Declaration of interest
Submission made on behalf of the Executive Committee of the Royal College of Psychiatrists' Section of Neuropsychiatry.

1 Oakley C, Jenkinson J, Oyebode F. Psychiatric training for the next generation. *Psychiatrist* 2013; **37**: 25–9.

2 Silver JM. Behavioral neurology and neuropsychiatry is a subspecialty. *J Neuropsychiatry Clin Neurosci* 2006; **18**: 146–8.

3 Agrawal N, Fleminger S, Ring H, Deb S. Neuropsychiatry in the UK: planning the service provision for the 21st century. *Psychiatr Bull* 2008; **32**: 303–6.

4 Arambepola NMA, Rickards H, Cavanna AE. The evolving discipline and services of neuropsychiatry in the United Kingdom. *Acta Neuropsychiatr* 2012; **24**: 191–8.

5 Earl J, Pop O, Jefferies K, Agrawal N. Impact of neuropsychiatry screening in neurological in-patients: comparison with routine clinical practice. *Acta Neuropsychiatr* 2011; **23**: 297–301.

Rory Conn, CT3 Psychiatry, Camden and Islington NHS Foundation Trust, London, UK, email: rconn@doctors.org.uk; **Andrea E. Cavanna**, Consultant in Behavioural Neurology, Birmingham and Solihull Mental Health NHS Foundation Trust, UK, Honorary Reader in Neuropsychiatry, University of Birmingham, UK, and Visiting Professor in Neuropsychiatry, University of Pavia, Italy.

doi: 10.1192/pb.37.4.147a

Psychiatrists are not surgeons

Reading the article by Archdall *et al*[1] took us right back to our student days, where we both remember our emerging interest in psychiatry often being lambasted by those around us. Not so reassuring to see that some things never change.

What was most striking then, and it appears still now, are the beliefs that 'you can't cure anyone if you do psychiatry', 'you can't help people'. While we admit it has been a few years since either of us have worked in acute medicine or primary care, unless there have been some radical developments, we were not aware that conditions such as asthma, diabetes, arthritis or coronary artery disease could be easily cured either. Yet chronic physical illness is what the majority of medical students will end up managing in some form or another.

This research made us wonder whether we as psychiatrists paint a rather grave, dare it be said hopeless, picture of what our specialty involves when students spend time with us. Because surely the reality is that psychiatry has no lower a 'help' rate than other specialties that deal with both acute and chronic illness?

We did not go into medicine solely to cure people; we went into medicine to help ease suffering, in whatever small way that may be. And yes, that may be a listening ear instead of a scalpel or a pill, but no less is the satisfaction for us or relief for the patient.

So what is the answer to this? How do we help students see psychiatry for what it is, rather than this hopeless and helpless version that keeps being quoted back to us? We suggest addressing this stigma head on, acknowledging that we are seen as separate and different, and take students to see the good that we do.

1 Archdall C, Atapattu T, Anderson E. Qualitative study of medical students' experiences of a psychiatric attachment. *Psychiatrist* 2013; **37**: 21–4.

Eleanor J. Hogarth, ST4 in forensic psychiatry, email: Eleanor.Hogarth@awp.nhs.uk, and **Elizabeth O'Mahony**, ST5 in forensic psychiatry, both at Fromeside, Blackberry Hill Hospital, Stapleton, Bristol, UK.

doi: 10.1192/pb.37.4.148

Psychiatry tasters are needed early in foundation training

As a core psychiatric trainee with an interest in recruitment whose decision to enter psychiatry was influenced by completing a Foundation Year 2 (FY2) post in the specialty, I read the article by Kelley *et al*[1] with interest. The study showed a significant association between undertaking a Foundation Programme placement in psychiatry and entering core psychiatric training. One problem of the study, acknowledged by the authors, is that it did not look at the career preferences of the participants. As the authors admitted, it is likely that many of the doctors completing foundation placements in psychiatry already had a prior interest in it, and were therefore more likely to express a preference for, and be allocated to, programmes containing a rotation in psychiatry. Further research is therefore needed to evaluate further the influence of a foundation placement in psychiatry on eventual career choice, before we can infer that there is a causal link.

Given that the application process for core training begins in November, only those doctors completing an FY2 post in psychiatry within the first rotation of their FY2 year would experience psychiatry before applying for specialty training. This serves to highlight the potential value of tasters in allowing FY2 trainees to gain some experience in psychiatry before the application period.

Although I am in agreement that an increase in the number of foundation placements in psychiatry is important, I also believe that it is important to focus on attracting medical students to psychiatry at an earlier stage and ensuring that we do all we can to provide high-quality undergraduate training and placements in psychiatry, so that newly qualified doctors already have an interest in psychiatry before entering foundation training and have already thought about it seriously as a career choice.

1 Kelley TA, Brown J, Carney S. Foundation Programme psychiatry placement and doctors' decision to pursue a career in psychiatry. *Psychiatrist* 2013; **37**: 30–2.

Thomas J. Burden, Core Trainee CT2, Cardiff and Vale University Health Board, Cardiff, UK, email: thomasburden@doctors.org.uk

doi: 10.1192/pb.37.4.148a

Influence of foundation job subspecialty

I read with interest Kelley *et al*'s article,[1] particularly in light of previous correspondence in *The Psychiatrist* regarding whether some subspecialties are better with foundation doctors. I am a CT3 in psychiatry, with a hope to specialise in old age. During my foundation jobs I had a 4-month rotation working with general adult in-patients. I am perhaps not best placed to comment on the influence of which subspecialty of foundation job best influences recruitment to psychiatry as a whole, given that my decision to go into psychiatry was made even before entering medical school, however, I have been struck by the