

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?

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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
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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 walk-about 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?

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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