the columns

correspondence

Psychiatrists and the pharmaceutical industry

I am sure I am not the only doctor to be offended by Dr Shooter's extreme comments about the relationship between psychiatrists and the pharmaceutical industry. I am not for sale, but I am of course open to influence – although is there much to choose within a class of drugs anyway?

Why is he sickened by the sight of doctors having a few days off to enjoy peer support and education (which might or might not be focused in some way). We get precious little informal time together otherwise.

There is another view: doctors are part of society, we are not morally superior. I live in a society where there is advertising and private industry: there is no clear moral argument for the pharmaceutical industry and doctors to be different from other people.

Dr Shooter's well-known eloquence has been taken to extremes in this matter. There seems to be a growing trend for links to industry to be regarded as intrinsically and inevitably bad, instead of one of many influences to which we are subject.

I have received sponsorship and hospitality from several companies. I minimise my own bias by having as many different mugs as possible!

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In defence of MRCPsych

The February 2005 issue of *Psychiatric Bulletin* contains several articles about the future of psychiatric training.

A specialist should not only be competent in the day-to-day clinical aspects of a specialty. We should have knowledge of the underlying science from which new ideas might develop, the social system in which we practise, and aspects of related medical and non-medical fields. These should co-exist in the individual. How easy will it be for an educational supervisor to assess these?

May I propose a novel competency-based assessment? We could have a target such that trainees (call them candidates) are expected to have a breadth and depth of theoretical knowledge and to be able to apply this to clinical situations in an appropriate manner. This could be assessed by a mixture of written answers to set questions and a series of simulated clinical situations. This process could be called an 'examination'.

How easy will it be for supervisors to 'fail' a trainee who, although adequate in the job does not have these other qualities? The College has rightly taken a lead on institutional racism. A central examination system (perhaps with some on-the-job assessment) may be a better safeguard against discrimination and recrimination than a relationship-based assessment – and protect both the assessor and the candidate from false accusations.

Medicine is practised in stressful situations, with limited time and competing needs. Perhaps an examination is not a bad test of this.

Incidentally trainees with extensive clinical experience in addition to theoretical knowledge are likely to succeed, those whose training has been too superficial may not.

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Specialist registrar training – our perspective

We read with interest the article by Vassilas and Brown (*Psychiatric Bulletin*, February 2005, **29**, 47–48). Having trained in the West Midlands region we feel the article gave a limited view of the current situation. What particularly concerned us was the point regarding the 'phenomenon' of senior house officers (SHOs) becoming staff grade and associate specialist grade (SAS) doctors.

It may be helpful to give our perspective on the current situation. In highlighting their experience of the training scheme, the authors have not mentioned that the current funding crisis has resulted in the restriction of adult psychiatry specialist registrar (SpR) numbers for the past year. Lack of information from the deanery regarding this situation has left many of us demoralised and exasperated. This uncertainty has lead to some taking SAS posts while awaiting an increase in the numbers of SpR positions.

We do not deny that pay is an important factor, but this may not be the main reason for taking SAS posts prior to SpR training. Some SHOs do not feel ready to immediately enter higher training and believe the opportunity to work at a staff grade can assist by providing more experience and responsibility. This is an issue that warrants further investigation.

As entry onto the West Midlands SpR rotation in adult psychiatry has become more competitive, emphasis has been placed on candidates having research or publications in order to be short-listed. If the authors' views are representative of the region, it is disheartening that we are expected to engage in research to enter a scheme that appears not to support research at this level. A survey of SpRs (Vassilas *et al*, *Psychiatric Bulletin*, 2002, **26**, 313–314) revealed that none felt the research day should be abolished and half felt the day was not used satisfactorily due to a lack of supervision.

We do agree that the future of SpR training is at a crossroads, but the views of trainees should be considered in this debate.

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The place of research in the training of psychiatrists

Vassilas and Brown (*Psychiatric Bulletin*, February 2005, **29**, 47–48) rightly state that very few consultants will be active researchers but that all require audit and critical evaluation skills. They go on to question whether one-fifth of higher training should be spent in research days of dubious benefit, and suggest that trainees might more profitably spend time in teaching and management. These are obviously important aspects of training,

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