

Although it must be celebrated that reform and progress have occurred in the move away from the routine use of police custody suites in assessing mentally disordered individuals, the practical effect on physical health assessment of these individuals has been the loss of screening by a forensic physician. As Hampson points out, these professionals may not routinely be Section 12 approved but it remains the case that they can be more able at recognising non-psychiatric (in some instances, life-threatening) conditions (Grace 2010). With the development of Section 136 assessment suites, a broader training impetus should be placed on physical health assessment skills for medical and nursing staff working in them. Thus, while progress is to be embraced, it may be time for senior psychiatrists to dust off the stethoscope and revisit acute physical assessment skills. In a complex multiagency situation, we should also show leadership in insisting that the patients' physical healthcare takes primacy and that the standards of this are appropriately monitored.

Garden G (2005) Physical examination in psychiatric practice. *Advances in Psychiatric Treatment* 11: 142–9.

Grace G, Christensen RC (2010) Comparing psychiatrists' and primary care physicians' knowledge of nonpsychiatric medicine. *Academic Psychiatry* 34: 80–1.

Hampson M (2011) Raising standards in relation to Section 136 of the Mental Health Act 1983. *Advances in Psychiatric Treatment* 17: 365–71.

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### Author's reply

Swift's concerns that some senior psychiatrists may not have the skills to conduct a 'basic physical health assessment' should not be linked only to Section 136 assessments. Physical health problems presenting with behavioural disturbances may be seen acutely in the community too, and psychiatrists should be able to determine whether a presentation in a clinic setting could be due to or exacerbated by an underlying physical health problem. There are core skills that all doctors need, including the assessment of psychiatric disorders by our physician colleagues and physical health problems by ourselves. Trainees are examined on those skills in the Clinical Assessment of Skills and Competencies (CASC) examination and surely those who are trainers need to have sufficient skills to supervise them in this area too? The General Medical Council's (2006) *Good Medical Practice* states that 'it is the duty of the doctor to keep performance knowledge and skills up to date'. The College's guidance *Good Psychiatric Practice* notes that the psychiatrist should be 'competent in determining the necessary

physical examination and investigations required for a thorough assessment' and that CPD activities should be undertaken 'that reflect the needs of their current and planned professional activities' (Royal College of Psychiatrists 2009). The College, through the Education & Training Centre, runs courses on updating physical health skills. If in doubt, the patient can receive a second opinion and can be transferred on the Section 136 to an emergency department if an urgent assessment is required.

When the necessity of employing expensive psychiatrists is being challenged, surely it behoves us to ensure that we retain the basic core skills we acquired in our medical training, as the ability to understand the sometimes complex interaction between physical and mental illnesses is an area in which we can demonstrate unique skills.

A problem relating to Section 136 and physical health has been addressed by the College (Royal College of Psychiatrists 2011). If a Section 12 approved doctor is not available without delay to assess the physical health of Section 136 patient, a more junior doctor can be called to address immediate physical health and risk issues. This does not amount to the formal medical assessment under the Mental Health Act, which should be undertaken by a doctor approved under section 12(2) of the Act.

General Medical Council (2006) *Good Medical Practice*. GMC.

Royal College of Psychiatrists (2009) *Good Psychiatric Practice (3rd edn) (College Report CR154)*. Royal College of Psychiatrists.

Royal College of Psychiatrists (2011) *Standards on the Use of Section 136 of the Mental Health Act 1983 (England and Wales) (College Report CR159)*. Royal College of Psychiatrists.

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## Corrections

Sarkar J (2011) Short-term management of repeated self-harm in secure institutions. *Advances in Psychiatric Treatment* 17: 435–46.

Dr Sarkar's email address is sarkarjay68@gmail.com

Polnay A (2011) Bewilderment and conviction: the portrayal of madness in Ondaatje's *Coming Through Slaughter*. *Advances in Psychiatric Treatment* 17: 451–3.

In Fig. 3, Buddy Bolden is standing second from the right.

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## CORRECTIONS