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Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Not the right way to make decisions

SIR,—I have just witnessed a piece of direct political interference in a National Health Service appointment the like of which I have never seen before. The appointment in question is that of general manager to the South West Surrey health district.

In the Autumn of 1984 the South West Surrey health district, in which I work as a consultant surgeon, set out to appoint a general manager as directed in the recent reorganisation according to Griffiths. An unusually extended advertisement programme drew something in the order of 60 applicants from inside the National Health Service, from industry, and from business. These individuals were assessed, and a shortlist was interviewed. The district administrator of the South West Surrey health district was appointed. All these arrangements were made and the final decision reached with appropriate consultation with the senior medical staff of the district, and the selection of the district administrator as the new general manager was blessed with their approval. The appointment was approved by the South West Thames Regional Health Authority and passed to the Department of Health and Social Security for final ratification. A hiatus of between eight and nine weeks then occurred without response from the DHSS. Finally, in mid-February 1985, we learnt that our district administrator was not acceptable as the general manager for the South West Surrey health district and that the district had been instructed to seek further applicants.

A firm of management consultants was engaged

to produce suitable individuals from outside the health service. In due course four men were produced and, presumably, invited to apply for the post. They visited our hospitals and a group of interested senior medical staff met them informally. These four men were interviewed by a committee consisting of the chairman and vice chairman of the South West Surrey District Health Authority, a consultant surgeon and member of the district health authority, the general manager of the South West Thames Regional Health Authority (himself recently elevated from the position of regional administrator), and a member of the management consultant firm. The committee was chaired by the chairman of the South West Surrey District Health Authority. The district administrator, who had been chosen in appropriate competition as general manager in 1984, was also granted a further interview. Before this interview took place the senior medical staff of the district had made it clear to the appropriate members of the committee that they saw no reason to alter the decision reached in 1984 and that the district administrator remained their chosen candidate as general manager. The consultant surgeon member of the appointment committee was acting as the representative of the consultant staff in this respect. Despite these representations one of the new applicants was appointed, not the district administrator.

My concern in this matter has been the interference in the appointment by the DHSS. I am not particularly concerned with the details of the

recent appointment and I accept the judgment of the committee that the individual appointed would make a worthy general manager for the South West Surrey Health District. It will, of course, be most difficult for the medical staff to support a man with no knowledge of our local problems and no experience in the National Health Service and who has been given the job in defiance of the medical staff's clearly expressed views. I find the direct intervention of the DHSS in the original appointment very disquieting. The appointed candidate for the December 1984 interviews fulfilled all the requirements and was appointed after proper advertisement and consultation, and the appointment was made with the full involvement of the district health authority, the senior medical staff of the health district, and the regional health authority. The refusal of the DHSS to ratify the appointment, however, lacks any such proper logic and is a direct interference by central government.

I have been involved in hospital and district administration for many years, as district management team consultant representative, as district medical committee chairman, and currently as chairman of the phase II project team in the Guildford hospital development. During these years I have seen, made, and been party to many decisions concerning the running of the National Health Service in Surrey. Never before have I seen a decision such as this made by an "administrative body." I and my colleagues find it most disturbing to see this sort of development in the management of the National Health Service and we find such