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Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Shortage of junior staff

SIR,—I praise Mr J E Woodyard (29 March, p 902) for bringing up the subject of "so called unemployment" in the medical profession. In my opinion the shortage of doctors affects many specialties. The reason, as he quite rightly points out, lies in the restrictions on overseas doctors' registration.

In the late 1970s there was growing fear among local doctors of medical unemployment, which some of the medical politicians conveniently blamed on the number of overseas doctors coming into Britain. This, in my opinion, was never really true. Overseas doctors have never been the cause of medical unemployment, and the reasons are quite obvious. Generally speaking, overseas doctors will only get a job if there is no local applicant, if the job is in a peripheral hospital, or if it is in an unpopular specialty. If there is any medical unemployment at all perhaps it is just confined to the area in and around central London.

Mr Woodyard has hit the nail on the head. Many specialties are now short of doctors, mainly because of the time limit imposed on registration for overseas doctors. Most of the overseas doctors go back to their respective countries; however, some of the doctors who completed their five years of registration are now British citizens—indeed, I am one of them. I have an English wife and a 16 month old son. My registration expired on 8 February 1986 and since then my post has not been filled, again because of the shortage of applicants.

In spite of several appeals my registration was neither renewed nor converted to full registration, even though my family and I are all British. Here I am, living on unemployment benefits in great hardship while many jobs are lying vacant. What a waste of a qualified doctor with a postgraduate diploma in otolaryngology from the Royal College of Surgeons. What kind of policies are these if not foolish and inhuman?

I wish that the pundits of the medical profession would recognise this problem and seek amendments in the Medical Act, not only for the benefit of overseas qualified British citizens but also for the sake of patients on ever increasing waiting lists.

AKHTAR ALI

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SIR,—Dr J E Woodyard claims that the cause of the present crisis in filling orthopaedic posts is the further limitation on the registration of overseas doctors. Being an overseas graduate myself, I thought it would be beneficial for readers to hear the other side of the story.

Firstly, I am happy to hear an honourable member of the profession declaring the role of overseas doctors in the NHS to be necessary. This means that in return for the high level of training and education they are getting they are serving the NHS in those areas where help is most needed.

I agree with Dr Woodyard that further limitation on the period of registration for overseas doctors has led most of them if not all to be more careful in spending their registration time in a way that will primarily fulfil their training requirements for higher degrees and diplomas. Thus, in the case of orthopaedics no one would do more than six months unless absolutely necessary. On the other hand, the author does not explain why some posts are becoming increasingly less appealing to those overseas doctors let alone British graduates.

In many places the workload for providing proper care for patients is far beyond the junior staff available. This problem no doubt drives away candidates, especially those from overseas, who are pressurised to promote their careers within a limited period, which is impossible to achieve with

such an increase in the workload, in addition to the rarity of locum cover in such instances because hospitals are unwilling or unable to provide locums.

Therefore the job crisis is not so much a result of limited registration for overseas doctors as of a more general problem affecting all junior staff. By providing the junior with better working hours, better working conditions, better job opportunities to promote their training, education, and careers we can get better results than by simply lengthening limited registration for one sector and increasing the payments to the other.

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SIR,—Mr J E Woodyard is not alone in his inability to fill senior house officer posts, nor is the shortage limited to orthopaedics. In past years in west Glamorgan an advertisement for a senior house officer post in ophthalmology attracted 20 to 30 applicants and there was no difficulty in making a suitable appointment. During recent months we have repeatedly advertised three SHO posts, obtaining a response of nil to four applicants on each occasion and usually no one prepared to attend for interview. As a result of unfilled posts services have had to be curtailed and much additional work has been thrown on to the over-stretched residual staff. Inquiries have revealed that neighbouring districts have equal difficulty in recruiting ophthalmic SHOs, yet there appears to be a general attitude of complacency. I have a letter from the parliamentary under secretary to the Welsh Office which states, "Current statistics are not revealing any appreciable reduction in overseas applicants for limited registration since