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Hospital Career Structure

SIR,—In answer to the letter (29 June, p. 830) from doctors at University College Hospital and the Middlesex Hospital, they should know that had we thought for one moment that the Panel I Report¹ was to be considered as an agreement on career structure to be implemented immediately without discussion we would never have allowed our names to be associated with it. We were, however, prepared to agree to the publication of this report to avoid further delay and on the grounds that it was put forward only "as a basis for further discussion." We made it clear throughout the discussion that from the junior staff point of view there were a number of matters on which we disagreed. Although it became obvious that all our views would not be included in an agreed joint report, we considered it essential that some document be produced which would stimulate sufficient discussion to enable the negotiating team to crystallize the opinions of the whole profession.

The views which we held before the publication of the Hospital Doctors' Charter,² and still hold, are:

(1) The consultant establishment must be expanded. Not until this is done can any career structure be properly implemented. We have said this over and over again in discussions with the Departments of Health. Every effort has been made to influence those involved in settling these matters, by pressure in committees and by letters in the medical and lay press.³

(2) We do not support any form of full-time subconsultant career grade for hospital doctors, whether such a grade be called senior hospital medical officer, medical assistant (Platt Report), assistant (Panel I), or specialist (Todd Report). We do, however, see the need to bring general practitioners and married women doctors back into the hospital service in a part-time career grade.

(3) We reject limitation of tenure in any particular grade in the hospital service. The fact, however, remains that training posts must not be blocked to junior doctors progressing up the training ladder, and it is

necessary for specific posts to be of limited tenure, as they always have been and still are.

In conclusion, we should like to remind our colleagues that these discussions form but one part of an exercise to formulate an agreed career structure, the whole of which can be viewed in four phases. The first phase consisted of the drafting of the Hospital Doctors' Charter, as a result of which discussions were entered into between the profession's representatives and the Health Departments. This was Phase II, which culminated in the publication of the Final Joint Report. Phase III consists in the examination of this Report by the profession as a whole. The conclusions of the Todd Commission are also relevant to this process, and the opinions expressed in the letter from the University College and Middlesex Hospitals could form a helpful part of this phase. It is essential that regional and national conferences are convened soon to debate this problem and its possible solution in a constructive manner. We hope the 28 signatories to this letter will involve themselves in this debate and not leave the Association without the benefit of their advice.

Phase IV is yet to come—and will involve further negotiations with the Health Departments on the basis of a consensus of opinion derived from the whole profession. In this context it will be appreciated that we regard the present attempts of the Health Departments to expand the medical assistant grade—and the recent recommendations of the Ninth Report of the Review Body designed to facilitate this—as unauthorized and inappropriate to the progress of the exercise as a whole.

Finally, we wish to point out that as a result of the B.M.A.'s Hospital Junior Staffs Group's efforts at the Representative Meeting at Eastbourne the Association is to press for a moratorium on the creation of further posts in the Medical Assistant grade until the completion of Phase IV.

So, to sum up, the report was a basis for discussion to the implementation of which

no one is committed; it is without doubt serving its purpose, for as a result of its publication the views of the whole profession are being made known.—We are, etc.,

E. A. HARVEY-SMITH.
T. H. TAYLOR.
DENNIS GUTTMANN.
W. P. U. KENNEDY.

Annual Representative Meeting,
Eastbourne.

REFERENCES

- ¹ *Final Joint Report. Negotiations between the Health Departments and the Representatives of National Health Service Hospital Doctors and Dentists, 1966-68*, March, 1968, Appendix I. See Supplement, 1968, 1, 73.
- ² Memorandum on the Current Problems of Hospital Medical Staff. *Brit. med. J. Suppl.*, 1967, 2, 93.
- ³ Letter, *Times*, 17 October 1967.

SIR,—I wish to take issue with one clause in the letter (29 June, p. 830) from Dr. Eric Beck and others. Their letter states, "We realize we have little hope of influencing events at this stage." This is true only to the extent that it is, after all, the Government which has the real power to decide how the N.H.S., including the hospital service, should be run.

In fact the Representative Body meeting in Eastbourne this week overwhelmingly passed a resolution put up by the North-west Metropolitan Hospital Junior Staffs Group, which "rejects the medical assistant grade . . . as defined . . . in the Joint Final Report." The rejection of this grade is therefore British Medical Association policy.

I would hope, therefore, that your correspondents might reconsider their decision to resign, and instead add their obviously intelligent and thoughtful support to the B.M.A. in implementing this policy. I suggest to them that this course of action is their best hope of "influencing events at this stage."—I am, etc.,

MARY C. GRANT,
Scottish Western Region Hospital Junior
Staffs Group.

Annual Representative Meeting,
Eastbourne.