LETTER FROM WESTMINSTER

Treadmill of medical manpower

PHILIP JOHNSTON

Doctors and ministers seem jointly condemned to the treadmill of medical manpower. The House of Commons Social Services Select Committee is once again sharply critical of the government's performance on manpower. In particular it is unhappy about the failure to bring about "a radical change in the ratio of consultants to junior doctors" despite a ministerial commitment four years ago to do so.

In a report last year the committee had said: "We cannot but deplore the plain fact that little has happened to change that ratio," and the members demanded an explanation of the apparent failure of the policy. The government, however, seems to be as mystified as the committee. In 1982 the DHSS specifically proposed changes in the ratio of consultants to training posts and even drew up specific national and regional targets.

The idea was to allay concern that too much patient care was given by doctors who were inadequately trained or supervised for the tasks they were given to do. As was acknowledged at the time a major reform was being proposed, whereby the proportion of consultants would be expanded and "in most hospitals and most specialties" junior posts would be reduced.

Since 1982, however, only last year saw a marginal improvement in the ratio "for reasons that are not fully clear," according to the government's response to the select committee's report. For the most part the imbalance has actually worsened. Two reasons were suggested by the committee: firstly, the government had not made any additional funding available for consultant expansion, making health authorities reluctant to give priority to reforming the staffing structure; and, secondly, there had been resistance by some consultants.

The government, predictably, rejects the funding argument, claiming that NHS resources have been growing in real terms and extra cash, though not specifically allocated for consultant expansion, has been available should health authorities judge it necessary.

The Department also records certain misgivings on the part of the National Association of Health Authorities, which had reservations about "the desirability or practicability of (reducing the imbalance of junior to senior posts) simply by increasing the number of consultants."

So, if it seems not to be the fault of government underfunding (as if anything ever is) what about consultants' resistance? The government accepts that in many districts additional consultant posts, even without extra junior support, would be welcomed by existing consultants. But apparently where health authorities have attempted to combine additional consultant appointments with a loss of junior posts such changes are resisted.

The DHSS states: "It is far from evident that—given any rate of increase in resources which could conceivably be made available—the needs of patients for a continuous, safe, 24 hour cover can be reconciled with the present agreements on the career structure without significant changes in the nature of consultant work, which many consultants would strongly resist."

That seems to be quite a serious quandary and one that took a select committee reappraisal of its original recommendations to uncover. Would this have been appreciated had it not been for the diligence of the committee in inquiring into the success, or failure in this case, of the policy?

The DHSS continues: "The problem is particularly severe for acute specialties like general medicine and general surgery which have traditionally relied on junior grades for much of their out of hours cover." But the Department cautions against lightly dismissing some of the consultants' arguments: there is a fear that skills may be lost if their caseloads are reduced as a result of an expansion in their numbers.

There is, the Department declares in a rare moment of eloquence, an "impasse." An agreement has been achieved on the need for change in hospital medical staffing both in the interests of patient care and of doctors. But at local level many people remain unpersuaded. "Such resistance cannot be simply disregarded or written off as ill informed. On the contrary, the opinion of those most directly concerned with patient care must be taken seriously."

All this, of course, is leading inexorably to the last refuge of the civil servant when he bumps into an impasse: an inquiry. In this instance a fresh examination of hospital medical staffing and of the reasons for the lack of progress is already under way. And the government has conceded that there may need to be a rethink of the existing career structure by reconsidering the nature and responsibility of the grades. Four years ago this was rejected as "unnecessary and undesirable," but if an answer cannot be found by altering the relative numbers in the present grades such a reform will be back on the agenda.

The Minister for Health, Mr Barney Hayhoe, is now meeting with representatives of the Joint Consultants Committee to examine the problems. There have been sufficient inquiries into manpower to fill the pigeonholes of Whitehall and Tavistock Square, and it needs a superoptimist to believe that this new initiative will lead to a solution. Even so, the government is taking an optimistic line. "We are confident that a successful outcome would result in an improved service to patients and a more certain future for doctors wishing to make a career in the hospital service. The government remains committed to the principle that a greater proportion of patient care should be given by fully trained doctors—and indeed that all doctors should be adequately trained for the work they are given to do."

Americans after our hospitals, says Labour spokesman

The Americans have been taking over our helicopter companies; they have their beady eyes on our only national car manufacturer. Now they are after our hospitals. So warns Labour's health spokesman, Frank Dobson, who is not a man to shrink from overdramatising an issue, especially if it is private medicine.

As yet, there have not been any Cabinet resignations as a result of the transatlantic raid on our hospitals nor has anyone, so far as I know, tried to put together a European consortium to see them off. But it is not anti-American paranoia that fuels Mr Dobson's ire. He is worried that "parasitical" US commercial hospital companies "have come over here to make easy money exploiting the problems of the NHS."

Mr Dobson cites the proposal of Charter Medical to use land at the Bethlem Hospital to build a fee paying psychiatric hospital. It may be good for the company but not for the patients, he warned in a recent speech at the Maudsley Hospital. "It breaches the principles of the NHS that the best hospital services should be available to all and that money should not be a passport to better or quicker treatment," he said.