into a vicious circle where understaffing or poor retention leads to a heavy workload and low morale for those remaining staff. This results in a further loss of staff and increased recruitment difficulties. The report also reminds readers that the users of such services will suffer. I am sceptical that the practical advice offered is sufficient to address problems in the most severely depleted services. Local initiatives will be ineffective without wider economic and political change.