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## Off-duty Time and Service Standards

SIR,—The Tunbridge Wells and Leybourne Group Medical Advisory Committee has considered carefully the suggested minimum time off duty for junior hospital medical staff, as agreed in principle by the Department of Health and Social Security with a commencing date of 1 July 1974 (*Supplement*, 13 October 1973, p. 11), and would like to make the following comments.

The maintenance of service standards in this group alone would entail approximately 50 or more extra junior medical staff. We believe that this is impossible in view of the medical manpower situation as the total demand throughout the service would run into very large numbers—for Kent alone probably between 200 and 300.

We would like to know whether the reduction in training hours and therefore in

experience would be compensated for by a longer overall period in training and, if so, how much longer.

With regard to certain suggestions that the extra work could be carried out by consultants we would point out that most consultants' contracts are for a *reasonable* amount of emergency work and that most consultants already, despite this word "reasonable," spend one-third, one-half, or in many instances all their adult life as a consultant on call—that is, for a total number of hours per week which may well be double their contract time or more.—I am, etc.,

IAN D. HENDERSON

Chairman, Group Medical Advisory Committee

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## Consultant Discontent

SIR,—I am one of the 1,000-odd consultants who, on the advice of the Regional Hospitals' Consultants and Specialists Association, have recently submitted their resignation from the B.M.A. In view of the wide publicity which surrounds the dispute between the R.H.C.S.A. and the B.M.A. I need hardly refer to this dispute in any detail. I was, however, a little surprised at the contents of a letter from the Secretary of the B.M.A. sent to me on the occasion of my resignation.

Dr. Stevenson states that he fully understands "the sense of frustration which has led you to tender your resignation. It is an understandable reaction to the Government's repeated refusal to pay heed to our warnings about the entirely justified and mounting unrest amongst consultants. I also recognise that more has been achieved for general practitioners and junior hospital staff than for consultants, but we have negotiated equally and forcefully for all and any blame for the poorer results must fall upon the Government and the Review Body." I can-

not, as an individual, negotiate with the Government and the Review Body. The B.M.A. can do this on my behalf and has failed. It is for this reason that I, and hundreds of other consultants, have turned to the R.H.C.S.A.

I have read that the Central Committee for Hospital Medical Services is a democratically elected body. This may indeed be true, but I do not recall being involved in the election of a member of the C.C.H.M.S., nor do I recall ever receiving a questionnaire from this body. I feel that it would be on firmer ground in its claim to represent the consultants if it attempted to obtain consultants' views. The R.H.C.S.A. on the other hand has kept in close touch with its membership and bases its policies on the expressed desires of its members.

Dr. Stevenson believes that the activities of the R.H.C.S.A. will lead to fragmentation. He goes on to say that he "would hate to see this happen to consultants" and that he "cannot sit back and watch the unhappy

spectacle of consultants bickering with each other." It seems likely to me that there will be fragmentation. It is difficult to see how a body as large and cumbersome as the B.M.A. could effectively represent all its constituent groups. Dr. Stevenson himself admits that the B.M.A. has failed with regard to the consultants. I do not think that consultants are too worried about the issue of fragmentation. If morale among consultants is not improved, standards of care in an already grossly under-financed hospital service will fall. That is a more important issue than the future of the B.M.A. or the R.H.C.S.A.—I am, etc.,

K. F. R. SCHILLER

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SIR,—Before the last of the 906 of my consultant colleagues leave the B.M.A. perhaps one of them would be kind enough to tell me how the Regional Hospitals' Consultants and Specialists Association will force the Government to satisfy the consultants' claims.

I admit I am apt to be naive but the Government seems to me to be in a strong negotiating position. In the eight major specialties—general medicine, general surgery, orthopaedics, gynaecology, adult psychiatry, etc.—there is a surplus in the appropriate training schemes. In general surgery, gynaecology, orthopaedics, and adult psychiatry the surplus is large. In the other major specialties the excess of supply over demand is not quite so great.

The only major specialties which lack applicants are anaesthetics and radiology. Thirteen lesser specialties are in a deficit, seven of which are in laboratory departments. These long-standing shortages, amounting to several hundred unfilled consultant posts, have failed to shake any Government. The surplus of applicants in all but two of the major specialties must be a source of great confidence to any administration as it means that even if a