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JONATHAN HILLAM, *Consultant Psychiatrist, King's Lynn and Wisbech Hospitals NHS Trust, Queen Elizabeth Hospital, Gayton Road, King's Lynn, Norfolk PE30 4ET*

Medical staffing crisis in psychiatry

Sir: I read with interest the article by Rachel Jenkins and Jan Scott (*Psychiatric Bulletin*, April 1998, **22**, 239–241).

Traditionally, it has always been difficult for British doctors abroad to return to work in the UK because of the merit award system. Regardless of rank or reputation the doctor had to start at a C award level and then work up over years to an A. This meant a considerable drop in income. When I thought of doing this almost 20 years ago I could expect to be paid the same pay at that time as my Toronto secretary. Does the arcane merit system still exist in the National Health Service (NHS)?

Now, we have the T award from the European Union. Again, regardless of rank or reputation the doctor abroad has to make a special application with references. This, despite people like myself having been born and educated in the UK. Without this specialist marker a doctor may find it hard to practise in the NHS or privately.

Finally, psychiatry is becoming less popular in the USA as a speciality. Less young medical graduates are being recruited – it probably has something to do with money. Psychiatrists earn a lot less than surgeons or internists with procedures, nevertheless they still earn more than British psychiatrists in the UK. So in the US, we have a shrinking group of psychiatrists who are well paid in European terms, US $100 000–150 000 per annum, but poor for specialists in the USA.

So it can be seen that in the past and in the present luring British expatriates or American psychiatrists to the UK is not easy.

ROBIN EASTWOOD, *Professor of Psychiatry, St Louis University, Health Sciences Center, School of Medicine, 1221 South Grand Blvd, St Louis, MO 63104*

Sir: It is increasingly recognised that there are difficulties in filling jobs in psychiatry at consultant and specialist registrar levels (*Psychiatric Bulletin*, April 1998, **22**, 239–241). The difficulty is more apparent depending on the speciality, and the place of work or catchment area (inner city and rural areas).

Some suggestions for solutions are:

(a) Creating some financial inducement, for example guaranteeing that every consultant by the end of their services (between the ages 55 to 60) will receive the full five discretionary points.

(b) Creating some flexibility within the psychiatric sub-specialties without hindrance by the Royal College of Psychiatrists' representative.

(c) Emphasising the clinical leadership of the consultant psychiatrist within mental health service structures, something which has been eroded in recent years. A statement by the Royal College of Psychiatrists and the National Health Service Management Executive would be very useful in this respect.

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A note of qualification

Sir: The consultant psychiatrist Mr C. Psych. identified by Bronks (*Psychiatric Bulletin*, May 1998, **22**, 327) is presumably a relative of Mr D. Phil, a co-author who mysteriously appears on some research papers originating in Oxford.

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Data pertaining to the Mental Health Act, 1983

Sir: We have been commissioned by the Department of Health to perform a systematic review of all data pertaining to the Mental Health Act, 1983. In order to avoid publication bias, we would like to invite any readers who have unpublished data (including audits into the use of the Act) to contact us so their data can be included in the final report. Any reader with such data should contact Ms Wall at Department of Psychological Medicine, King's College School of Medicine and Dentistry and the Institute of Psychiatry, 103 Denmark Hill, London SE5 8AZ: e-mail s.wall@iop.bpmf.ac.uk.

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