LETTER FROM WESTMINSTER

Resistance to changing the career structure

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Ministers have not "gone cold" over the need to improve the consultant to junior doctor ratio, Mr Kenneth Clarke, the Health Minister, told the Commons Social Services Select Committee. He admitted that the target set after the committee's report on medical education of a one to one ratio by 1988 was not going to be kept. But it had nothing at all to do with ministers. They were anxious to continue the increase in the number of consultants and to change the ratio. The blame, it seemed, lay elsewhere. There was, to start with, a tendency for health authorities to fill junior posts when they became vacant instead of creating more consultant jobs.

Mrs Renée Short, Labour MP for Wolverhampton North East, chairman of the all party committee, asked why he did not harry the consultants as he did the health authorities over the issue of privatisation. Mr Clarke was, after all, quite good at putting on pressure. He modestly agreed that he tried his best. So what was he going to do?

"I am anxious to see that the regions and the districts produce short term programmes for service priorities and we then match medical employment to those service needs," he replied. "Career imbalance is important, but it is a secondary condition to the needs of the service." He said that in making a medical assessment the regions had to draw up service priorities and on the basis of those decide which consultant posts they should seek approval for. It was against that background that they had to seek to get the ratios right.

Sir David Price, Conservative MP for Eastleigh, said that the committee had got the impression in the evidence that it had received that the government had gone cold and was unwilling to direct regional authorities to correct the imbalance.

"We have not gone cold on the aim," Mr Clarke replied. "The reason it has not reached the temperature you wish is a considerable coolness on the part of the profession."

So what about the evidence from the royal colleges? Mr Clarke politely suggested that if the consultants, who had given evidence, wished to see the changes they had proposed they should persuade their colleagues to follow them. "I do not want to sound as if I am placing blame, but that is where the problem arises," he added. "I find the royal colleges, with whom I am in total agreement, are strongest in support for consultant expansion, but tend to believe the reduction in junior posts is a difficult problem which might be deferred for the time being." Then he stated the obvious. Ministers tend to see distinguished leaders of the profession, not those at the workface. It was from those consultants who had to face up to changing their working practices that the determined resistance to change came.

"The resistance is local, because we do have a situation where the government agrees, the select committee agrees, the royal colleges agree, and the juniors agree," he said. "But on the ground, when it comes to making the changes which should follow, it proceeds in some places with the ease of extracting teeth from a non-anaesthetised animal."

The idea of a subconsultant grade was floated—it is one that the select committee had previously rejected and one that Mr Clarke described as unattractive. But he did not totally brush aside a suggestion by Mrs Short that there might be some sort of three year junior consultant appointment to help make progress. If there was

total consent to the need for change, if consultants gave up their entourages and agreed to do round the clock work, then the idea of such a grade went out of the window.

But the profession had to be brought face to face with the fact that the change would mean a quite different way of life for a lot of consultants, and the idea of career grades would remain an open question so long as it was impossible to get it to face up to change. Sir David pointed out that as a barrister Mr Clarke was well aware that in his profession a Silk had learnt to cope without a junior, and was told that there, too, there had been a battle against vested interests. "I know of no equivalent to the medical profession," Mr Clarke added. "Those most vehement in saying we must have more consultants to juniors must accept there has to be a change in their work."

Later, talking about progress in medical education, he said that the days when general practitioners were looked on as failed consultants were over. The very best young people were going for training as a general practitioner because it was far more attractive than being a junior hospital doctor. On medical school intake, he said that no decision had been made to change the present target but an eye would have to be kept on the figures because the United Kingdom was almost unique among Western countries in having a surplus of medical manpower. He had no plans to close any of the London medical schools, and thought the amalgamation was proceeding quite well. On the decision to place controls on overseas doctors, he warned that it would be a disaster if all that happened over some of the posts at present occupied by time served registrars, many of whom were overseas doctors, was that as they were vacated British doctors were put into what were dead end posts.

Mr Clarke was sceptical about the effect that the University Grants Committee's cuts imposed by the government have had on research, saying that it did not seem to have been severe and that the universities had managed to find some success in attracting other forms of funding, which was the best way for them to react.

Funding improved screening

The major flaw in the announcement by Mr Clarke of the new measures to improve screening, particularly of older women, for cervical cancer was that he gave no indication of where the funds to meet the cost of the computerised recall system were to come from. Some £4m is needed. Mr Alf Dubs, Labour MP for Battersea South, described the announcement as "nothing more than a public relations exercise" and claimed that without resources there would continue to be 1000 preventable deaths a year.

That brought the Prime Minister's ire down on him. Mrs Thatcher said he was talking nonsense. Over one third of family practitioner committees were already using computers for their screening programmes, or had plans to do so. The £4m cost came out of some £3000m allocated to the National Health Service. But there is no doubt that the pressure on ministers to identify just where that £4m will come from is growing.

In his evidence to the Social Services Committee, Mr Clarke did nail one rumour that Mrs Short seized the opportunity to ask him about, namely, delays in treating women with cervical cancer. He said that it was a new point to him, and that while there were NHS waiting lists for non-emergency cases he could not believe that cervical cancer would be treated as such.