## BRITISH STA/STA STA/STA DEDICAL JOURNAL

SATURDAY 18 SEPTEMBER 1976

LEADING ARTICLES	
Screening for cervical cancer	Pathogenesis and epidemiology of schizophrenia
PAPERS AND ORIGINALS	
Overnight urinary 11-hydroxycorticosteroid estimations in department of the definition of the definiti	KRISTENSEN, F EFSEN, H DIGE-PETERSEN, J FOGH, K LOCKWOOD,
What I would say to the Royal Commission: Maternal and ne Statistics at Square One: XVIII—Correlation TDV SWINSCOW Haemophilia A and the blood transfusion service: a Scottish The diastolic dilemma DAVID SHORT	######################################
NEWS AND NOTES	BOOK REVIEWS
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## CORRESPONDENCE

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D M T Gairdner, FRCP; C W F McKean, MB; A H Bacon, MRCGP	D L Gullick, MB
R R N Carvalho, MB	T B Boulton, FFARCS; P H Lord, FRCS
Tetal activity and fetal wellbeing E Sadovsky, MD	
I G Chalmers, MRCOG	l Perriss)704

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

## Pressures of work on doctors and family

SIR,—Dr Celia Oakley is right (28 August, p 541) when she says that a more flexible medical training system is needed; she has no evidence for her subsequent assertion that part-time specialist training is unrealistic and would lead to lower standards. Dr Rosemary Rue1 and Dr Tom Arie2 have shown that parttime training (of women) can be outstandingly successful by any standards, both educationally and in terms of patient care. Most women who take up part-time training are highly motivated to keep up with advances in their subject. A minimum commitment is essential to maintain continuity and skills, but there is no evidence that this must be full-time; those dividing their interest between clinical and research work spend less time on either than the fulltime clinician or academic. Dr Oakley further asserts that it is a consultant's duty to advance the frontiers of medicine; meaningful research is a highly specialised task not necessarily allied to clinical skills, and most consultants in district general hospitals are too busy looking after their patients to do much frontier-

If 50% of our medical graduates are to be women, with the potential, if temporary, wastage that the present system creates, it is essential in cost-effective terms to ultilise

properly the existing trained medical personnel. This means adapting the system by creating easily available part-time training posts, with part-time consultant or general practice posts as the goal. This is perfectly feasible in almost all specialties, and when expediency has demanded this solution it has been achieved.

That only 3% of the members of college and central policy committees are women probably reflects the small proportion of women at the top of the medical ladder rather than their apathy about committee work. It does, however, mean that the majority of women doctors are not adequately represented at the highest level.

Dr Oakley has achieved her goals in the traditional manner by conforming to a system which demands full-time commitment; her uncompromising approach would deny professional fulfilment to many highly skilled women who elect for a part-time career while their children are young.

NINA ESSEX

King's College Hospital, London SE5 SIR,—It has been interesting to read two communications in your journal recently bearing on the complications of combining professional commitments with family responsibilities. With the ever-increasing number of female graduates in medicine and the current pattern in childbearing more and more doctors are likely to have to deal with these complications in the training and service periods of their careers.

The paper by Drs Rita Henryk-Gutt and Rosalie Silverstone (4 September, p 574) confirms with figures the findings and impressions of many who have been involved in this field previously. Surveys get rapidly out of date in this speedily changing scene and it is useful to have impressions confirmed by recent figures -even of a relatively small series. One factor which is mentioned in passing but which I believe is of great importance (because it is difficult to modify) is the lack of geographical flexibility of the group under discussion. The common custom is for a couple to prefer to meet the career demands of the husband, and consequently the woman doctor may either have to move domicile during her training period or is not free to do so in order to take up a particularly suitable post outside her part of the country. I think it is for this reason that posts may sometimes have to be supernumerary because the service element for an established post must be supplied and fails to be so if the occupant of the post changes domicile and no quick successor can be found. A similar situation often obtains when the woman

<sup>&</sup>lt;sup>1</sup> Rue, R, Lancet, 1967, 1, 1267. <sup>2</sup> Arie, T, British Medical Journal, 1976, 2, 641.