

the consultant manpower crisis. An increase in senior registrar posts is not the only answer.

AZUONYE, I. O. (1990) Qualifications for appointments to substantive consultant posts. *Psychiatric Bulletin*, 14, 565-566.

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Sir: Dr Kumar's pessimism about increasing the period of permit free training (i.e. on a post-graduate doctor's visa) is unjustified. I have recently been told by the NHS Executive that permit free training can be extended to six years on the advice of the local postgraduate Dean (see EL(94)37). With this period of training completed a doctor is eligible for a consultant post. According to the Executive, even non-EEC doctors can be given work permits for consultant posts, on the application of an employer, if no suitable UK or EEC doctor is available, presumably notwithstanding the wishes of their sponsors.

The apparent inconsistency in the College's recommendation of doctors for the T Psych, Dr Kumar's second major point, results from the College providing 'rehabilitation' of nearly accredited consultant psychiatrists. But, there is still a further need for rehabilitation. In correspondence the President of the College has told me that the Chairman of the Joint Committee on Higher Psychiatric Training (JCHPT) is to propose such a system. We eagerly await such proposals because of the urgency of the manpower crisis.

Dr Kumar's letter, and those of Drs Storer and Thompson (*Psychiatric Bulletin*, September 1995, 19, 573-574) illustrate how any discussion of consultant manpower comes back repeatedly to the issue of insufficient funded senior registrar posts. This under-funding is due neither to the caprice of employers nor simply to lack of money. Certain features of senior registrar posts make it preferable to employ junior doctors, or nurses or others instead: the posts are expensive; provide at best four days, but sometimes only three days of clinical service per week; cannot be used to base the service around since the training needs for the next postholder may not include that service; are supposed to be supernumerary and not stand-ins for the absent consultant; and require supervision from the consultant. These objections are no doubt well understood by the JCHPT but until they are seen to be met many districts will be unwilling to fund senior registrar posts.

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Sir: Dr Kumar raises a number of points in his letter which are unsubstantiated.

First, we have been made aware of only one case in which a non-consultant has been awarded the TPsych without having had an appropriate amount of senior registrar training. If Dr Kumar knows of others (he refers to 'many inadequately trained consultants') we would of course wish to know about them.

He also refers to the College using 'double standards' but it is unclear to what he refers. The College does indeed insist that three years of training as a senior registrar is necessary before appointment to the consultant grade, and that candidates who have not achieved this minimum criterion (four is preferable) should be deemed to be inadequately trained by the College. The sanction which we can apply is relatively minor considering that we have a responsibility to the public to guard the standards of psychiatric services in this country. I doubt that there would be many people who use psychiatric services, who would accept that less than three years of specialist training is sufficient to turn out an adequately trained consultant psychiatrist with all the range of responsibilities that falls to them.

Finally, Dr Kumar dismisses the efforts made by this College to convince the Department of Health of the need for greater manpower in psychiatry, particularly at consultant level. He suggests that increasing senior registrar numbers is not the only way to deal with this, but he seems to offer no viable alternative solution. Perhaps he would like to correspond with the Chairman of the Manpower Committee, Dr David Storer, if he has ideas which College Officers and Manpower Committee members, have overlooked in their detailed scrutiny of this problem over the last decade or so.

In my response to a previous letter I used the phrase 'we can but try' to refer to efforts which we are currently making to identify viable means by which long-term locum consultants, can re-enter realistic periods of training before being identified as substantive consultants (see also *The College section*, p. 252).

There are considerable difficulties with this proposal and if Dr Kumar has any helpful suggestions which may simplify our deliberations, he is of course, welcome to write to me, the Chairman of the JCHPT, or the President with his views. This would receive a good deal less publicity than a letter to the *Bulletin* but it may be more effective.

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