

BRITISH MEDICAL JOURNAL

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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.

Manpower

SIR,—Your leading article (19 May, p 1299) points out the inevitability of “a sharpening of the contrasts” between popular and shortage specialties, if the recommendations of the BMA's Working Party on Manpower are implemented. This euphemistic phrase cannot be allowed to hide the fact that the profession has long condoned, and continues to condone, unacceptable disparities between the specialties, with consequent neglect of important services, particularly to underprivileged groups of people such as the elderly, the mentally ill, and the mentally handicapped. The public good surely demands a more equitable sharing of all resources, of which skilled manpower is the first essential—without which a shift of financial resources might be wasted.

The working party, in according a major priority to staffing structure, has neglected the opportunity to tackle this problem, and it is this attitude which is at the heart of the problem. It is surely not beyond the wit of man to alter the balance of advantage in the distribution of manpower between specialties.

General medicine and surgery may be inherently more attractive than mental handicap, geriatrics, and psychiatry; but this cannot at the moment be considered proved, because of all the man-made distortions in the system,

the acute general specialties have the pick of the medical talent to produce tomorrow's clinical leadership; the best facilities in which to work; the largest share of the undergraduate curriculum, both preclinical and clinical; the lion's share of university facilities and staff; more junior staff, technological and laboratory support, research effort, and paramedical support; overwhelming medicopolitical power; and the sounder base of researched knowledge from which to work. As if this were not enough, financial inducements operate to their advantage—a greater proportion of merit awards, more private practice, and now a “work-sensitive” contract with such perks as emergency recall fees. The working party suggests an improvement for these “oversubscribed” specialties—earlier retirement with full financial protection. Perhaps we should drop the benign terms “popular” and “shortage,” and substitute “greedy” and “destitute” as more aptly describing the relationship between different branches of our profession.

I am aware that all this sounds quite paranoid, but can anyone doubt that the recurrent hospital inquiries and scandals in the long-stay hospital sector are of our own making? In mental handicap we recruit more and more from doctors who have failed to enter any other branch, and even in the best of

times few entered the specialty from choice at an early career stage. I would nevertheless claim that the subject and clinical practice can be as challenging and intellectually satisfying as any. Nevertheless, no medical student is likely to be recruited to our field if his educational exposure consists of one day's visit to the atmosphere of an obsolete institution.

Your leader calls for critics of the working party to produce constructive suggestions. I suggest that the first task of the proposed manpower review body should be a thorough, searching, and radical attempt to redistribute manpower to the “destitute” specialties, however painful the process might be for the “greedy” ones. The medical profession exists to serve the public, and a large section has had a raw deal for a very long time. Unfortunately, that section with the chronic problems does not articulate its needs, and has no political influence.

It is time the medical profession became more sensitive to the needs of those with chronic problems, which surely would yield to the increased scientific effort. A good start would be made if every device possible were to be used to correct the maldistribution of medical manpower, which has too long been tolerated by us all.

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SIR,—Having read the report of the Council's working party (19 May, p 1365) I am left wondering if they realise that a registrar grade