LETTER FROM WESTMINSTER

Playing the manpower numbers game

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The House of Commons was playing the medical manpower numbers game again last week. But little seemed to have changed since the last game. One thing emerged from the latest evidence given by the BMA to the Social Services Select Committee, which is reviewing progress on the proposals in its 1981 report on medical education, quite apart from whatever obstacles the profession has erected—the lack of resources to pay for change has been a major factor in precious little happening. Asked to say in a word what they would like to see occur, Dr John Marks, chairman of the BMA council, told Mrs Renée Short, chairman of the all party committee and Labour MP for Wolverhampton North East, that they would like to increase the consultant establishment and reduce the number of patients on general practitioners' lists.

Mr Michael Meadowcroft, Liberal MP for Leeds West, used the opportunity to ask Dr Marks for the BMA's view on the announcement last week by Mr Norman Fowler, Social Services Secretary, of new curbs on the entry of overseas doctors to the United Kingdom. From 1 April they will have to comply with the relevant immigration provisions that apply to other groups (p 1087).

Dr Marks said that the BMA had a clear policy on the matter. Those doctors already here who had contributed to the National Health Service must be treated the same way as doctors from our own community. Those not here must be told in advance that they could come for the period of their training and at the end would have to take their skills back to the country from which they had come. While here they would be really trained and not used, as at the moment, as a pair of hands.

Dr Michael Wilson, chairman of the General Medical Services Committee, said the decision was going to make a significant difference. A large number of overseas doctors had made their careers in this country in general practice and had we not had their contribution the average list size would have reverted to that of 20 years ago. If Britain was not going to have that contribution in future it would make an impact. One of the things that had bedevilled medical manpower planning for years had been that it was not known how many overseas doctors intended seeking a career here and how many intended to go home after their training, he said. It would be possible now to plan for, and select, an appropriate number going through the various specialties.

Mr Fowler's announcement received a fairly general welcome from MPs, and Mrs Short asked him why he had not yet published his long awaited green paper on general practice. Surely, she argued, that would have some bearing on the number of doctors employed and possibly on the number of medical students we would need in the future. Mr Fowler replied that the green paper would be published in the summer—something the government had always made clear. Mr Frank Dobson, Labour's health spokesman, rather spoiled things by asking for a guarantee that once the immigration rules had been changed there would not be any raids on hospitals by police and immigration officers to check whether overseas doctors had the necessary passports to allow them to stay in the country.

He was told that the question was unworthy of him, or perhaps entirely worthy of him. But Mr Fowler's outrage sounded distinctly

phoney, given the way the DHSS behaves with social security snoopers. Nobody objected to the main point he made, which was that the government was preparing for a time when the United Kingdom was essentially self sufficient in doctors. "Without action at this stage there is a risk of oversupply," he added. "The work permit system will give us flexibility to control supply while at the same time allowing health authorities, if there are difficulties or shortages, to apply for work permits for doctors in those areas."

Consultants not taking fair share of load?

One of the failures so far as the select committee is concerned has been the slow progress in altering the balance between the numbers of consultants and junior doctors. Mrs Short placed Dr Robert Hangartner, chairman of the BMA's Hospital Junior Staff Committee, on the spot by asking if what he was telling the committee was that consultants were not taking their fair share of the load.

"I am not trying to say that," he told her. Dr Hangartner also argued that doctors were now being more realistic about the career opportunities open to them and opting for what had previously been unpopular specialties or going into general practice. He reinforced the committee's view that a special subconsultant grade designed to cater for women who might opt out of their careers for a time to have a family was a dreadful idea. "I think the profession has grasped the idea if there were more consultant expansion that it would be possible to put the career structure right," he said. But in the end it boiled down to money.

In its written evidence the BMA, while conceding that the HJSC thought otherwise, stood by its view that there was a place for a hospital practitioner grade mark II. It also expressed concern at the impact of the Griffiths management reforms, notably on regional medical officers, whose role, it argued, was being downgraded. This could adversely affect plans for consultant expansion. And it claimed that the level of resources allocated to the NHS was inadequate to encourage consultant expansion or to meet patients' needs, as was shown by the steadily increasing waiting times for outpatient appointments. On the expansion in the numbers of consultants and general practitioners, the BMA said that little had happened over the past three years despite the government's general acceptance of the need for change. "In 1983 the number of consultants increased by 354, only 2.3%; however, the number of doctors in the training grades also increased by 364, or 1.4%," it said. "The following year there were an additional 343 consultants in post, which, at 2.2%, showed a slightly lower rate of increase, but the number of juniors had decreased by only 152."

The Central Committee for Hospital Medical Services rejected the Social Services Committee's view that there should be a consultant provided service based on a reversal of the consultant: junior ratio on the grounds that this would lead to the development of "shift work" medicine, which would not be in the best interests of patients. It said in evidence that it had repeatedly and forcefully brought to the attention of the DHSS the importance attached by the profession to an increase in numbers and had asked for central funding to be earmarked for this purpose. The DHSS, however, had not been prepared to agree to this. The CCHMS pointed out that the present system whereby new consultant posts must be funded from existing district allocations actively discouraged growth.