

## **Registrars with the MRCPsych**

DEAR SIRs

The Collegiate Trainees' Committee (CTC) is currently concerned at the number of trainees with the membership who have not started higher professional training. Dr Bhate's et al recent survey<sup>1</sup> of candidates successful in 1981/82 showed that approximately 12% were still Registrars two years later. At present the College is aware of 100 time expired Registrars. There are several solutions to this problem:

**1. Expansion of sub-consultant grades, such as maximum part-time clinical assistants.**

The CTC (and more recently the Executive and Finance Committee) have consistently rejected this solution to the registrar 'bulge'. If a trainee is good enough to pass the membership he should be good enough to enter higher professional training and eventually stand a reasonable chance of becoming a Consultant.

**2. Expansion of Consultant and proportional expansion of Senior Registrar grades funded by reduction in Registrar grades.**

The implementation of the Short Report has not been supported wholeheartedly by Regional Health Authorities or Consultants. There seems little evidence to suggest that this will change in the near future. In the more distant future, if the change to more community based psychiatric services is continued, the need for junior staff may be reduced. Therefore, this proposition may be better supported.

**3. Reduction in Registrar grades numbers.**

By whatever means this occurs, it would probably mean a move in the bottleneck from Registrar grade to Senior House Officer grade. The CTC currently supports this proposal for the following reasons. If a trainee is not going to succeed in psychiatry it is preferable to learn this early when a transfer to a different speciality is more possible. Once a trainee becomes a Registrar he will have more confidence that, on passing the MRCPsych, he will eventually enter higher professional training. A large number of SHO posts would allow trainees from other specialities to have a short period in Psychiatry without feeling committed by a long contract. The disadvantages are several. The 'late starter' would be discriminated against. There would be less job security for Senior House Officers and promotion to Registrar grade would not be automatic.

**4. Extension of Registrar grades contracts.**

This would mean an immediate short-term solution for those Registrars who have the MRCPsych. It would however prolong basic professional training. The CTC currently does not support this proposal, although this is presently under discussion in the College.

**5. Manpower control of all grades.**

Perhaps the best solution, which has been suggested, is strict manpower control of the total pool of SHO and Registrar posts, as is being currently determined for Senior Registrar posts by the Joint Planning Advisory

Committee. The CTC understands that this may happen once Senior Registrar national and regional numbers have been decided. One major disadvantage of this policy would be the probable limiting of research posts and part-time posts which may cause a significant reduction in the opportunities for research and flexible training.

It is important that the College should prepare its case for this, if it occurs. In the meantime, solutions are needed now. The CTC would welcome comment on these proposals.

PETER WHITE

*Chairman*

*Collegiate Trainees' Committee*

REFERENCE

BHATE, S., SAGOVSKY, R. & COX, J. L. (1986) Career survey of overseas psychiatrists successful in the MRCPsych examination. *Bulletin of the Royal College of Psychiatrists*, 10, 121-123.

ADDENDUM

Since this letter was submitted, the DHSS has circulated a series of proposals for discussion<sup>1</sup>. These proposals include creation of an intermediate non-training grade, reduction in Registrar grade numbers, and a small expansion of Consultant numbers in the 'acute specialities'. They invite comment on these proposals.

REFERENCE

<sup>1</sup>BRITISH MEDICAL JOURNAL (1986) Hospital medical staffing: achieving a balance. *British Medical Journal*, 293, 147-151.

## ***Fear of madness***

DEAR SIRs

Since writing my paper on Looking Back at Psychiatry in General Practice (*Bulletin*, July 1986, 10, 162-165) I came across the following case history told by John Abernethy in Zachary Cope's essay on Medical Students through the Last Four Centuries<sup>1</sup>. I felt the story was comparable with that of the young woman with chorea gravis. Abernethy tells of an army officer who dislocated his jaw while laughing. He was left with his mouth wide open and was unable to speak, but just made horrible noises. All this frightened the surgeon and his attendants, who decided he was mad, and they promptly put him into a straitjacket. They bound him to a bed and kept his visitors away. Somehow he managed to indicate he wanted to write a message, was given pen and paper and wrote this note: "For God Almighty's sake, send for the surgeon of the Regiment, and tell him to come here, I want him." The surgeon came, recognised and then reduced the dislocation, and that was the end of the story. The fear of madness in all strata of society goes back a long way.

ARTHUR WATTS

*2 Tower Gardens*

*Ashby de la Zouch, Leics.*

REFERENCE

<sup>1</sup>COPE, Zachary (1961) *Some Famous General Practitioners and Other Medical Historical Essays*. London: Pitman.