

trainees with respect to our salary structure. Those trainees who passed the MRCPsych I before and including the Spring 1996 examination moved up to the (old) registrar pay scales. However, trainees who passed later examinations continue to stagnate at senior house officer (SHO) grades. Therefore at present trainees who do the same post-MRCPsych I jobs get paid vastly differing amounts.

Such a situation is unfair and discriminatory. I have been told that the discrepancy will work itself out of the system in a couple of years – a fact which is supposed to be a source of solace to myself and others who are at the receiving end of this inconsistency. Representations to the British Medical Association and the College have not proved helpful; surprising since both organisations are in no small way responsible for the present disparity.

Entwined with the above anomaly is the fact that unlike other specialities, in psychiatry one has to pass the Part II to enter the specialist grade. While I can understand the reasons I am not sure that full attention has been paid to the financial consequences of this decision. Trainees with previous experience, either in general practice or other specialities, find their previous training does not provide the financial advantage that it would have in the past. For such trainees (and this is a significant number) the four increments on the SHO scale are used up prior to or soon after joining a SHO post.

I wonder whether account is being taken of the very obvious negative effect the above anomalies are having on recruitment and morale. I am aware of general practitioners and trainees with a medical membership who were keen to train in psychiatry, but rethought their options once aware of the financial disadvantage.

I wonder how many other trainees are aware of and are affected by these changes. A concerted effort is needed if things are to change. I would be happy to receive information about the situation in other regions from trainees at the above address.

ZUBIN BHAGWAGAR, *Wellcome Research Senior House Officer, Psychopharmacology Research Unit, Warneford Hospital, University of Oxford, Headington, Oxford OX3 7JX*

College's reply: Dr Bhagwagar is angry because, through no fault of his own, he was unable to pass Part I of the MRCPsych in time to move onto the (old) registrar pay scale when the specialist registrar grade was introduced last year, and is therefore being paid a lower salary than many of his contemporaries for a couple of years. He is probably also annoyed by the failure of the College and the British Medical Association to

do battle with the Department of Health on his behalf over this perceived injustice. He ought to know by now, though, that life is never perfectly fair. The introduction of any major change almost always had different implications for people born, or starting university, or qualifying, or getting married a few months apart, with arbitrary winners and losers.

I doubt whether this irritating temporary anomaly is really having the effect on morale and recruitment to psychiatry he suggests. It is quite true that psychiatry has a longer mandatory period of general professional training (three years) on a relatively low SHO salary than other disciplines. But it also has a shorter specialist training than any other discipline (three years, compared with five or six years in most of the other branches of hospital medicine) and that is surely more important in the long run. Dr Bhagwagar and other readers may also be interested to know that the Court of Electors recently agreed to reduce the length of time candidates for Part II of the MRCPsych must have spent in approved training posts from three years to two and a half (of which at least two years must have been in psychiatry). As a result the time he and his successors will need to spend as SHOs before becoming specialist registrars will also be reduced by six months.

R. E. KENDELL, *President, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG*

### **Educational supervision sessions between consultants and trainees**

Sir: The Royal College of Psychiatrists regards supervision as the "single most important ingredient of training" (Statement on Approval of Training Schemes for General Professional Training for the MRCPsych, 1992, available from the Postgraduate Education Services Department). It is therefore concerning to read Azuonye's findings that both consultants and trainees exhibited such a marked lack of understanding of the purpose of educational supervision (*Psychiatric Bulletin*, March 1997, **21**, 154–155). We wish to draw attention to our very similar survey examining trainee supervision, previously published in the *Bulletin* (Herriot *et al*, 1994), in order to contrast our findings and comment on Azuonye's conclusions.

In contrast to the low response rates to Azuonye's questionnaire (42% of consultants and 52% of trainees), the response rate to our questionnaire was high (83% of consultants and 67% of trainees). Whereas Azuonye found "the nature and purpose of supervision . . . to be unclear to most consultants and trainees", we