Royal college demands 2000 more NHS consultant physicians

Richard Woodman, *London*

Consultant physicians are being urged to make "firm and, if necessary, vociferous" requests to secure the extra 2000 posts that their college estimates are needed to provide safe and effective care throughout England, Wales, and Northern Ireland.

A college report says that there should be one consultant per 80 000 population in all major medical specialties except geriatrics, where the pressures are such that there should be one consultant per 50 000 patients. The report estimates that the average current shortfall in the major specialties is between a quarter and a third.

This shortfall was first highlighted in a 1998 college report. What is new about the latest publication is that it sets out detailed descriptions of consultants' duties and of the staff

and facilities needed to carry them out. The aim is to make it much easier for consultants in all specialties to tell hospital managers what they need.

John Ward, college vice president and main author, defended the call on physicians to exert pressure to improve conditions, saying that the current workload in acute medicine was "horrendous." "Where we are going to get the extra staff from, God only knows, but if we don't point out the need we will never get them," he told the *BMJ*.

The report warns that "the point has now been reached where consultants are unable to provide for their patients the quality services that they would wish in either acute or specialty medicine. Resilience and dedication are being replaced by anger and frustra-

tion, which interferes with the ability to provide excellent services."

The report strongly recommends that the acute, on call rota should be no more than one in five, that no consultant should work singlehandedly in the major specialties, that clinics which fall immediately after a period of acute, on call medicine should be cancelled or adapted,

and that acute medical teams should not have to handle more than 20 patients in a 24 hour period and should not be responsible for more than 25 inpatients. □

Consultant Physicians Working for Patients is available from Royal College of Physicians, 11 St Andrew's Place, London NW1 4LE, price £15.

Ratio of consultants to population according to specialty 1993-7, England, Wales, and Northern Ireland

UK GPs will produce blueprint for the future

Linda Beecham, *BMJ*

General practitioners in the United Kingdom, other health-care workers, patients, policy-makers, and politicians will be asked to contribute ideas over the next few months to a consultation document on the strengths of general practice, the threats, and the solutions for the next decade.

Announcing this at the conference of local medical committees last week, John Chisholm, chairman of the General Practitioners Committee, said that it was time for GPs to define their own agenda for the future: "We need to take stock of what being a GP should mean in the next millennium, what we need from government, and what we expect of ourselves."

The document will be sent to all GPs early in 2000 and as part of the process there will be a national General Practitioners Committee conference in

March. The feedback will lead to the profession's white paper, which will also go to all GPs. The decisions that will form the future negotiating agenda will be taken at the local medical committees conference in 2000 to be held in Manchester. These decisions, Dr Chisholm said, would need to protect the fundamental characteristics of general practice and its pivotal role, and "ensure a service of which we and our patients can be proud."

The frustration of GPs was highlighted in many of the debates. The conference deplored the haste with which recent reforms, such as primary care groups and trusts, have been implemented without adequate information, proper piloting, or provision for ongoing evaluation.

"It is time the government recognised that there has been underresourcing at every stage—too little money for preparation, too little for continuing costs, too little money for organisational development, and too little for investment in the information systems that are essential for strategic planning and clinical governance," Dr Chisholm told the meeting.

GPs want the government to clarify what importance it places on their future role, as many believe the introduction of NHS Direct and walk in centres threaten their gatekeeper role and will divert scarce resources "from the urgent and serious to the relatively trivial."

There was strong support from a motion that called for the concept of the family doctor to be fiercely defended. Peter Skolar, who practises in north London, said, "I face becoming a primary care consultant working out of a Russian-style polyclinic where I have no registered patients and where there will be no continuity of care."

GPs are worried about the dilution of professional influence when primary care groups in England and local health groups in Wales become primary care trusts.

The conference voted overwhelmingly for a secret ballot of GPs in the area before the primary care trust was agreed. The proposal must come from the relevant primary care group or local health group and there must be consultation with the local medical committee. (See p 61) □

Task force for junior doctors' hours in Wales

Roger Dobson, *Abergavenny*

The Welsh assembly is to employ full time a junior doctor to investigate working conditions in the principality.

The BMA has been asked to find a suitable candidate for the job, starting on 1 August, and the assembly will fund what will initially be a six month appointment.

The assembly's health secretary, Jane Hutt, who met senior members of the BMA earlier this month, has also given assurances that Wales is working towards reducing working hours for juniors.

The BMA's Welsh secretary, Bob Broughton, said that the junior doctor would be employed full time as part of a task force that will tour hospitals in Wales collecting information on hours worked by junior doctors, the intensity of workloads, and working conditions.

"It will be something of a fact finding tour," he said. □