the columns

correspondence

Modernising medical careers

Dr Herzberg and colleagues (*Psychiatric Bulletin*, July 2004, **28**, 233–234) describe the forthcoming Foundation Programme changes as a 'win–win' position for psychiatry. My own view is a great deal more pessimistic.

It is certainly the case that, at an early stage in their postgraduate careers, more young doctors will be getting an exposure to psychiatry (usually of four months' duration), and this may well increase the numbers of keen and appropriate applicants for specialist senior house officer (SHO) posts in psychiatry. However, in Scotland, it seems clear that Foundation Year 2 placements in psychiatry will be generated by sacrificing those same specialist SHO posts. Locally, for example, we are likely to reduce from 21 to 16 career SHOs on the Aberdeen training scheme. The changes give rise to no additional funding and, unlike in the English Deaneries, there are no plans here to create extra SHO posts.

While increasing excellence and numbers of applicants for specialist SHO posts will help, it is not the major issue with regard to the depleted consultant workforce. As the College's recent survey (Mears *et al*, 2002) demonstrated, of 100 trainees who actually get as far as sitting Part 1 MRCPsych, only about 40 will end up as consultant psychiatrists. Essentially, there are too few SHOs becoming specialist registrars. Locally, we have a shortage of applicants for specialist registrar posts, but have more than adequate numbers of good applicants for SHO posts. The Foundation Programme can only exacerbate this imbalance through reducing specialist SHO numbers.

There is an additional consideration for the shortage 'sub-specialty' of general adult psychiatry. It is likely that Foundation Year 2 training placements will be predominantly in psychiatry, displacing current career SHOs. These rapidly rotating, inexperienced trainees will place further strain on the service and upon already stressed consultants, potentially making the specialty even less attractive to potential specialist registrars, lowering consultants' retirement ages further, and generally compounding our recruitment and retention problems.

I would regard the views expressed by Dr Herzberg and colleagues to constitute complacent optimism. I really do hope that such views about the Foundation Programme changes are not mirrored in the College and that all possible steps will be taken to attempt to prevent reductions in specialist SHO training posts.

MEARS, A., KENDALL, T., KATONA, C., *et al.* (2002) *Career Intentions in Psychiatric Training and Consultants (CIPTAC)* (College Research and Project Report). London: Royal College of Psychiatrists.

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Staff attitudes to smoking in an Irish mental health service

Stubbs *et al* (*Psychiatric Bulletin*, June 2004, **28**, 204–207) found that the majority of mental health staff in an in-patient setting did not favour a total ban on smoking. In the context of the ban on smoking in enclosed workplaces introduced in the Republic of Ireland in March 2004 [Public Health (Tobacco) (Amendment) Act 2004], the smoking policy committee of our mental health service in the Northwest of Ireland conducted a survey seeking the views of, among others, staff (n=174, 28% smokers) prior to its introduction. The legislation exempts patients (but not staff or visitors) in psychiatric hospitals. Of the respondents, 89% were in favour of the ban being implemented throughout our mental health service despite 78% believing that this would prove difficult or very difficult. Support for the ban among smokers was less (77%), although still quite high.

The Irish legislation has provoked much debate in Ireland and elsewhere since its introduction and public support has been remarkably high with 82% of Irish people still in favour five months after its implementation (Irish Department of Health, http://www.dh.gov.uk/assetRoot/04/08/66/57/04086657.pdf August 2004). Our findings appear to reflect the overall attitude of the Irish people toward the smoking ban in public places rather than those of the mental health staff surveyed by Stubbs *et al*. As this important public health debate develops in the UK, it is incumbent upon mental health professionals to add their voice, particularly in relation to the issue of whether to exempt mental health facilities from any proposed smoking legislation.

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Research activity of specialist registrars in psychiatry

Petrie *et al* (*Psychiatric Bulletin*, 2004, **27**, 180–182) identify many of the negative aspects of conducting research as a trainee. However, an opportunity has been missed to examine the type of research being conducted and trainees' opinions on the positive aspects of doing research. In our opinion, research taught us more about juggling competing demands, negotiating skills, ethical dilemmas and organisational competence than any other experience as a psychiatric trainee. If research sessions were used for another purpose (as more than half the responders wished) this valuable training opportunity would be lost. A consultant needs much more than just clinical skills.

Further, using successful publication as an outcome measure of research sessions ignores the many other benefits research can provide. To those benefits noted above should be added the understanding of the process of project development, increased knowledge in the area of study, an appreciation of the demands of academic and clinical roles and transferable skills such as information technology, writing skills and independent working (Hull & Guthrie, 2000). We had both finished our training before definitive publications in major journals were published, but neither felt our time had been wasted.

Interesting findings in this survey include the relatively small numbers of trainees who had difficulties recruiting subjects (10, 31%) and funding (4, 12%).

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