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CORRESPONDENCE

Correspondents are asked to be brief

Staffing the Hospitals

SIR,—During the past few months a number of changes in the affairs of hospital junior medical staff have been proposed or are being effected which make it difficult for many of us who work in district hospitals to see how we will be able to continue to provide comprehensive care of reasonable standard for our patients. The junior staff themselves are asking for an ever-shortening week; the Department of Health has announced that in eight months from now all junior staff must have two nights and weekends off out of three; and the royal colleges are trying to impose rigid training schemes. The cynic must believe that the fourth change—the transfer of registrars of which you write (17 November, p. 369)—is merely a propaganda exercise designed to divert attention from the other three.

The leaders of the junior staff seem to be moving towards a 40-hour shift system with overtime. They will inevitably be able to earn as much as they do now only by working overtime. Like many other politicians they must believe that money and trained men grow on trees. The administration reaction will be time-clocks and work schedules —followed no doubt by overtime bans and and work-to-rule. One doesn't have to be ancient to believe that their approach is a terrible degradation of professional life. However will they cope with the consultant's responsibilities?

The two-out-of-three-nights-off rule seems to have so flabbergasted people that they cannot think what is to be done. Some have written to their regional boards, asking for a 50% increase in junior posts, but even if these posts were established where would the suitably trained doctors come from? In a few weeks' time we shall be appointing the next trainee in our G.P. rotational training scheme. In the past this has been somebody immediately after registration. Now we can foresee that next July he will have to take the same responsibilities in emergency work as our medical registrar. This must imply a reduction of standards.

Furthermore, the colleges seem to have decided that the very great majority of registrar posts in district hospitals will not be classified as suitable for higher specialist training—in other words they will be in the general professional training part of a man's career. As soon as he obtains his higher qualification he will want to leave, which means that a district hospital may never expect to have a man with his F.R.C.S. or M.R.C.P. in the registrar grade.

This is particularly worrying for the general surgeons, who must depend on some trained junior staff to do a share of the routine work. Furthermore, the amount of training in routine surgical techniques that can be given in a busy district hospital to a man in his two years after obtaining the Fellowship cannot be equalled in a teaching hospital. You suggest, Sir, that the gaps will have to be filled by consultants taking on more emergency work. This is unrealistic. A great deal of time is now spent by the majority of consultants in committees away from their hospitals. It would be impossible for them to play an effective part in, for instance, the hospital resuscitation team.

Perhaps the worst thing about all these changes is that they are leading young doctors to believe that the routine work that most of us do most of the time is a chore—something for "just a pair of hands," a work *load*. A young man spends as short a time as possible doing this, which he despises as he does it, and is then off to the giddy heights of specialist training in an esoteric hospital where he sees very specialized medicine. This is turning the clock back with a vengeance. What we should be doing is to encourage young doctors to enjoy the clinical work which most of us enjoy ourselves; to enjoy the continuing responsibility for the firm's patients which the old-fashioned team of houseman, registrar, and consultant have (surely a modern manager's dream team with its clear delegation of responsibility downwards and accountability upwards); and to look upon training as chiefly made up of guided practice in the art of medicine.—We are, etc.,

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SIR,—I write as for years at this hospital we have heard the Department of Health and Social Security advocate the argument in your leading article (17 November, p. 369) on the transfer of registrars that "more and more of the routine work in district hospitals will need to be done by part-time medical assistants—married women doctors and general practitioners."

In Tower Hamlets these proposals simply do not work. The majority of our general practitioners leave their surgeries at night and sleep far away in better districts. Only a few would consider undertaking extra duties at inconvenient hours; even when this was suggested, opposition was raised by their colleagues. We cannot get married women to come here. It is not a district in which they choose to live and bring up their families. They will not undertake long and expensive journeys when they can get the same remuneration at some hospital near their home.

I am sure in other areas the situation is different. For us, however, this proposal so often put forward by the D.H.S.S. is useless. Apart from this I was in agreement with most of your views.—I am, etc.,

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