

BRITISH MEDICAL JOURNAL

SATURDAY 14 NOVEMBER 1981

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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.

*Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by *et al*; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.*

Consultants and their future

SIR,—Academic departments are under constant threat as a consequence of political, economic, and structural changes within the NHS, the universities, and the providers of research funds. To add to their burdens with a rigid structure of manpower and training approvals as implied in your leading article (17 October, p 1007) on "Consultants and their future" is both unnecessary and unproductive.

The small academic departments of this country have made a contribution to training, service, and development within the NHS which is quite disproportionate to their size. With limited resources they have often introduced new and innovative services which could not be provided by their hard-pressed NHS consultant colleagues, have provided training in teaching and research which were not easily obtained within the service training grades, and have acted as a nucleus about which many necessary service developments have occurred. Academic staff make major contributions to the advisory structure and training committees at a national level.

The extent of these varied commitments within a given department change greatly from time to time, and flexibility in contractual obligations and departmental size has been an essential feature in meeting these diverse demands. The freedom to create temporary posts with soft money—the "research registrars" which your leader is so anxious to control—is essential both to the prosecution of research and to the provision of research

training for future NHS consultants. It is difficult enough now to fund these posts, and in many areas the delicate flower of research has never naturalised and now shows every sign of withering. To permit the universities to retain their current freedom, limited as it is by market forces, would not jeopardise the programme of manpower adjustment within the NHS career structure. The numbers involved are comparatively small and well within the probable error of prediction of manpower resources.

If the academic unit is to become another NHS firm, subject to the same bureaucratic regulation as that of the standard district general hospital unit of medical provision, we will lose the very essence of academic freedom. It would, however, facilitate the task of the central planner and relieve the itch of intellectual curiosity, for none of us would have the (contractual) time to think.

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SIR,—I have today received a copy of a letter from the Hospital Consultants and Specialists Association to all consultants advising them to write letters of protest to the Secretary of State regarding the proposed increase in the

consultant establishment and the associated reduction in junior staff.

While sharing the concern of the HCSA that the nature of the work and responsibilities of the consultant grade should not be fundamentally altered, I feel that I should remind all consultants that we have the personal assurance of the Chief Medical Officer that any changes proposed will not be implemented in such a way as to disadvantage consultants in post. This assurance was given to me in private and repeated, in public, to the Joint Consultants Committee in Edinburgh on 7 April. Clearly, where consultants are offered contractual changes which they find attractive in return for altering their conditions of work, this is a matter for them, but coercion will not be applied. Indeed, the contracts they hold, covered by job descriptions or by "custom and usage," would make enforced change very difficult, as changes can be instituted only by mutual agreement between the consultant and his employing authority.

The response consultants wish to make to the HCSA letter is, of course, a matter for them, but the CCHMS is preparing a reasoned reply to the report of the Select Committee, which will shortly be sent to regional committees for hospital medical services for them to consider and comment on; and it might be wise to await such steps before writing letters of protest to ministers.

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