

The fundamental issue that seems to have prompted such vociferous response is whether psychiatrists can go on being Jacks and Jills of all (psychiatric) trades. My view is that our increased specialisation is a sign of the maturation of our profession and allows us to deliver better treatment, tailored to our patients' needs. This does not equate to support for some kind of anarchic service redesign with the aim of promoting turf wars and passing patients from pillar to post. We need to get on with the business of incorporating the evidence we have available from our research to design systems of care that are appropriate, effective and cost-efficient, and accept that the process is iterative and subject to socioeconomic and political vagaries. Perhaps we are more likely to succeed in this if we start with a focus on the areas where we have consensus.

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doi: 10.1192/pb.36.12.477a

Maintain the momentum: bridging the undergraduate/graduate divide

O'Connor *et al*¹ showed that a more positive attitude towards psychiatry exists following final-year psychiatry clerkships at University College Dublin. This signifies the importance of exposure to the realities of working as a psychiatrist in influencing students' perception of the specialty. Whether this positive attitudinal change resulted from seeing the day-to-day psychiatric practice, exposure to relatable clinical role models or something else is unclear. However, it is unfortunate that such attitudes towards a career in psychiatry are not maintained when making post-internship specialty choices. This may suggest that

the undergraduate pro-psychiatry outlook is not sufficiently robust or long-lived as to endure the first year(s) as a doctor.

Currently, there is a mismatch between the proportion of total foundation year (FY1/2) posts and core/specialty training year 1 (CT/ST1) posts in psychiatry in England. In comparison, the similarly sized specialty of paediatrics has a more favourable ratio of foundation to specialty training posts which would facilitate the maintenance of any undergraduate pro-paediatrics momentum (more detailed information available from the authors on request). Psychiatry has some ground to make up.

Assuming that exposure to the job is key and that endurance of the pro-specialty attitude gained in medical school is the issue, more work needs to be done to increase the number of psychiatry internships in Ireland and foundation posts in the UK to maintain this interest. Such work is already taking place in the UK through the Royal College of Psychiatrists' ambitious plans to increase the number of FY1/2 psychiatry posts to 7.5%.

If interaction with those 'doing the job' is important, then there may also be benefits from increasing the face-time that recent graduates get with psychiatrists, even in a non-clinical environment, especially as this a key time for influencing a new doctor's career choice.²

Although medical student internships produce positive attitudes towards psychiatry and stimulate enthusiasm for entering into the specialty, this momentum needs to be maintained post-graduation and not lost during the (Irish) internship or (UK) foundation programme.

Declaration of interest: A.M. was the BMA Junior Doctors Committee representative to the UK Foundation Programme Board and Foundation School Directors committee during 2011–2012.

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doi: 10.1192/pb.36.12.478