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Hospital Career Structure

SIR,—In accordance with the clearly expressed wish of the Annual Representative Meeting at Eastbourne (24–29 June 1968), the B.M.A. has asked the Government for a moratorium on the creation of new whole-time posts in the medical assistant grade so that the status of the grade may be reconsidered.

The medical assistant grade is not (as some people appear to imagine) an entirely new concept which is suddenly being foisted upon the profession. The creation of the grade was first tentatively suggested in 1955. It was formally proposed, with detailed supporting arguments, in the Platt Report of 1961 (paras. 113–32).¹ The grade was officially introduced, by Ministry memorandum (HM(64)94),² on 1 November 1964. Three years later (on 30 September 1967) there were only 636 medical assistants in England and Wales out of 27,153 hospital doctors: I believe the number is still well below 1,000.

At the same date there were 9,015 consultants. The consultant grade is expanding at the rate of 280 additional consultants per annum.³ In the three months April–June 1968 256 consultant vacancies (excluding locum posts) were advertised in the *British Medical Journal*. The figures included 44 posts in general medicine, general surgery, and gynaecology and obstetrics. Some consultant vacancies are difficult to fill. In our recent evidence to the Review Body we gave details of 30 consultant posts which had been vacant (at the time of advertisement) for an average of 12 months. The 30 posts were not confined to the northern regions or to the minor specialities.

So let us keep a sense of proportion about the medical assistant grade. If, after seven years of debate, the profession has finally decided that the grade is unacceptable, we must re-examine the proposal made in para. 56 of the Platt Report (1961) for expansion

of the consultant grade by the addition of "supplementary consultants." We must also consider the alternative proposed by the Royal Commission on Medical Education⁴—a specialist grade. (I notice that the Junior Hospital Doctors Association has publicly committed itself⁵ in support of the specialist grade as proposed by the Todd Commission.)

We shall continue to negotiate with the Health Departments until we have found a satisfactory hospital staffing structure; and the B.M.A. will continue to represent the interests of all of its members, including (let it not be forgotten) those who are at present medical assistants.—I am, etc.,

H. H. LANGSTON,

Chairman,
Central Committee for Hospital Medical Services.

London W.C.1.

REFERENCES

- ¹ *Medical Staffing Structure in the Hospital Service, Report of the Joint Working Party, 1961.* H.M.S.O., London.
- ² *N.H.S. Medical Staffing Structure in the Hospital Service.*
- ³ *Hansard*, 1 July 1968, Col. 185. London.
- ⁴ *Report of the Royal Commission on Medical Education, 1965–68, 1968.* H.M.S.O., London.
- ⁵ *On-Call*, 1968, 2, No. 7, p. 11.

SIR,—Dr. E. A. Harvey-Smith and his colleagues (6 July, p. 55) have joined the rest of the ill-fated "group of nine" (appointed by the Joint Consultants Committee) who have gone on record in one way or another as rejecting the medical assistant linchpin of the Joint Report to which they have put their signatures.

Let your readers be confused, we would like to clarify two points. Firstly, it was the Junior Hospital Doctors Association members of the B.M.A.'s Hospital Junior Staffs Group Council who fostered the early consensus of opinion against the Panel 1 Report by bring-

ing forward debate at the meeting of the H.J.S.G. Council on 3 May (18 May, *Supplement*, p. 136). They did this having already launched a Prime-Ministerial petition against the medical assistant grade which has received more than 8,000 signatures to date. Previously on 22 March Dr. Harvey-Smith's H.J.S.G. Council Executive had referred the report for consideration by the H.J.S.G. Council *early in the 1968–9 session*—and this while 40 new medical assistants were being appointed each month. Indeed it was during March that the *B.M.A. News* insisted that "everybody knows modern hospital medicine requires the services of many more doctors at intermediate level than are required at consultant level . . . so that a very substantial claim has been put to the Review Body on behalf of the medical assistant grade." So it was only after J.H.D.A. pressure that a motion nearly identical to No. 172 of the Annual Representative Meeting agenda in fact went forward from the 3 May meeting to the Representative Body. Although this motion had been carried unanimously by the H.J.S.G. Council, it could not be included in the A.R.M. agenda at that time because it did not receive the support of a meeting of the Central Committee for Hospital Medical Services.

In this event the J.H.D.A.-controlled North-west Metropolitan Region of the B.M.A.'s H.J.S.G. was forced to sponsor a second similar and composite motion in four parts for the A.R.M., but even then the A.R.M.'s agenda committee managed to lose the "teeth" of this motion as contained in its fourth part. Finally, at the Eastbourne A.R.M. on 25 June the J.H.D.A.-controlled North-east Metropolitan Region of the B.M.A.'s H.J.S.G. had to propose re-amending the motion by adding the dropped fourth part (6 July, *Supplement*, p. 9). At this point the general practitioners, impatient of Mr. H. H. Langston's continued opposition—again he tried to have the motion defused