

48.8
377
2

BRITISH MEDICAL JOURNAL



SATURDAY 6 DECEMBER 1969

U. S. DEPT. OF AGRICULTURE
FEB 11 1970

LEADING ARTICLES

Progress Report on Hospital Staffing page 573	Isolation of a Gene page 574	The Experience of Time page 575	Prophylaxis against Infectious Hepatitis page 576	Reiter's Disease page 576	Hunting the Caucus page 577	Glue Ear page 578	Plainer English page 578
---	------------------------------	---------------------------------	---	---------------------------	-----------------------------	-------------------	--------------------------

PAPERS AND ORIGINALS

Lymphovenous Shunts in Man	J. M. EDWARDS AND J. B. KINMONTH.....	579
Serum Growth Hormone Levels and Size of Pituitary Tumour in Untreated Acromegaly	A. D. WRIGHT, M. S. F. MCLACHLAN, F. H. DOYLE, AND T. RUSSELL FRASER.....	582
Role of Liver Scanning in the Preoperative Evaluation of Patients with Cancer	KATTADIYIL P. POULOSE, RICHARD C. REBA, FRANK H. DELAND, AND HENRY N. WAGNER, JUN.....	585
Kidney Function after Renal Arterial Embolism	J. N. FERGUS, N. F. JONES, AND M. LEA THOMAS.....	587
Effect of Drugs on Urate Binding to Plasma Proteins	RODNEY BLUESTONE, IAN KIPPEN, AND JAMES R. KLINENBERG...	590
Changing Faecal Population of Escherichia coli in Hospital Medical Patients	E. MARY COOKE, SUSAN EWINS, AND R. A. SHOOTER.....	593
Abnormal Haemoglobins in Zambia. A New Haemoglobin Zambia $\alpha 60$ (E9) Lysine \rightarrow Asparagine	G. P. T. BARCLAY, DEBORAH CHARLESWORTH, AND H. LEHMANN.....	595
Remission Induction with Cytosine Arabinoside and L-Asparaginase in Acute Lymphoblastic Leukaemia	T. J. MCELWAIN AND R. M. HARDISTY.....	596

PRELIMINARY COMMUNICATIONS

Proteins and Insulin Release: A Dual Role of Amino-acids and Intestinal Hormones	R. J. JARRETT, H. J. GRAVER, AND N. M. COHEN.....	598
--	---	-----

MEDICAL MEMORANDA

Sustained Azathioprine-induced Remission in Wegener's Granulomatosis	A. R. PEERMOHAMED AND J. SHAFAR.....	600
Accidental Poisoning in Children in Uganda	N. O. BWIBO	601

MIDDLE ARTICLES

Possible Future Trends of Medical Staffing in the Hospitals of England and Wales	M. A. R. FREEMAN	612
New Appliances		
Aids to Surgery of Common Duct.....		615
Personal View	T. F. SANDEMAN.....	616

BOOK REVIEWS..... 609

OBITUARY NOTICES..... 625

NEWS AND NOTES

Epidemiology	629
Parliament	630
Medical News	631

CURRENT PRACTICE

Management of Virus Central Nervous System Disease	H. E. WEBB.....	603
Today's Drugs		
Drugs for Diarrhoea.....		606
Any Questions ?		608

CORRESPONDENCE 617

SUPPLEMENT

Hospital Staffing Structure (Medical and Dental):		
Progress Report		53
General Medical Services Committee		56
General Medical Council.....		59
Ophthalmic Group Committee.....		60
General Practice Training Schemes.....		60

Correspondence

Letters to the Editor should not exceed 500 words.

The Consultant's Job

M. A. R. Freeman, F.R.C.S.; J. M. D. Galloway, F.R.C.S.ED., and others; J. A. Dunlop, F.R.C.S.; P. G. Mann, M.D.; A. B. Masters, D.P.M.; J. H. Ross, M.D., and W. H. J. Baker, F.C.PATH.; G. Harrison, F.R.C.S., and H. L. Matthews, M.D.; H. D. S. Morgan, M.C.PATH., and J. C. Davies, M.R.C.P.ED.617

Regional Hospital Consultants

D. H. Young, F.R.C.S.ED.619

Tracheal Intubation

P. H. Beves, F.F.A. R.C.S.619

Diet and Duodenal Ulcer

G. O. Barber, M.B.619

Female Urinary Incontinence

N. W. Harrison, F.R.C.S., and W. M. P. Paterson, M.R.C.O.G.619

Hospital Letters

B. S. Mather, F.R.C.S.; M. D. Ripka, M.R.C.S.; B. Z. Ross, M.B.; A. S. Playfair, M.R.C.S.620

Subnormal Hospitals

Sir Hugh Rose620

Doctors' Own Diseases

R. Greene, F.R.C.P.621

Cancer from Mineral Oil

W. L. Forsyth, M.D.621

Feeding the Newly-born in Hospital

R. J. P. Pugh, M.R.C.P., D.C.H.621

Iatrogenic Dermatitis

J. L. Verbov, M.R.C.P., and E. Abell, M.B.621

Anticoagulant Therapy

J. Leslie, M.C.PATH.621

Control of Anticoagulants

J. A. Gobert-Jones, M.C.PATH.622

Immunological Treatment of Cancer

A. Green, F.R.C.S.622

Meckel's Diverticulum Causing Obstruction in a Neonate

S. Ahmed, F.R.C.S.622

Mite Infestation

J. Reed, D.P.H., and others622

Accident Equipment

B. R. Sugg, B.Sc.623

Senile Keratotic Patches and Topical Vitamin A

Sir John B. Cleland, M.D.623

Urinary Symptoms in General Practice

Margaret Emslie, M.B.623

Royal United Kingdom Beneficent Association

C. G. Scorer, F.R.C.S.623

Representation of Hospital Junior Doctors

J. F. G. Pigott, M.B.; Hamish Watson, F.R.C.P.ED.623

G.M.C.'s Retention Fee

R. Caird, M.B.; A. H. Holmes, F.R.C.S.ED.624

What is "Mad"?

I. Atkin, M.D.624

The Consultant's Job

SIR,—I write as a member of the Godber Working Party to comment upon the anxieties which the Working Party's Report¹ has provoked in the profession. I should stress that I express my personal views, not those of the working party.

The particular objection to the working party's report appears to be that it implies a reduction in future in the number of junior staff in non-teaching hospitals. If I understand the views of my colleagues in non-teaching hospitals correctly, they argue that this must mean that they will in future have to carry out work which has hitherto been regarded as "subconsultant" in nature. Hence they feel that the status of non-teaching hospital consultants, and the standards of care provided in non-teaching hospitals, will fall. I am confident that the working party would view either of these eventualities as a disaster. The belief that changes in the number of junior staff are likely is to some extent a misapprehension, but is to some extent valid. In so far as the belief is valid, the causative factors are unfortunately beyond the power of the working party (and I suspect of the profession) to alter.

First, the misapprehension. The working party recommended a considerable increase in the number of consultants (which it is hoped will take place gradually in a transition period of about 10 years), but over this period there will also be an increase in the number of junior staff in training. This fact, made possible by the increasing output of the British medical schools already planned and the continuing presence of overseas graduates seeking postgraduate medical education in this country, will mean that the total number of junior staff will not in fact fall at all, although there may well be some redistribution between specialties. The statistical background to this assertion will I hope

shortly be published by the Department of Health,* whose representatives, speaking at meetings in various parts of the country, have quoted similar figures. There is no reason why junior staff should be concentrated in the teaching hospitals. In my view, they should be placed wherever the profession (as represented by the various specialist advisory committees) considers that suitable training is available. Since training at this level must be predominantly a matter of the acquisition of clinical experience (and therefore not primarily a concern of the universities), the trainees should go where the patients are to be found. They should therefore be in non-teaching hospitals as well as in teaching hospitals.

Second, the facts. In essence these are three in number:

(1) There is an irreducible quantum of "subconsultant" work to be done in the hospital service.

(2) The British Medical Association has rejected a permanent "subconsultant" grade, and

(3) The acceptance of the Todd report² implies, firstly, that doctors will rarely spend more than eight years in junior grades, and, secondly, that the number of junior staff will be adjusted so that it matches the number of consultant and general practice vacancies.

If these three propositions are accepted, it follows that four (and, so far as I can see, only four) courses of action are open to the profession.

(1) Doctors from overseas could be brought into this country on short-term contracts, without prospect of promotion to the consultant grade, probably in jobs adjudged unfit for training, to carry out "subconsultant work."

(2) General practitioners could be brought into the hospitals.

(3) Presently unemployed married women doctors could be brought back into the hospitals.

(4) The consultant establishment could be

expanded so that each consultant could do some of this work. This, essentially, is the proposal of the Godber working party.

The first course is undesirable and might even be thought to be unethical. It is, however, the only short-term "solution," although to accept it means that the population of this country would depend for medical care partly upon a large number of overseas doctors whose availability and training were beyond our control. On 30 September 1968 47% of all junior staff were born overseas. The second solution is almost certainly unrealistic at the present time, since general practitioners are already fully committed. It should, however, be encouraged as a future possibility. The third course is most desirable, but would have only a marginal effect, and, because of the taxation system in Britain, is unattractive to the doctors concerned. The fourth solution appears to be unacceptable to existing consultants in non-teaching hospitals.

Can we therefore alter any of the three "facts"? The first obviously cannot be challenged, although by altering current practices some of this work could be delegated to medical auxiliaries (assuming that such personnel could be recruited). It must, of course, be realized that, because the total number of junior staff will not fall, the volume of "subconsultant" work which will have to be carried out by the consultant grade will be small, and that only certain specialties (namely, those currently over-subscribed) will be affected in this way. The second fact could be altered by the Annual Representative Meeting of the B.M.A., but the B.M.A. would then lose its credibility as a serious body fit to negotiate on the profession's behalf. The profession's representatives (through the Joint Consultants Committee) endorsed the medical assistant grade in the Panel I negotiations³ and were then repudiated by the A.R.M. The A.R.M. can hardly now repudiate itself. Even if the medical assistant grade were accepted by the B.M.A. it is doubtful if more than a handful of United Kingdom graduates would serve in it. To reject the third fact would be to reject the Todd report. Many of the Royal Com-

* See Appendix A, *Supplement*, p. 55.