

not only an uncertain future for those of us trying to complete our training but also has wider implications in terms of the quality of clinical work we can provide whilst awaiting a substantive post. A trainee seeking such a post faces a task not dissimilar in challenge to the MRCPsych but more unpredictable and demanding with an unknown syllabus, uncertain standards and considerably more subjective methods of assessment. The drive to get shortlisted and successfully interviewed calls on us to read extensively about management in the NHS, upgrade curriculum vitae, attend mock interviews and pay frequent visits to potential employment sites. While each of these activities may be beneficial to us in more ways than simply getting a job, we are pressured to pursue them feverishly and often at the expense of spending the extra clinical time with patients, an activity which is forced to rank low in priority in the minds of candidates and sometimes it seems even interviewers. A further not uncommon situation is one in which several trainees in the same unit or perhaps in the same clinical team are competing for the same job, creating interpersonal tensions which cannot be good for patient care.

It is a paradox that in a time when psychiatry is promoting the values of multidisciplinary community teams with open communication, shared responsibilities, diplomacy and consensus decision-making, psychiatrists in the later stages of training must divert their energies from clinical matters and be forced to compete with each other. Competition between different units to improve standards and quality of patient care makes sense but competition between peers is surely not going to produce future psychiatrists of integrity and humanity nor serve our profession in the long run. One aspect of psychiatry that attracted me to it as a career path was my belief that our greater psychological orientation than that in other branches of medicine would engender greater understanding and support for each other. Did we not enter psychiatry to cooperate rather than to compete?

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Use of internal locums

DEAR SIRs

It has been my pleasure to work as an internal locum over the last six months. There can be little doubt that the appointment of such posts will grow predominantly on economic grounds, as it is clearly cheaper to employ a full-time locum (costing £15,000 per annum), than to employ individual locums for small periods of time each (costing about £25,000

per annum). There are, however, advantages and disadvantages for the person in the post.

The main advantage is that the postholder has guaranteed employment for a set period of time. It is also a useful exercise in time management as one has to take over and hand back patients on an almost weekly basis. At times this is quite daunting and on Monday mornings I often had the feeling that we all have on returning from our holidays in that waiting on the unit were a dozen or so patients whom I had barely met before; and there were the dozen or so from the previous week who still thought I was dealing with them!

Disadvantages were mainly trivial. How was I to be paid? Weekly? Monthly? As a temporary doctor or a permanent locum? Either way the money came. One matter that was not trivial, however, was the question of approval for training. Fortunately my post was approved as a training post, but only after I had started was the matter finally resolved. I believe that it is crucially important that these posts are, wherever possible, approved. The consequences of not doing so will result in a poorer standard of applicant. The financial recompense for the doctor is not singly sufficient to compensate for that Monday morning feeling.

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Overcoming trainee inertia

DEAR SIRs

I would like to thank those who have spoken or written to me about the contribution 'Thirty-six Questions for the MRCPsych' (*Psychiatric Bulletin*, February 1991, 15, 116-117).

Those who have tried to use the recommended programme have asked two main questions:

"I have not been able to get my SHOs or registrars to do the work required by your programme - especially the essays. Is there any sanction I can apply to make them do it?"

Whether students and trainees should be free to choose which academic activities in which to participate, or be compelled to attend required activities has been a long-running debate.

What is needed is a balance between the tutor's willingness to provide teaching and guidance outside Ward Rounds, and the trainee's recognition that it is good for him. Overcoming 'trainee inertia' is a matter of perseverance.

"I have tried to compress your 36 questions into a format to fit a six month rotation, but it doesn't quite work. Any suggestions?"

Yes. I have a version of the recommended teaching programme designed for use during a six month