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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Prospects in pathology

SIR,—Your leading article "Prospects in pathology" (22 September, p 692) presents a picture which I believe to be unduly pessimistic.

Firstly, it must be emphasised that career prospects in the major pathological specialties (chemical pathology, haematology, histopathology, and medical microbiology) are excellent. Demand for consultants far exceeds supply and there is strong evidence that it will continue to do so. Secondly, it is not true that those interested in a career in a pathological specialty must make an early and irrevocable decision. Following the preregistration year, trainees are required to spend at least 18 months in recognised departments before taking the college's primary examination; this consists of a single multiple-choice question paper in the four specialties plus immunology and a practical and oral examination in any one specialty. Having passed the primary examination the trainee is requested to complete a *total* of five years, postregistration training before taking the final examination in any one specialty (which need not be the same as the specialty selected for the practical part of the primary). The final examination is regarded as the appropriate qualification for appointment to a consultant post. In accordance with the increasing clinical bias of the pathological specialties, the MRCP, FRCS, and MRCOG each carries exemption from the college's primary examination, and up to one year of training in a relevant clinical post is accepted as part of the five years' training in pathology. Accordingly, a trainee who has obtained one of the above clinical qualifications can take the final examination after the four-year period usually regarded in most specialties as normal for higher professional training (this could be reduced if the trainee has held a post in pathology before taking the MRCP, etc). I suspect that these arrangements are not widely known, particularly by trainees in the clinical specialties, who may also not all be fully aware of the intensity of the competition for senior registrar posts in the major clinical specialties. It might be helpful to print in the *BMJ* the review of career prospects published annually by the Departments of Health.

As regards merit awards, it is not true to say that pathologists fare badly. As shown in the *BMJ* (18 August, p 456), they are above the average for all consultants, and indeed of the 15 specialties in which there are over 200 consultant posts in England and Wales pathology has a higher proportion of merit award holders than all except general medicine and general surgery.[1] The position is similar in Scotland. It is, however, true that training posts, at least in histopathology, usually carry fewer UMTs than many of the acute clinical specialties.

You mention arguments about who should manage laboratories. These have affected very few laboratories, and in the very great majority there is full co-operation and mutual respect between all grades of staff. Nor should doctors be deterred from taking up pathology because of the increasing number of non-medical scientists working in NHS laboratories. The consultant and top-grade scientist are a strong combination; their work is partly complementary and there is room for both. During 1966-1977 the number of consultant posts in pathology increased by 42%, which is above the average increase for all specialties. Our clinical colleagues appreciate the support of consultant pathology services and will continue to do so provided that consultant pathologists apply their combined clinical and laboratory training to diagnostic problems and the monitoring of patients' progress. This should