

distances apart as they approached the major road, ending at the "Stop" sign, and overnight the accidents ceased—that is, until the yellow lines were taken up, as they were allowed only for an experimental season. And straight away the accidents recurred with their usual frequency.

Yes, perhaps a community physician could help where I have failed. We have an excellent one in this area and I am sending him a copy of this letter.

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Staffing crisis in pathology

SIR,—We support Professor J A Davis (7 March, p 826) in pointing out the need for the establishment of more paediatric and neonatal pathology posts. However, the creation of new posts is one issue; a far greater problem is the recruitment of suitable trainees into this field.

There has always been a reluctance among trainees in general pathology to enter paediatric pathology. With the present staffing crisis in general pathology, the possibility of improvement in paediatric pathology must be extremely remote. The main reasons for this are:

(1) Paediatric pathology has never featured significantly in general pathology training and, furthermore, the MRCPPath examination does not, at present, require the candidate to have much experience in paediatric pathology.

(2) Training in general pathology is usually preceded immediately by the statutory one-year preregistration clinical posts and only occasionally includes paediatrics. Paediatrics is, therefore, likely to be a relatively unknown entity for most trainees in general pathology and would make specialisation in paediatric pathology the most unlikely of choices.

It is clear that these problems will not be easily resolved in the immediate future. However, we feel a great deal could be achieved by encouraging trainees in paediatrics to spend part of their training in paediatric pathology. An occasional trainee may be won over; the remainder would probably find the experience worth while as a basis for learning paediatrics.

We are pleased that the problem has been highlighted by a paediatrician who, it is hoped, could be persuaded to encourage his colleagues to commence the formal introduction of paediatric pathology into paediatric training programmes.

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SIR,—Several letters have recently appeared in your columns (14 February, p 569; 7 March, p 826) about the need to increase recruitment in pathology. It is one thing to create additional posts at SHO grade in pathology, and another to ensure that such posts provide a stimulating introduction to laboratory medicine, encouraging the trainee to continue. I have recently completed a year's SHO post, rotating through the four major disciplines, and found it in some respects a discouraging experience. Having spoken to colleagues in my own and other hospitals, I am sure that my experience is not unique.

The reasons for this are complex, and it is not easy to be succinct. Most important is that

there seems to be little enthusiasm for the rotational approach, either in general or in individual departments. SHOs are often encouraged to desert their training scheme before finishing it for a registrar post, or to divide up their time unequally. This is supposed to be in the interests of "flexibility," but it has undesirable effects. Departments may be left for long periods without a SHO, and when one does arrive there is then no obvious slot to be filled and no clear programme of work. The trainee is and feels superfluous, and it is incumbent on no one in particular to provide supervision. The situation is not made any easier by the lack of information about the content of the part 1 examination, which ensures that neither the head of department nor the trainee knows exactly how the time can best be spent. The frequency with which trainees are promoted early, or leave altogether, means that those SHOs remaining end up with extra on-call duties, making their daytime work still less satisfactory. In my training scheme of four posts, three out of five trainees did not complete half the rotation.

I feel that those responsible for determining training requirements in pathology need to decide clearly whether experience in all four disciplines is wanted or not. If it is not, then the present compulsorily wide coverage of the part 1 examination should be abandoned. If it is, then rotational training schemes should be backed more wholeheartedly by (a) standardising schemes between hospitals; (b) insisting that time is equally divided, to achieve continuous occupation of each department by a SHO; and (c) discouraging early departure by not appointing as registrars candidates who have not completed a full rotation.

If, on joining a rotational scheme, trainees feel that they are entering a standardised system with clear objectives, rather than a confused morass, they will be more likely to keep going and fill the pathology vacancies of the future.

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Medical education, manpower, and unemployment

SIR,—In "Letter from Westminster" (14 February, p 580) Mrs Renée Short is reported to have lamented the problems of general practice in inner city areas and claimed that GPs preferred working in "rotten old shops" rather than AHA-owned health centres. She wondered why GPs had not been keen to go into such centres even when money was available. May I enlighten her?

The first reason is security of tenure. At best AHAs offer a leasehold and in many cases only a license to practise from the centre. On two occasions in my working life mass resignations by GPs have been a definite possibility. What chance would a GP have of making a living after eviction from a health centre to which his patients are attached and where their records are held?

Secondly, the introduction of the cost-rent scheme has resulted in real opportunities for improvements in old buildings while allowing the doctor to retain ownership.

Thirdly, health centre staff are employed and "hired and fired" by the AHA. This can give rise to great difficulties when the odd but inevitable personality clash occurs.

Lastly, costs, originally favourable, are now much higher than in the more modest buildings most GPs favour, and are outside his control.

No doubt there are other reasons why GPs have been reluctant to enter health centres, but I think these should do for a start.

H M BUCKLAND

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Selling oneself short

SIR,—I have only just finished sifting through 117 applications for six places on the Derby vocational training scheme for general practice and there is now a shortlist of 25. During this exercise I was struck by the great difference in the way candidates present themselves. Almost invariably the ones who went into detail on their application form about why they want to enter general practice and why they wish to come to Derby were shortlisted. With such large numbers applying we can only rely on information the candidates volunteer before preparing a shortlist.

May I, through your columns, appeal to all prospective applicants not to sell themselves short by default, and to volunteer more relevant information about themselves. This may well make shortlisting even more difficult but would go some way to quelling the uneasy feeling I have that many applicants do not reach interviews for negative rather than positive reasons.

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Attracting hospital junior staff to meetings

SIR,—Has any divisional executive committee found out how to attract hospital junior staff to its meetings?

Recently this division held a very well-advertised meeting within the four walls of its main hospital. Despite the provision of free wine and cheese given by a sponsor and despite choosing "Hakim and traditional Asian medicines" as the subject (a lecture given by Dr M Aslam of the department of pharmacy at Nottingham University), only one junior doctor attended the meeting. This poor chap was bleeped in the first 10 minutes, leaving a couple of dozen of his seniors (only one of whom earned his livelihood inside a hospital) to enjoy themselves very much.

If anybody has the answer to this problem, this division's executive committee would be delighted to hear about it.

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Giving all registrars a fair chance of becoming consultants

SIR,—Mr J J Shipman (14 March, p 907) is rightly concerned about the career prospects for registrars, but he is prescribing the wrong medicine.

If all research was restricted to centres of excellence we would make little progress.