Modernising medical careers

Dr Herzberg and colleagues (Psychiatric Bulletin, July 2004, 28, 233–234) describe the forthcoming Foundation Programme changes as a ‘win-win’ position for psychiatry. My own view is a great deal more pessimistic. It is certainly the case that, at an early stage in their postgraduate careers, more young doctors will be getting an exposure to psychiatry (usually of four months’ duration), and this may well increase the numbers of keen and appropriate applicants for specialist senior house officer (SHO) posts in psychiatry. However, in Scotland, it seems clear that Foundation Year 2 placements in psychiatry will be generated by sacrificing those same specialist SHO posts. Locally, for example, we are likely to reduce from 21 to 16 career SHOs on the Aberdeen training scheme. The changes give rise to no additional funding and, unlike in the English Deaneries, there are no plans here to create extra SHO posts.

While increasing excellence and numbers of applicants for specialist SHO posts will help, it is not the major issue with regard to the depleted consultant workforce. As the College’s recent survey (Mears et al, 2002) demonstrated, of 100 trainees who actually get as far as sitting Part 1 MRCPsych, only about 40 will end up as consultant psychiatrists. Essentially, there are too few SHOs becoming specialist SHO posts. Locally, for example, we are likely to reduce from 21 to 16 career SHOs on the Aberdeen training scheme. The changes give rise to no additional funding and, unlike in the English Deaneries, there are no plans here to create extra SHO posts.

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There is an additional consideration for the shortage ‘sub-specialty’ of general adult psychiatry. It is likely that Foundation Year 2 training placements will be predominantly in psychiatry, displacing current career SHOs. These rapidly rotating, inexperienced trainees will place further strain on the service and upon already stressed consultants, potentially making the specialty even less attractive to potential specialist registrars, lowering consultants’ retirement ages further, and generally compounding our recruitment and retention problems.

I would regard the views expressed by Dr Herzberg and colleagues to constitute complacent optimism. I really do hope that such views about the Foundation Programme changes are not mirrored in the College and that all possible steps will be taken to attempt to prevent reductions in specialist SHO training posts.


John M. Eagles Consultant Psychiatrist, Royal Cornhill Hospital, Aberdeen AB25 2ZH

Research activity of specialist registrars in psychiatry

Petrie et al (Psychiatric Bulletin, 2004, 28, 180–182) identify many of the negative aspects of conducting research as a trainee. However, an opportunity has been missed to examine the type of research being conducted and trainees’ opinions on the positive aspects of doing research. In our opinion, research taught us more about juggling competing demands, negotiating skills, ethical dilemmas and organisational competence than any other experience as a psychiatric trainee. If research sessions were used for another purpose (as more than half the responders wished) this valuable training opportunity would be lost. A consultant needs much more than just clinical skills. Further, using successful publication as an outcome measure of research sessions ignores the many other benefits research can provide. To those benefits noted above should be added the understanding of the process of project development, increased knowledge in the area of study, appreciation of the demands of academic and clinical roles and transferable skills such as information technology, writing skills and independent working (Hull & Guthrie, 2000). We had both finished our training before definitive publications in major journals were published, but neither felt our time had been wasted.

Interesting findings in this survey include the relatively small numbers of trainees who had difficulties recruiting subjects (10, 31%) and funding (4, 12%).