corresponding figure for 1977 was 10,190. The number of hospital orders also fell, no doubt partly as a result of the reduced number of psychiatric referrals. However, the Report is at pains to point out that it is not possible to deduce from the bare figures whether more or fewer offenders suffering from mental disorder warranting detention in hospital are now being received into prison at the sentencing stage. A small point of interest to College members may be that during 1978 24 inmates were offered and accepted ECT.

No mention is made in the Report of the difficulties with recruitment of medical staff, although it is possible to discern the problem from looking at the bare figures. The prison medical service has now 100 full-time and 114 part-time medical officers; this leaves vacancies for 22 full-time and 33 part-time medical officers.

A final point of medical interest is that a working group was set up during the course of 1978 to review the operation of Grendon prison, which provides a unique community therapy service for male prisoners, both adults and youngsters, who have neurotic disorders and personality problems. I have myself researched this establishment for some three or four years and recommended that it should continue with its important work, even although many criminologists are frustrated by it because it is making no more and no less impact on reconviction rates than any other prison. So I was gratified to see that the Prison Board has endorsed the working group's preliminary conclusion that the establishment should continue in its present rôle.

This Report, then, has a slight air of expectancy and uncertainty about it and all attention will be focussed on the May Committee Report which should have appeared by the time these comments are in print.

JOHN GUNN

Correspondence

Criteria for Consultant Posts

DEAR SIR,

I should like to comment on the Appendix (Criteria for Consultant Posts in Psychiatry) to the article 'Appointment of Consultant Locums' (*Bulletin*, October p. 149).

In Paragraph 1, despite exceptions, the main emphasis is on the essential nature of the MRC Psych qualification for a candidate. Although it is in any candidate's interest to have extra qualifications with which to impress interviewing committees, there is no evidence to support the view that the possession of the MRC Psych qualification makes a candidate any more fit to occupy a consultant post than another candidate without such a possession but with similar experience.

Whereas Paragraph 3 contains important desirable qualities for a consultant in its attention to previous experience, including that of teaching, there is no mention of the depth or quality of the experience. I realize that it is difficult to objectify the quality and easy to list the breadth of an experience, But I do not think this should be an excuse to emphasize one above the other.

I also think it about time that the emphasis on research experience is looked at critically. I feel this is included because of the research orientation of the majority of those responsible for formulating College policy. Is it really such a desirable quality for a consultant working in the National Health Service? Time spent in research normally means time spent away from clinical experience, and surely this is the situation in which most consultants should work most of the time. The special emphasis on research 'worthy of publication' seems ambiguous since journals vary so much in the quality of work accepted.

It is interesting that when one looks at Paragraph 4 practically, one realizes that the eligibility for consultant posts in different specialties varies. A minimum of 5 years' psychiatric experience, with 2 years as senior registrar, is required for General Psychiatry. Child and Adolescent, Forensic and Psychotherapy posts all require 3 years senior registrar training. In these fields a senior registrar post is unlikely to be obtained before 3 years in other posts, making a minimum of 6 years' experience the basic requirement. Although in Subnormality 3 years' experience as senior registrar is again required, these senior registrar jobs are often filled by less experienced doctors. My point here is that these recommendations seem to be authorizing the growing trend towards superior and inferior branches of psychiatry, just when psychiatry is beginning to be seen itself as an equal to other branches of medicine.

I hope this letter may provoke other correspondence from psychiatrists like myself who have reservations about some of the present trends in psychiatric training reflected in the 'finished sketch', the 'Candidate for a Consultant Post in Psychiatry.'

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