LETTER FROM WESTMINSTER

Slow progress on Short report on medical education

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As a matter of routine the Social Services Committee likes to return to have a second look at what has happened to its major reports. Its next inquiry is into what has been done by the profession to implement the recommendations of its 1981 report on medical education. Mrs Renée Short, who chairs the committee, one of the more successful of the departmental committees, told me that from what she has heard on her travels there has not been all that much progress made in appointing consultants to the specialties that need strengthening. "I am not at all certain that the postgraduate deans have taken on board our recommendation about the kind of advice they should give students and young doctors, and we will be having a look at that," she added. "There are still shortages in the unpopular specialties and we intend to ask the medical schools to submit evidence to us. We will also visit one."

The committee will take evidence from the royal colleges, the BMA, and Mr Kenneth Clarke, the Health Minister. Mrs Short said that her committee particularly wanted to know how things looked from the royal colleges' point of view since they were concerned with postgraduate medical training. She hoped her committee could get the report completed fairly quickly. "I think it is very timely that we should look at the matter again," she said. "I do not think the progress has been what he had hoped and the cuts in resources the government has introduced for the health services must have some bearing on this. We will want to know how long posts have been vacant, how long they have been advertised, and whether unpopular specialties of 1981 remain unpopular."

Executed in haste and still a shambles

I suspect that horror stories about the limited list will be told whenever doctors meet for many years to come, and there is absolutely no doubt that the scheme was conceived in financial panic, was executed in haste, and is still a shambles. One of the more obscure committees at Westminster is the joint Lords and Commons one which examines statutory instruments. It has little power, except to check that legislative regulations are properly drawn up, and cannot stop faulty ones from going through. When it came to look at the regulations containing the blacklist it made the discovery that the list in the English regulations is larger than the one in the Scottish regulations and extracted from shamefaced DHSS officials who had come to give evidence that there had indeed been an interdepartmental failure of communications. The point is that the officials regarded the English list as the master list—but if that is the case doctors in Scotland would be able to prescribe drugs on the NHS which their colleagues in England cannot.

So why not change the Scottish list to bring it into line? Well, that will happen. But regulations like this are law from the time that they are tabled—parliament does not have to approve them, it has to "not reject them." The form in which they will appear is the form in which they were seen by the committee and debated earlier this week by both Lords and Commons. The only thing the Scottish Health Minister, Mr John MacKay, can do is table amendments to bring the Scottish regulations into line with the English ones—that

is provided amendments have not to be made to the English list, which the officials conceded was not necessarily perfect either. So the law from 1 April will be faulty, and the Scottish list of banned drugs, unless it can be rewritten to put the drugs on it into order, will be extremely confusing because previous attempts to get it right meant that there are actually three lists of banned drugs set out on the Scottish regulations. And that is only a minor horror story unearthed by an obscure committee concerned with very technical procedural matters. What else awaits?

The unwillingness of some general practitioners to have anything to do with drug addicts was one of the points made to the Social Services Select Committee, which is inquiring into drug abuse, by Mr John Patten, the junior Health Minister, who is in charge of the government's attack on the problem. He said there remained a "reasonable" number of general practitioners who did not wish to handle drug addicts because they regarded addiction as a self inflicted wound. It was not an attitude he agreed with, and he believed that it was part of their duty to treat addicts because general practitioners were "first in the firing line."

Asked by Sir David Price, conservative MP for Eastleigh, how the government was getting general practitioners to follow the "admirable guidelines" it had issued, because he was getting the impression that there had been a pretty low response, Mr Patten admitted there were problems. General practitioners were, after all, independent contractors. In the guidelines, sent out last October, the government had made it clear that it regarded it as one of the duties of general practitioners to provide a service for drug abusers or those at risk, but there were several who did what they possibly could to avoid doing so. There were other general practitioners, and he cited one in his own constituency of Oxford West and Abingdon, however, who had persuaded an NHS nurse in her 20s who had just started on heroin to stop, who acted otherwise. He repeated his belief that the general practitioner was very much in the front line, like the addict's family.

Mr Patten said what was needed was more education for general practitioners and this had to be done through the royal colleges. The government relied on them to tackle the problem, and he considered time talking to them was time well spent. The government could not, and did not, seek to control postgraduate training of doctors, and heaven protect any minister who tried to trample in that area.

Asked about the £2m advertising campaign, which has not received a wholly unqualified welcome in all quarters, Mr Patten said that the intention was it should be a preventive campaign and ministers were aware of the dangers of glamorising heroin.

He refused to agree with Mrs Renée Short, Labour MP for Wolverhampton North East, that his team of officials at the Department of Health and Social Security handling the drug problem was rather small to deal with "an epidemic spreading like a forest fire among the young." On the size of the team, he said it was hard working but not necessarily hard pressed and there was no evidence that it was not able to deliver the policy advice, formulate the schemes, or process the claims and requests for extra funding. As for Mrs Short's language, he admitted that it might simply be a matter of semantics—he is a former Oxford don—but he thought "epidemic" was not quite the right word. He also said that it was his intention to publish a sort of Domesday Book survey showing the extent of drug misuse once the returns asked for from the 114 district health authorities had been received by the DHSS within the next couple of months.