

Recruitment into psychiatry

The major problem of manpower planning in psychiatry has until fairly recently been one of securing enough posts in the training grades to place doctors wishing to train in psychiatry and to ensure an adequate supply of applicants for consultant posts. Numerous consultant vacancies and a 'bottleneck' between registrar and senior registrar grades was the frustrating combination largely consequent upon the failure of some regional health authorities to fund the posts which Joint Planning Advisory Committee (JPAC) had approved.

However, during the last year the College Manpower Committee has been receiving anecdotal evidence of increasing difficulty in filling posts at all grades. In order to establish the current position more clearly College tutors were circulated with a questionnaire in May 1995 asking for data on the most recent round of senior house officer (SHO) and registrar appointments.

Seventy-one replies were received in respect of SHO appointments and 35 for registrars. There are 135 general professional training schemes approved by the College in England, Wales, Scotland, Northern Ireland and the Republic of Ireland; many of these appoint either at SHO or registrar level but not at both.

The replies indicate a reduction in the number of applicants at both grades and a less marked perception of reduced 'quality' of applicants. 'Quality' is, of course, a subjective concept and there is a methodological error in that tutors were not given the opportunity to report improved 'quality'.

Closer inspection of the replies indicates that four registrar schemes and three SHO schemes received no respondents to most recent advertisements. There is an impression from the replies received that recruitment is healthiest in those schemes which include an undergraduate teaching centre. There is no real geographical

Table 2. Registrars

	Fewer applicants	Lower 'quality' of applicants
Yes	21	8
No	11	22
No response	3	5

pattern other than a continuing marked excess of applicants over vacancies in the Republic of Ireland (which may reflect a shortage of training posts in the Republic) and particular problems in some parts of Wales.

The College census taken at 30 September 1994 does not indicate a level of vacancies at SHO and registrar level above that which would be expected from normal turnover. This may indicate that most posts are being filled eventually or may reflect the recent exacerbation of the problem. It will be interesting to make a comparison with the 1995 census when it is available.

Psychiatry is, of course, not alone in facing recruitment difficulties. General practice and accident and emergency medicine are two other areas with well-publicised problems.

It has been suggested that part of our problem, at least at SHO level, is secondary to the difficulties in general practice as many of our SHOs are intending general practitioners. There is surprisingly little definite information on the widely discussed phenomenon of the loss of medical graduates from the profession in the early years following qualification. A statistic which receives less attention is that the pool of SHO posts in the National Health Service in all specialities has increased by around one thousand in the past two years. Most of these posts have been created in the so-called 'shortage specialities' as a response to the 'New Deal' on doctors' hours of work.

Whatever the reasons we face a challenge to recruit a higher proportion of medical graduates into psychiatry. We need to take every opportunity to make our speciality more attractive so that we can retain our current trainees and stimulate more undergraduates and newly qualified doctors into an interest in psychiatry.

David Storer, *Chairman, Manpower Committee, The Royal College of Psychiatrists*

Table 1. Senior house officers

	Fewer applicants	Lower 'quality' of applicants
Yes	46	20
No	15	40
No response	6	7