

Correspondence

A reply to Professor Copeland

DEAR SIRS

We really cannot let the article by Professor Copeland (*Psychiatric Bulletin*, July 1992, 16, 391–395) pass without comment, especially because it carries the authority of the JCHPT.

First, and lest the reader should simply assume we are over-privileged Maudsley consultants, we wish to point out that the chill winds of NHS change have blown in our direction too, and that we also have to provide a good catchment service in one of the country's most deprived areas with dwindling resources. Furthermore, we regard it as one of our primary functions to offer to our junior staff the best training in service delivery, service innovation and research. It is not ourselves, we contend, who are over-privileged but rather that idealised senior registrar (SR) Professor Copeland and the JCHPT seek to create.

We are certainly able to agree with many of Copeland's 13 principles. It is the point he encapsulates in the phrase "trainees are supernumerary to the service" with which we take issue. A SR cannot be properly trained in a team where s/he is supernumerary to the service but only where s/he is an integral part of that service. This means taking clinical responsibility, supervising other staff, and sometimes acting up for consultants when they are away. It certainly should not mean that the SR simply provides another ten fingers to put in the dyke against a flood of service work. Furthermore, we entirely agree that academic and research time should be protected where it is reasonable to do so. However, the JCHPT's charter for SRs implies that they are essentially higher students who should not carry responsibility for service delivery. This is surely most unrealistic. No one would like to be operated upon by a surgical SR who has to leave halfway through because his/her academic time is being eroded. Would the members of the JCHPT not agree that around £24,500 is rather high for a student grant? In the context of the NHS internal market it seems rather a lot to pay for a supernumerary.

The SR must not "act down", says Professor Copeland and, he adds, because consultants often act down that's no excuse because it is not adequate training. We could surely agree that acting down on a regular basis should not be built into a SR's job description, e.g. being required to perform the registrars' work when they go on annual leave, but this is really going too far. Every clinician frequently acts down because the irregular, unexpected and

emergency nature of medicine demands it. Why should SRs be more protected than others from the real world? Surgical and internal medicine SRs are not, so what makes psychiatrists so special? The fact is that swallowing one's pride and acting down is excellent training for a consultant post.

Life in the NHS is not, of course, as Professor Copeland and the JCHPT wish to depict it. The great majority of our SRs, and the Joint Hospital has a good number, work hard in the service, put their patients first, and recognise that this is the way they are best trained. In return we offer them academic opportunities second to none and make every effort to ensure that academic, research and training times are properly protected. They understand that they are an integral part of the firms to which they are attached with defined and, we hope, reasonable service workloads. If at the end of their one-year attachment they are not replaced because it does not suit higher training needs, the work of that firm is seriously disrupted and patients suffer. Has the JCHPT ever considered this? Simply to pronounce that SRs must be supernumerary to service requirements is to bury one's head in the sand.

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Reply

DEAR SIRS

Thank you for asking me to reply to the Maudsley letter. First, it must be said that I cannot, of course, speak for the JCHPT of which I am no longer a member.

The Maudsley group disclaim privilege. Perhaps things have changed of recent years, but that is not the perception from the outside, particularly in terms of number of consultants and doctors in training. Put another way, consultants from most of the rest of the country still work in conditions that are very under-privileged and where the number of consultants per head of population still does not reach the College's old norms. Under these circumstances