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Shortage of senior registrar posts

Sir: Recent papers in the *Psychiatric Bulletin* on requirements for appointment as a senior registrar (Bowen & Cox, 1993 and Izaguirre & Sireling, 1993) demonstrate clearly the problems facing trainees in psychiatry but only touch on the cause of the problem, i.e. the shortage of senior registrar posts. This was pointed out in our paper 'Outcome of Psychiatric Training' (Birchall & Higgins, 1991) and since then the situation has become worse. A review of the Classified Advertisements Supplements of the *British Medical Journal* for four recent consecutive weeks showed advertisements for 37 posts for consultant psychiatrists and only seven posts for senior registrars in psychiatry.

Of all trainees leaving the Mersey Region Training Scheme in Psychiatry during the past eight years, 62 were successful in the membership examination. Forty-three trainees left to take up senior registrar posts, nine trainees went abroad and the remaining ten went into posts which gave them a poor chance of obtaining a senior registrar post and therefore of reaching consultant status. Of the nine trainees who went abroad, three were returning to their own country, and six were emigrating, mainly because of difficulty obtaining senior registrar posts. Of the ten trainees remaining in the United Kingdom, five were thought unsuitable for higher training because of personal qualities but the remaining five probably were suitable. So, of 62 trainees successful in passing the membership examination, 11 (18%) might have become consultants in the United Kingdom were it not for the shortage of senior registrar posts.

In the Mersey region we are considering what help to give to trainees to ensure that those suitable for senior registrar training achieve this goal. It is likely that a similar situation exists in other regions. There are several vacancies for consultant posts in most health regions. Each consultant vacancy puts considerable strain on the other consultants and trainees in the unit affected, and results in impairment of training and of patient care.

The College is to be congratulated on obtaining agreement for an increase in manpower allocation of senior registrar posts for psychiatry. Unfortunately, due to financial constraints, health authorities may be reluctant to fund additional posts and it may be years before the planned increase is achieved. Urgent action is required to remove this artificial obstacle to the

progress of trainees not only for their sake, but for the future of psychiatry. Unless this problem is addressed, the College's efforts may come to nought.

BIRCHALL, E. & HIGGINS, J. (1991) The outcome of psychiatric training. *Psychiatric Bulletin*, **14**, 357-359.

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IZAGUIRRE, J. & SIRELING L. (1993) Expectations of prospective senior registrars and those who appoint them. *Psychiatric Bulletin*, **17**, 612-614.

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Training pack for senior registrars

Sir: Some 18 months ago I introduced a new appraisal and logbook/checklist as part of a training pack for senior registrars in the psychiatry of learning disability in Oxford. The components of the training pack are as follows.

Introduction

This brief section stresses the partnership which should exist between the trainee and supervisor. Also included is a summary of the services provided in the various placements.

Logbook/checklist

The logbook is seen as a checklist to help senior registrars build up a record of their experiences and knowledge. It is therefore intended to help direct senior registrars to those areas they may need to focus on to ensure a broad range of experiences in their training/development. It is stressed that this is not an assessment tool and should be perceived as belonging to the trainee. It also differs in many respects to the traditional logbook which is a record of cases seen or procedures carried out. It covers the following areas: assessment; formulation of problems; planning and implementation of intervention; assessment and intervention at various levels; visits to settings/agencies with people with learning disability; work with other professionals; breadth of experience; training/teaching; management development; and research.

Goal sheet

On each main clinical placement educational goals are set jointly between the educational supervisor and trainee. These are finalised with the scheme organiser at the goal planning meeting. Goals are reviewed one month into the placement, midway through the placement and at the end. The midway and final reviews involve the