Consultant manpower (2)

Sir: Dr Jarrett is to be congratulated on drawing attention to the serious consultant manpower shortage in psychiatry (*Psychiatric Bulletin*, September 1995, **19**, 573–576). One only has to look at the *British Medical Journal* to realise from the numbers and increasing size of advertisements for consultant psychiatrists that the situation is becoming desperate. A long-term consultant vacancy in a psychiatric unit puts considerable stress on the other consultants and on the trainees, leading to deterioration in patient care and psychiatric training. The remaining consultants are then tempted to move to more attractive units so that large areas would be left with only a rudimentary psychiatric service.

Unfortunately Dr Jarrett's suggestions for improving the situation are of limited value. Apart from moral questions involved in trying to retain overseas doctors in this country, the changes in the Home Office regulations would take too long to implement. The suggestion of helping psychiatrists caught in the locum consultant 'trap' is worthwhile on humanitarian grounds, but is unlikely to make much impact on the manpower problem.

There is, however, one measure which if adopted by the College would produce an immediate improvement. The current College requirement that senior registrars must spend three years in the grade before applying for consultant posts is arbitrary and relatively recent. As there are approximately 600 senior registrar posts in England and Wales, if the minimum time in the grade was reduced to two years, then immediately up to 200 senior registrars would become eligible to apply for consultant posts. This would also temporarily ease or remove the senior registrar 'bottle-neck'. One can understand the reluctance of our College to take this step, but I suggest that our profession is facing a psychiatric emergency.

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Sir: Using adult mental illness as an example, the published figures provide some support for Dr Birchall's proposals. On 30 September 1993 there were 437 senior registrars in post and 251 consultant vacancies advertised in the year following (Wilson & Allen, 1994). If senior registrar training were two years long then 220 consultants would become available a year – still leaving a 30 post shortfall, but a definite improvement on the 142 or 105 shortfall with a three or four year senior registrar training respectively.

Whether 220 consultant posts could be filled annually for the indefinite future is uncertain while we are so ignorant of the reasons for the consultant shortfall. What the implications are of such a plan for the quality of consultant postholders is another question.

In our state of ignorance about the consultant shortfall it is particularly unfortunate that we have now lost the information most generally available for understanding it. For some years now, *Health Trends* have published an annual article on medical manpower. I recently learnt from the Department of Health's Health Care Directorate (medical education, training and staffing) that this series has been discontinued and furthermore, that the tables on which the articles were based are no longer to be prepared. Given the increasing importance that medical manpower shortages are assuming, it is hard not to be cynical about the change.

This change, though, makes it even more important for the College to improve its data about medical manpower and posts. I should like to suggest that, to increase precision in the College's annual data collection, each established consultant post be assigned a number. If each post holder also had a number (the General Medical Council number could be used), the annual returns could provide a picture of trends in manpower movement which could be invaluable in planning. Indeed, by incorporating the shortly to be introduced trainee ID numbers and numbering established junior posts as well, a very full picture of the manpower situation could emerge.

WILSON, R. & ALLEN, P. (1994) Medical and dental staffing prospects in the NHS in England and Wales, 1993. *Health Trends*, **26**, 70–79.

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Life, death and compassion

Sir: I was surprised and delighted once more to hear the voice of Stafford-Clark (*Psychiatric Bulletin*, August 1995, **19**, 504–505). Although it is now 48 years ago (he a registrar, I a lowly house officer) at the Maudsley Hospital weekly conferences presided over by the awesome Aubrey Lewis – I still vividly remember Stafford-Clark's lively, cheerful presentations, his breadth of vision, refusal to be intimidated or confined by any orthodoxy.

Stafford-Clark reminds us that we have not only a duty to be honest, lucid and compassionate when dealing with patients and their relatives confronting fatal illnesses, but that we must also "be informed by a dedicated and dispassionate kind of love", as well as listening