
Correspondence

Consultant manpower

Sir: The College is undoubtedly aware of the severe shortage of properly trained applicants for permanent consultant posts. While the effort to expand senior registrar numbers by way of JPAC must continue there may be initiatives the College could take short of this which could increase the supply of appointable candidates. This has become clear to me as I have tapped the reservoir of consultant post applicants. A significant number of these fall just short of being appointable to permanent posts, usually for one or both of two reasons.

First, high quality foreign graduates enter the country on a Postgraduate Doctors Visa which allows only four years postgraduate medical training. These graduates complete their MCRPsych but the expiry of their visas prevents enrolment in higher training and they are forced to take non-training posts in order to obtain a work permit. Although the visa can be extended this occurs only rarely in practice. As a consequence there is a significant wastage of partly trained high quality trainees. Perhaps the College could campaign for a change for the length of visas, or for greater ease in its extension, in recognition of the shortage of qualified trainees. This strategy would have the attraction for the government of being broadly resource neutral.

Second, some psychiatrists have 'abnormal' CVs (for instance have postponed training for family reasons) or have found clinical assistant or even locum consultant jobs in the past without higher training. These doctors are not appointable to permanent posts despite the fact that they are actually providing the service in many hospitals and cannot then, strictly speaking, be appointed as locums. Yet some of these doctors could be brought to the correct standard by a perhaps curtailed period of higher training. Such an initiative would require agreement about assessing the abilities of these doctors, a commitment from higher training schemes to offer places to such doctors, and perhaps some sort of College authorised 'clinic' for the assessment, counselling and perhaps placing of these doctors.

A proposal of this sort will be resisted as lowering standards or as being politically impossible but the fact is that at present many consultant posts are filled by locum doctors, who by the College's present regulations, are inadequately trained. Further, the manpower problem is not going to go away - JPAC's assumptions for consultant growth (Allen, 1993) were for 120 posts at September 1993 while the number of consultant posts advertised from November 1993 to October 1994 was 251 (Wilson & Allen, 1994)!

ALLEN, P. (1993) Medical and dental staff and prospects in the NHS in England and Wales in 1992. *Health Trends*, **25**, 188-126.

WILSON, R. & ALLEN, P. (1994) Medical and dental staff and prospects in the NHS in England and Wales in 1993. *Health Trends*, **26**, 70-79.

PETER JARRETT, *Greenwich Healthcare, Greenwich District Hospital, London SE10 9HE*

Sir: The problem is undoubtedly substantial. At least one College Division has more than 50 vacant consultant posts.

The College has successfully negotiated substantial increases in senior registrar manpower quotas in recent years but these increases have not been fully funded. This has led to the frustrating situation of large numbers of qualified applicants unable to obtain senior registrar posts but insufficient applicants for consultant posts.

Dr Jarrett makes two suggestions, both of which have been considered by the Manpower Committee.

The first lies outside the control of the College and would require a major change in Home Office regulations. Many visiting registrars are of high quality and some would like to stay in the United Kingdom or Ireland. However they have overseas sponsors who recommend them for training so that they may return to their own countries to enhance mental health services. It could be argued that any attempt by the College to lobby for a change in regulations to allow such doctors to remain on a long-term basis would be a breach of the agreement with their sponsors.

The second group of doctors referred to by Dr Jarrett includes many of those unable to obtain senior registrar posts in the past. Indications are that the number of applicants for higher training posts are falling and many of these doctors could now be successful in obtaining specialist registrar posts. JCHPT would no doubt advise whether in these cases a shorter period of higher training could lead to the award of the Certificate of Completion of Higher Specialist Training and so allow them to apply for consultant posts. College regional advisers and others are already able to offer career advice to such colleagues.

The College will be energetically using the new workforce planning procedures to ensure an adequate number of both full-time and part-time training posts are available to ensure a supply of well-trained applicants for consultant posts.

DAVID STORER, *Chairman, College Manpower Committee, Royal College of Psychiatrists*

Sir: Dr Jarrett, in common with many other people, is concerned about the inability to recruit fully trained consultant psychiatrists in many parts of the country. This is clearly related to the inadequate senior registrar numbers. Dr Jarrett's second paragraph would, I believe, not be acceptable to government since they have firmly set their face against the idea that doctors qualified outside the European community can enter and have permanent careers in medicine in this country. Doctors from the European Union are of course eligible to enter the country for training or permanent posts.

Dr Jarrett's second suggestion of a 'rehabilitation' course for locum doctors has been considered by the College. I think it is fair to say that there is a good deal of sympathy for doctors in this position who wish to enter substantive consultant posts but at the present time, with queues of qualified registrars waiting to join higher psychiatric training, it would require a separate 'stream' of higher psychiatric training so that such doctors did not have to compete with others straight off MRCPsych training schemes. The Department of Health appear to see this as a way of circumventing manpower planning. However, even they are now beginning to see the extreme damage which is being caused to the service by their previously inadequate

vision of the needs for consultant manpower. Perhaps they could be persuaded that Dr Jarrett's arguments have validity. We can but try.

C. THOMPSON, *Registrar, Royal College of Psychiatrists*

Clash of the Titans

Sir: At last, in your May 1995 issue, the clash of Titans, Azuonye and Culliford! (Azuonye, 1995; Culliford, 1995).

I must confess that I have sometimes had difficulty in following Dr Culliford's reasoning and have even wondered whether the title 'Wisdom' was, perhaps, a trifle pretentious. But then it occurred to me that were a piece of great pottery to be included in an MRCPsych examination paper, it would probably be described by the candidates as showing classical schizophrenic thought disorder, and I realised that my difficulty in understanding him merely reflected my own lack of imagination. I certainly do not object to your continuing to publish Dr Culliford's pieces, provided that it is made clear that they are not College policy statements.

I have never experienced the same difficulty in understanding Dr Azuonye's numerous letters in your columns. However, I would like to point out that a few years ago Dr Azuonye wrote a book (Azuonye, 1992) in which he suggested, *inter alia*, that the United States, Mexico and Canada should unite to form the United States of North America, that there should be no further immigration into that country and that its borders should be partially sealed with close monitoring of all air- and seagoing traffic, that the punishment for causing death by dangerous driving should be at least 40 years in jail, that a deadline should be set for the abolition of the internal combustion engine and that research should be concentrated on the use of the "natural energies contained within the electro-magnetic spectrum, including our planet's force fields as sources of energy . . .". It was also proposed that all political parties should be abolished, that all borrowing of money, both governmental and individual, be forbidden, and that professional sport be terminated.

I therefore conclude that when Dr Azuonye accuses Dr Culliford of offering a superficial and simplistic picture of the nature of things,