

carried out for prolonged periods as a result of consultant vacancies which are difficult to fill substantively, or often because trusts are reluctant to fill such posts with locum staff, since they see the opportunity to make financial savings. Similarly, prolonged sick leave absences are not being covered by locums since trusts, certainly in my own personal experience, are reluctant to spend the money required. It might be interesting to do a survey of all trusts providing mental health services, to find out how many vacancies are currently being covered by locums and how many trusts just expect their consultant psychiatrists to carry additional clinical workload without of course any financial recognition of this.

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Pre-registration posts in Sheffield

Sir: We were intrigued to read the article by Thompson & Sims (*Psychiatric Bulletin*, April

1999, **23**, 227–229) which presciently suggested the introduction of pre-registration posts in psychiatry as a means of enhancing the number of doctors practising psychiatry. We would have been happier if acknowledgement of the fact that such a scheme had been in existence in Sheffield since 1991 had been included. Certainly, Professor Sims, when President, was a warm supporter of the scheme and tried to introduce it in Leeds.

The prescience comes in because a review of the cohort of doctors is about to appear in the *Bulletin* and demonstrates the value of this scheme in bringing in psychiatrists, and equally important, ensures that those who became general practitioners have specific experience of psychiatric practice. This can be no bad thing for their patients.

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