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NEWS AND NOTES

SUPPLEMENT

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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 should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

Unemployment among 1983 medical graduates

SIR,—Several doctors who graduated this year from medical schools in the United Kingdom have been unable to find preregistration house officer posts for 1 August. The BMA and the councils for postgraduate medical education are aware of 31 newly qualified doctors who were unemployed on that date, 28 in England and Wales and three in Scotland. This information is based on returns from individual medical schools and on personal approaches to the BMA by some of these doctors, so that the true number in this plight may be higher.

There is evidence that some preregistration house officer posts are being used to employ doctors who have full or limited registration, perhaps because the worsening imbalance in the hospital career structure is bringing the bottleneck for promotion further back towards graduation. Certainly, some job advertisements ask for "preregistration house officers or senior house officers." Earlier this year the Council for Postgraduate Medical Education in England and Wales was informed that in England there was a total of 2865 approved and funded preregistration house officer posts, of which 2710 were occupied by preregistration house officers. It therefore seems probable that in England up to about 5% of preregistration house officer posts may be held by doctors who do not need them for registration purposes. Further evidence for this has come from a survey this August of around 200 posts in the west of Scotland, when six posts (3%) were found to be occupied by senior house officers.

When calculating the necessary establishment of preregistration house officer posts, it is generally assumed that 9% of the annual intake of medical students will fail to qualify. This estimate is probably too high, given the exacting academic standards expected of today's medical students. At a time when medical school output has risen steadily for several years, this factor may contribute to the shortfall in preregistration house officer posts that has now become apparent.

The immediate priority is to find preregistration house officer posts for those who still lack them. A few extra posts have been established, partly funded from local savings in overtime payments achieved by reducing the hours of work of junior doctors. Most of the 31 unemployed graduates remain in urgent need of help if their full registration is not to be delayed by six months.

In the longer term more information is needed about the number of preregistration house officer posts that are occupied by other types of doctor, and pressure must be put on employing authorities not to fill these posts with senior house officers before a specific date each year. A more flexible system than the present "safety net" is needed to identify unfilled preregistration house officer posts throughout the United Kingdom and match them with unplaced graduates at the earliest possible stage. Finally, the Department of Health and Social Security should be asked to review the number of preregistration house officer posts needed to allow every medical graduate in the United Kingdom to obtain the experience necessary for full registration.

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Changing pattern of poisoning in children

SIR,—Many papers have been published showing that there has been a reduction in the incidence of salicylate and paracetamol poisonings in England and Wales regionally since the selective introduction of child resistant containers for salicylates and paracetamol on 1 January 1976.[1] Furthermore, Dr Lawson and others (2 July, p 15) use this argument persuasively in favour of extending the compulsory use of child resistant containers to other groups of drugs.

The most vulnerable group is the under 5s, accounting for most accidental poisonings in children. From 1964 to 1976 the admission rates for accidental poisonings in the 0-4 age group were consistently 10 times those of the 5-9 age group.[2]

The figure shows that the total number of admissions due to accidental poisoning by medicinal agents has fallen dramatically since 1973.[3] The latest figure from Hospital In-