

## Correspondence

### *Overseas Fellows and Members*

DEAR SIRs

I am writing this letter as a Fellow of the College for the consideration of the College Council. I have discussed with various office bearers of the College during meetings here and in England my anxiety that the influence of the College overseas appears to be waning in some areas and in possible jeopardy in others. For myself and many overseas Fellows and Members who feel very emotional about their links with the College, it is a matter of great concern and distress. We feel cut off from the College and if with some luck the postal system is on our side, we get the *British Journal of Psychiatry*, three copies a year, and that seems to be the only advantage of membership at present.

Our trainees, who have received first class training from us, then get into difficulties by their ineligibility to appear in the MRCPsych examination. I am therefore writing this letter to request the College to consider how best it could meet its responsibilities to the Fellows and Members outside the UK. The main area of collaboration could be a greater degree of educational links. I am sure it would be to the mutual benefit of those of us in exile and the College that these links are fostered and it is for all to see that the College does not abandon those members of its family, who for one reason or another, have left the family and have chosen to go back to their countries of origin to propagate psychiatry.

You will remember that in December 1984 we had the First Regional Meeting of the College in Rawalpindi and the feelings of not only Fellows and Members from Pakistan but other developing countries was that there was a great desire and need for establishing an Overseas Committee, which could carry out many useful functions including:

- (i) strengthening formal links with individual countries and arranging academic activities and participation in the postgraduate training of doctors;
- (ii) stimulating and advising on research programmes in these countries where there is a lot of potential but poverty of expertise in research methodology. In addition, library searches and educational material could be exchanged;
- (iii) communicating with Fellows and Members in the UK and abroad concerning their plans for travels so that academic and social links could be made;
- (iv) appointment for overseas representatives of the College;
- (v) evaluation of training imparted in various overseas centres so that, when trainees of the Fellows and Members come to UK, at least two years of their experience is accredited;

- (vi) providing training facilities within the UK both for MRCPsych candidates and also for doctors seeking specialist training under GMC-approved academic sponsorship schemes;
- (vii) assessment of difficulties encountered by overseas Members and Fellows in subscribing to the membership fees, receiving Journals and other communications from the College.

We feel our College has now grown old and mature enough to discuss such issues with an open mind and to find solutions which would only propagate our vitally important College, whose aim is not only to raise the standard of psychiatry in the UK but in the rest of the world as well. I look forward to the results of these humble submissions presented for kind consideration of the College Officers.

MALIK H. MUBBASHAR

*Rawalpindi Medical College  
Rawalpindi General Hospital  
Rawalpindi, Pakistan*

*See pages 70 and 71*

### *Role of the MRCPsych*

DEAR SIRs

With Part I of the new MRCPsych examination now a reality, perhaps it is opportune to start a debate on the importance of the MRCPsych qualification in the training and careers of psychiatrists.

Currently it seems apparent that dedicated clinical service and the qualification of MRCPsych is insufficient to guarantee a registrar success in his or her application for a senior registrar post. Recently the senior registrar rotation with which I am involved advertised one post for training in General Psychiatry. There were 31 applicants for this post, and of these all had MRCPsych. In addition 87% described participation in research, 19% had published one or more articles in recognised journals, and a further 16% were in the process of submitting such articles. 22% of the applicants had second degrees other than their basic medical qualification, and a further 13% were near to the completion of such degrees.

In such a situation, MRCPsych is very much a basic qualification, and is certainly not a guarantee of promotion. I have no reason to think the same competition is not present nationally for all General Psychiatry senior registrar rotations.

In contrast we should look ahead at what will happen with 'achieving a balance'. Under the proposed reforms, it is likely that registrar numbers will be reduced in line with the numbers of available senior registrar posts. In this it seems likely that all those who undergo registrar training will almost automatically be successful with promotion to senior registrar training posts. Under this new scheme selection of suitable trainees will take place at the SHO/registrar 'bottleneck'. Where will MRCPsych figure in such a system?

It seems likely that full MRCPsych will remain a basic qualification which all will have to pass in this process of transition from registrar to senior registrar. Instead it will be MRCPsych Part I which will be used as a criterion for selection of SHOs who are to succeed in their application for registrar posts.

It is, therefore, important for a debate to occur about the role of the MRCPsych examination in the selection of successful trainees in psychiatry. Should the argument outlined above lead to a raising of the expected standards required for the Part I examination so that this can be used as a real assessment of who is suitable to progress into a career in psychiatry, or will the success or failure of trainees in psychiatry be unaffected by the MRCPsych examination in the future?

N. L. HOLDEN

*Mapperley Hospital  
Nottingham*

*This matter is under discussion within the College. Dr Holden's comments are highly relevant and will need to be taken into account.*

PROFESSOR A. SIMS  
Dean

### ***Applying for consultant posts***

DEAR SIRs

The advice that Neil Margerison gives in his article 'Better Luck Next Time' (*Bulletin*, July 1987, 11, 232–233) applies not only to registrars applying for senior registrar posts but to senior registrars applying for consultant posts as well. In addition to the advice he gives I feel that there are a few points that need to be stressed.

Your CV ought to be tailored to suit the job that you are applying for. This may mean that you need to alter your CV slightly if you have to apply for more than one job (with word processors readily available this should not be too hard). His comments on not cutting corners, being realistic, not being too honest and asking for feedback are appropriate and important. As far as practising the interview technique goes it may be useful to get yourself videoed if possible. This can be quite revealing. The advice regarding referees I think is extremely important.

There are two other problem areas which are less frequent. If you have had a serious illness you should make sure your potential bosses or colleagues either do not know about it or have been convinced by a third party that you are fit and well again and are unlikely to be a burden or a passenger. I personally experienced being questioned on my state of health and then being taken on a very brisk walk-about which left the 'examiner' more out of breath than I was. If at interview you are asked about your health the Chairman of the Appointments Advisory Committee should prevent questioning along these lines as it is not the brief of that committee to decide on such matters. If you are

asked you ought to point this out as you would be subjected to a medical examination prior to the appointment being confirmed anyway. (I had this experience at interview recently).

I do not think I am being paranoid when I make the next point. If you are non-Caucasian you may have to be more ready to accept disappointments and keep trying even harder. You may hear comments that are made during your pre-interview contact with potential colleagues and others rather painful and humiliating. I approached a consultant with "I would like to meet you to discuss the post of . . ." He: (interrupting) "Ah yes, the post of charge nurse," even though I had discussed a case with him as a senior registrar from across the road from the hospital where he works.

Dr Margerison's final comment "take heart" is very important because at times things can appear quite daunting.

Would colleagues who have had problems in obtaining jobs because of ill health, physical or mental, or have had problems because of the fact that they are non-Caucasian like to get in touch with me as it may be possible to form a group for support and advice?

HARSHA RATNASURIYA

*The Acre & Homefield  
Worthing, West Sussex*

### ***Approved Social Workers—refusal to make applications***

DEAR SIRs

Further to the letter by Chris Kelly (*Bulletin*, October 1987) objecting to the timely comments of Dr Azuonye (*Bulletin*, July 1987), I write on behalf of all those consultants, registrars and house officers not sufficiently daring to risk publishing their own thoughts. Alienating social workers is not a procedure to be undertaken lightly in Great Britain. Fortunately, I write from the relative security of Canada.

When I worked as a registrar in London the reigning social worker at the hospital at that time controlled all placement of patients. To get her co-operation, it was necessary to satisfy her whims and subscribe to her views. For example, she met house officers only during their lunch breaks and only in her office. She never attended ward meetings. Her feminist anti-doctor pronouncements had to go unchallenged or your patients would not find accommodation.

One night I helped restrain a homicidal psychotic male in the emergency department for several hours while the nurse telephoned social worker after social worker until one agreed to come.

Many of us believe that legislation requiring social workers to authorise admissions serves the needs of social workers and not patients. Here in Saskatchewan we have a