



the columns

correspondence

Foundation years

I am pleased that the new foundation years for junior doctor training are happening so soon, and that psychiatry is to be included in the second foundation year (Carey, 2000). It is, however, important that all psychiatric specialties are included in rotational schemes, and not only adult psychiatry, as I have heard suggested.

Just as time spent in old age medicine and paediatrics would be valuable – and not only time spent in adult medicine – so experience in old age psychiatry, child psychiatry or learning disability would provide a useful grounding for the future careers of junior doctors.

CAREY, S. (2000) Pre-registration training period in psychiatry. *Psychiatric Bulletin*, **24**, 316.

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Psychiatry as a career choice

The finding by Rajagopal *et al* (*Psychiatric Bulletin*, December 2004, **28**, 444–446) that psychiatry was the least popular clinical specialty amongst medical students is unsurprising but is clearly an issue that needs addressing. The authors suggested that the Royal College of Psychiatrists should undertake a campaign similar to the College's 'Changing Minds' initiative to destigmatise psychiatry in the eyes of medical students. I agree that it is important to try to change medical students' attitudes to psychiatry but believe it can be achieved by improving their experiences during their placements.

This issue was explored by McParland *et al* (2003). They found that an improvement in students' attitudes to psychiatry, following their placement, was predicted by factors such as receiving encouragement from consultants, seeing patients respond well to treatment and having direct involvement in patient care. This is consistent with my personal experience. Prior to my psychiatric attachment at medical school, I had many misconceptions about psychiatry and it was certainly not a career I was contemplating. However, during my placement I received excellent teaching and encouragement

from my consultant and other members of the team. I was able to see patients improve and feel that I had a direct, if small, role to play in their care. This positive experience caused me to reassess my opinions about psychiatry and to decide it was a fascinating and challenging career choice.

It is clear that medical students' attitudes to psychiatry are dependent on the actions of clinical teachers. An improvement in these attitudes will lead to more medical students considering a career in psychiatry. Therefore, it is my belief that more effective training to produce dynamic undergraduate clinical teachers will significantly improve recruitment to psychiatry.

McPARLAND, M., NOBLE, L. M., LIVINGSTON, G., *et al* (2003) The effect of a psychiatric attachment on students' attitudes to and intention to pursue psychiatry as a career. *Medical Education*, **37**, 447–454.

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Help is at Hand

Dr Dosani (*Psychiatric Bulletin*, January 2005, **29**, 1–2) is not completely correct in saying that, 'the many blind or partially sighted people in the UK are currently unable to access "Help is at Hand"'. All of the leaflets are available free on the College's website (www.rcpsych.ac.uk), and we have taken care that the web versions conform to the appropriate accessibility standards, so that they can all be read using voice browsers, the text can be resized to suit the reader, and so on.

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Ruthless marketing or medicine refined by ethical conduct: it's time to speak up

The response by Goldberg (2004) to Khan (2004) on the recruitment of consultants from poor countries for work in the UK deserves careful scrutiny. True, 'India overproduces doctors and not all of them can

[or are necessarily experienced enough to] find consultant posts there'. But the Fellowship Programme does not recruit jobless doctors of India, it draws out her medical elite in an orchestrated brain drain. To send back then a number of National Health Service (NHS) volunteers to India to 'improve services' there is odd and paradoxical. There is already a shortage of psychiatrists in India; only one psychiatrist for every 300 000 people (World Health Organization, 2001). By recruiting 84 consultants from India, the Department of Health has deprived about 28 million Indians of their consultant psychiatrists.

Goldberg asserts: 'we have not recruited in Africa, nor have we recruited in Pakistan' but his own Table 1 shows that at least 9 consultants have been recruited from Africa and Pakistan depriving 9 million people. (Also, the table does not represent the total number of consultants in *all* specialties recruited from the Third World.) In this epoch of real-time communication, when the Department of Health advertises the Fellowship Programme on the internet, is there such a big difference between recruit 'from' and recruit 'in' for us to fuss about prepositions? Goldberg claims that the UK is 'the only country to produce a list of developing countries from which active recruitment to the NHS should not take place'. 'Active' recruitment means sending representatives to, or running huge advertising campaigns in, the target country. The UK does not do it actively in the Third World, but passively through the internet. And is it really passive? The International Fellowship Website (Department of Health, 2004) 'is offering qualified medical specialists with fluent English from outside the UK opportunities . . . The planned growth in [the NHS] staff numbers creates openings for suitably qualified professionals from elsewhere in the world to come and join the NHS.' It does not discourage or exclude any doctor from any country whatsoever.

Surely the Fellowship Programme can easily pursue its aim of providing the UK public with adequate medical services by recruiting only from developed countries. It is time for the College to come out with an assertive resolution on the unethical