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 walkabout 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

new Mental Health Services Act which provides the certified patient with a speedy and impartial appeal process. Fortunately the new Act contains no provisions giving social workers ridiculous powers.

GEOFFREY GLEW

South Hill Medical Centre
Prince Albert, Saskatchewan
Canada

DEAR SIRS

Initially I read the exchange of correspondence between Drs Kelly and Gad quoting Dr Azuonye (*Bulletin*, October 1987) with my usual sang-froid. Only three weeks later, however, having had two applications refused for admission under Section 3, to the amazement of the two general practitioners involved and myself, I had to fall heavily on the side of Drs Azuonye and Gad.

Even risking allegations of professional snobbery, risking my wounded pride, pandering to my paranoia and, God forbid, risking Dr Kelly's disbelief, I have to add my voice to what I see as a scandalous situation where my patients are now either frankly put at risk or allowed to deteriorate against my better wishes.

STEPHEN H. SHAW

Stanley Royd Hospital
Wakefield, West Yorkshire

Dr Kelly replies

I am fully aware that there are a number of social workers who make things difficult for psychiatrists. Some of them are frankly anti-medical and some social workers do hold unusual, idiosyncratic, and weird beliefs. To be bombarded with numerous examples is not particularly helpful or informative and if you published an article generally supporting psychiatrists and criticising social workers in a journal for social workers, I am sure many social workers would write in with stories of unfortunate encounters with difficult psychiatrists. Therefore, I am not particularly surprised about this type of response from psychiatrists.

What is slightly worrying is that by citing dramatic and bizarre examples, psychiatrists may be missing the point and I felt the main message I was trying to put across in my earlier communication was that adequate education and communication with social workers from an early stage in their careers will help to eradicate many of the problems already stated. To react defensively against social workers and other members of the multi-disciplinary team plays into the hands of anti-medical and anti-psychiatric individuals, who will then use the so-called conservatism (closing ranks) of the medical profession as a stick with which to beat it about the head. Goodness knows, with the team approach to psychiatry and upsurge of community care, psychiatrists have enough to deal with rather than arguing fruitlessly with non-medical colleagues.

Although I am sincerely flattered that Dr Shaw risks offending my sensibilities in stating his viewpoint, I should repeat my plea that relations between psychiatrists, social workers, and other non-medical members of the multidisciplinary team, and their responsibilities, need to be discussed and reviewed at a much wider level. Unfortunately, it is at the moment difficult to envisage a forum which is fully appropriate for this.

CHRIS KELLY

Whitchurch Hospital
Cardiff

Professor Michael Simpson

DEAR SIRS

The action of the College in preventing the address of Professor Michael Simpson on the consequences of torture of political detainees in South Africa at the recent Quarterly Meeting is regrettable. Setting aside the discourtesy, the action is inconsistent, self-defeating and politically misguided. Dr Anatoly Koryagin was rightly given the opportunity to report on the abuse of psychiatry in the USSR. It is contradictory that Professor Simpson should not be able to present his courageous work, not on psychiatric abuse, but the psychiatric management of victims of the abuse of political power.

The failure to acknowledge this work does not represent a position of either scientific or political integrity but more a capitulation through fear of controversy and dissension. It is deplorable that the College should in this way have failed to support the practice of psychiatry in politically complex and dangerous areas, and appear to be colluding with the agencies of suppression and neglect.

S. E. BAUMANN

114 South Hill Park
London NW3

Dr Birley replies

DEAR SIRS

Dr Baumann's letter raises the issue of the interpretation of the Council Resolution on the Nassau Accord (*Bulletin*, March 1987 and July 1987). It was put to me, very forcibly, by a number of responsible people that it was ironic and contradictory to be inviting a speaker from an "apartheid university" to be addressing the College and at the same time be welcoming a person who had stood out against political oppression in Russia. The point was also made that to do so would indicate our lack of concern by the College for the ethnic minorities in this country. I fully accept that my decision was a controversial and also a difficult one. Perhaps we should allow controversial speakers from any country and with any point of view to our meetings in the future. Controversy and dissension at least in the right doses is healthy. An overdose can be destructive.

J. L. T. BIRLEY
President