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CORRESPONDENCE

Correspondents are asked to be brief

Transfer of Registrars

SIR,—I cannot believe that many of your readers could possibly agree with the despondency which you attempt to promote relating to the purposes of the Central Medical Manpower Committee's policy for redistributing registrars (leading article, 17 November, p. 369). You suggest that there would not be a significant benefit to regional hospitals, but the total number of posts affected is considerable; you quote a figure of over 600, and although the Central Manpower Committee has now recommended a revised method, excluding shortage specialties, which reduces this to in the region of 500, that would still be of enormous benefit to regional hospitals.

The reasoning behind the redistribution exercise, well explained in the Committee's report (*Supplement*, 17 November, p. 43), is to improve junior hospital staffing in these district general hospitals, a long overdue reform if the profession as a whole is to realize its hope that the patients who live away from the teaching hospital cities are to be provided with adequate specialist services—such a service as is their national right and which should be equal for all, no matter where people live and work.

The national average ratio of registrars and senior registrars to consultants is 71:100. In calling for the release of posts in excess of 90:100 a very considerable margin has been given to allow for the additional teaching and research commitments of teaching hospitals; and, of course, in order to fulfil their undergraduate teaching role these hospitals already have many more consultants, honorary and N.H.S., in each specialist department than do the regional hospitals of equal size.

Quite rightly you ask the question as to whether the registrar who works in a regional hospital, as compared with his colleague in a teaching hospital, will get a fair and equal opportunity of ultimately attaining a consultant post. The Council for Postgraduate Medical Education in England and Wales should answer this, but I get the impression that with the impetus towards more rotation and linked posts the opportunities for *all* registrars must improve. Indeed, it is one of the advantages of redeployment that it will make it possible to use more fully the excellent facilities for training which exist in some regional centres and make it easier for those doctors who wish to do so to obtain first-class training without being compelled at some stage to join the scramble for posts (and accommodation) in London. It is, of course, a prime essential that new posts in the regions must provide first-class training. The fullest consultation is being undertaken with representatives of the educational bodies concerned—the universities and royal colleges and the Council for Postgraduate Medical Education—and I am sure that all concerned will co-operate in this.—I am, etc.,

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SIR,—I should like to express general agreement with the critical comments in your leading article (17 November, p. 369) on the proposals for the redistribution of registrars and senior registrars contained in the first report of the Central Manpower Committee (*Supplement*, 17 November, p. 43). It may seem odd that one whose name appears among the membership of this committee should feel impelled to do so, but the fact is that I have been away in Canada for the greater part of this year, and have taken no part in the deliberations of the committee since last February.

I agree in particular that redistribution of registrar posts will do little to remedy the serious difficulties of medical staffing in the hospital service. These are largely traceable to an error at the beginning of the National Health Service: that of supposing that a pattern of staffing which had developed at the teaching hospitals at a time when they were nearly the only places at which higher medical training was available could be extrapolated to a nation-wide hospital service.

The consequences of this error were obscured at first by the availability of large numbers of young doctors seeking training posts on release from the armed Forces; and later by the influx of doctors from overseas. But it should now be obvious that in the long run the ratio of trainees to those in career posts must be determined mainly by the ratio between the times spent in these two phases of professional life. The expectation that most doctors should complete their training and become consultants by the age of 32 leads, in a static situation, to a ratio of one trainee to four consultants. This ratio may, of course, be influenced by other factors, but to a small extent only. Expansion of the consultant grade necessitates an initial increase in it, but cannot continue indefinitely; and while some specialties are in a phase of expansion, others, equally important, will be static and some even contracting. Among overseas graduates who take training posts in this country, only those who return to their own countries and do not become candidates for consultant posts here improve this ratio; and against these must be placed our own graduates who take part of their training in appointments in other countries. For these reasons it is unrealistic to expect a ratio of trainees to consultants much higher than one to four. This ratio can hardly satisfy the aspirations of most consultants in the currently accepted pattern of hospital staffing.

In these circumstances the only sensible approach is to consider hospital staffing and higher medical training as separate though interrelated problems. It is to be hoped that there will be effective consultation between