

# BRITISH MEDICAL JOURNAL

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*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.*

## Requests for references

SIR,—Far be it for me to rush to the support of hospital administrators, either at district or area level, but the faults aired by Dr T B Boulton (24 July, p 236) and others lie not with the administrators, but with us consultants. We have abdicated our professional responsibilities in too many ways. We have handed over too readily to too willing lay staff those tasks which are essentially ours. Administrators are only too keen to assume duties which should be carried out by consultants and thereby erode our status in hospital administration.

In the appointment of a consultant references are usually requested and taken up by the regional medical officer and are only read by him to the selection committee. There is no reason why a similar procedure should not be adopted for junior appointments. A consultant is appointed as chairman of the selection committee and all requests for references should be sent out under his signature and returned to him personally under confidential cover.

That Dr Boulton received the letter he described is to be blamed on the consultant(s) with whom the candidate was to work. For, let it be repeated ad nauseam, junior staff work for consultants, who have the ultimate responsibility for their training and their actions. Juniors are not responsible to some faceless "personnel officer" of the district management team or area health authority who is only too eager to pass the buck to the consultant should anything untoward occur.

A young relative of mine recently applied for a number of rotating senior house officer

appointments. His application was never even acknowledged by the majority. He received the form reproduced here (necessarily modified) without any covering letter from one hospital. Is this an example of professional manners regarded as acceptable in 1976?

Another aspect of the same problem is the "signing-up" of preregistration doctors. It appears common practice that a consultant is handed a form from the administrators which he is expected to sign and return to the "sector administrator," who then countersigns that the preregistration houseman has completed his six months' appointment satisfactorily. I have steadfastly refused to use such forms. It is the responsibility of the consultant alone—and no one else—to certify that a doctor is fit for full registration and has fulfilled the conditions laid down by the GMC.

AS WE ARE NOT ISSUING APPLICATION FORMS FOR THIS POST, I SHOULD BE GRATEFUL IF YOU COULD FORWARD YOUR APPLICATION, WITH NAMES AND ADDRESSES OF TWO REFEREES, TO ME AS SOON AS POSSIBLE.

## SHO ROTATION

