

Correspondence

Overseas Fellows and Members

DEAR SIRs

I am writing this letter as a Fellow of the College for the consideration of the College Council. I have discussed with various office bearers of the College during meetings here and in England my anxiety that the influence of the College overseas appears to be waning in some areas and in possible jeopardy in others. For myself and many overseas Fellows and Members who feel very emotional about their links with the College, it is a matter of great concern and distress. We feel cut off from the College and if with some luck the postal system is on our side, we get the *British Journal of Psychiatry*, three copies a year, and that seems to be the only advantage of membership at present.

Our trainees, who have received first class training from us, then get into difficulties by their ineligibility to appear in the MRCPsych examination. I am therefore writing this letter to request the College to consider how best it could meet its responsibilities to the Fellows and Members outside the UK. The main area of collaboration could be a greater degree of educational links. I am sure it would be to the mutual benefit of those of us in exile and the College that these links are fostered and it is for all to see that the College does not abandon those members of its family, who for one reason or another, have left the family and have chosen to go back to their countries of origin to propagate psychiatry.

You will remember that in December 1984 we had the First Regional Meeting of the College in Rawalpindi and the feelings of not only Fellows and Members from Pakistan but other developing countries was that there was a great desire and need for establishing an Overseas Committee, which could carry out many useful functions including:

- (i) strengthening formal links with individual countries and arranging academic activities and participation in the postgraduate training of doctors;
- (ii) stimulating and advising on research programmes in these countries where there is a lot of potential but poverty of expertise in research methodology. In addition, library searches and educational material could be exchanged;
- (iii) communicating with Fellows and Members in the UK and abroad concerning their plans for travels so that academic and social links could be made;
- (iv) appointment for overseas representatives of the College;
- (v) evaluation of training imparted in various overseas centres so that, when trainees of the Fellows and Members come to UK, at least two years of their experience is accredited;

- (vi) providing training facilities within the UK both for MRCPsych candidates and also for doctors seeking specialist training under GMC-approved academic sponsorship schemes;
- (vii) assessment of difficulties encountered by overseas Members and Fellows in subscribing to the membership fees, receiving Journals and other communications from the College.

We feel our College has now grown old and mature enough to discuss such issues with an open mind and to find solutions which would only propagate our vitally important College, whose aim is not only to raise the standard of psychiatry in the UK but in the rest of the world as well. I look forward to the results of these humble submissions presented for kind consideration of the College Officers.

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See pages 70 and 71

Role of the MRCPsych

DEAR SIRs

With Part I of the new MRCPsych examination now a reality, perhaps it is opportune to start a debate on the importance of the MRCPsych qualification in the training and careers of psychiatrists.

Currently it seems apparent that dedicated clinical service and the qualification of MRCPsych is insufficient to guarantee a registrar success in his or her application for a senior registrar post. Recently the senior registrar rotation with which I am involved advertised one post for training in General Psychiatry. There were 31 applicants for this post, and of these all had MRCPsych. In addition 87% described participation in research, 19% had published one or more articles in recognised journals, and a further 16% were in the process of submitting such articles. 22% of the applicants had second degrees other than their basic medical qualification, and a further 13% were near to the completion of such degrees.

In such a situation, MRCPsych is very much a basic qualification, and is certainly not a guarantee of promotion. I have no reason to think the same competition is not present nationally for all General Psychiatry senior registrar rotations.

In contrast we should look ahead at what will happen with 'achieving a balance'. Under the proposed reforms, it is likely that registrar numbers will be reduced in line with the numbers of available senior registrar posts. In this it seems likely that all those who undergo registrar training will almost automatically be successful with promotion to senior registrar training posts. Under this new scheme selection of suitable trainees will take place at the SHO/registrar 'bottleneck'. Where will MRCPsych figure in such a system?