Letter from Westminster

RMOs speak their mind on manpower

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The complaint of the harassed and the overworked is usually that there are too many chiefs and not enough Indians. In the case of the NHS, overworked as its hospital doctors may be, it seems as if it is the other way round: there are too many Indians and not enough chiefs. At least, that is the burden of some of the evidence given to the Commons Social Services Select Committee, chaired by Mrs Renée Short, Labour MP for Wolverhampton North East, which is currently in the thick of preparing a report on medical education. Last week the all-party committee had before it four regional medical officers, and it was one of them, Professor J A Scott of Trent, who drew attention to the lack of chiefs—that is, consultants. The reason he gave was simple—intransigence on the part of the consultants. Chiefs, it seems, like to have a lot of Indians at their beck and call.

"We see the principal difficulty to changing the balance as one of intransigence," he said. "Consultants historically have been accustomed to being assisted by a team of juniors who would do their will at all times of the day and night, and it is very difficult indeed to win them away from the expectation." In their written submission the RMOs said that in their view the quality and effectiveness of the NHS would be enhanced if there were more consultant posts.

The present ratio is apparently of the order of three trainees to two consultants. The RMOs said that there had been serious attempts over the last decade to improve the distribution of doctors across the country and the prospects for trainees in the more popular specialties. These, however, had not been entirely successful and a more radical review was now necessary. They had floated three possible solutions before opting for the third—more consultant posts and fewer trainees. The other two were the introduction of a subconsultant grade and lengthening the professional training of junior doctors. The RMOs, however, made it clear that both these were non-starters. Subconsultant grades had proved unpopular with the profession, while in comparison with other countries the time spent in training posts in the UK was probably already too long.

Professor Scott said that they did not believe the cost of what they proposed would be too great, and that the employment of more consultants should add substantially to the cost effectiveness of the service given. "Our immediate objective would be to see an increase in consultants at the expense of some of the more junior grades," he added. "There could be some offsetting saving. It could not be one for one, because if you are going to increase the number of consultants you have to increase the number in the senior registrar grade immediately prior to consultancy. We believe a consultant-based service would be more economical. With greater participation in the management of the Service we would hope and believe there could be a reduction in the demand for diagnostic services, in the prescription of unnecessarily prolonged drug therapy, in the length of stay in hospitals, and in less frequent outpatient follow-up."

Asked by Mrs Short whether there should be two grades of consultant, Dr W McKee, Wessex RMO, said that a junior grade might be useful in the process of implementing change, because staff co-operation was essential and the way to get that might be to start from the retirement end. If tackled in that way it might be possible to gain the co-operation of young doctors by explaining that the job they were going to do would be somewhat different from the expectations they might have had of a consultancy a few years ago. Dr A J Lane, RMO of the North Western RHA, told the committee that they would like to see more family doctors practising in primary care. General practitioners already made a substantial contribution to the work of hospitals as clinical assistants and as hospital practitioners, and their contribution should be encouraged.

Cavalier treatment of committee's reports

Health Ministers have treated the committee's reports somewhat cavalierly, to say the least. Indeed, Mr Patrick Jenkin's curt reaction to its latest report, on the Government's proposals for an employers' statutory sick pay scheme (p 500), is downright insulting. He could be said, as we say in Scotland, to have given the committee its head in its hands to play with. He said it was difficult to know what weight to give the report since the committee had decided not to hear evidence from either DHSS ministers or officials. Before Christmas Mr Jenkin was almost as scathing about the committee's report on perinatal and neonatal mortality.

Clearly there is no love lost. I'm not saying that is a bad thing, since the task of the new departmental select committees is to cast a fairly jaundiced eye over what Whitehall is getting up to. But when their reports provide ammunition that ministers can use against them, it is another matter. That being so, Mrs Short and her colleagues might cling to the advice from the RMOs about the function of the GP because any extension of this will undoubtedly find favour with Dr Gerard Vaughan, the Health Minister. He is keenly interested and has already received the views of the Royal College of General Practitioners on what might be done. He has passed these on to Dr John Ball, chairman of the General Medical Services Committee. The outcome, it seems, is that he has agreed to have regular meetings with the BMA to discuss ways to tap the potential of GPs.

Debates in the Lords are a mine of interesting, if not always useful, information. But given that cosmetic medicine has been causing some concern lately there might be some value in passing on the following cautionary tale told by Lord Digby in a debate opposing new regulations to control pollution. Warning of the dangers of mercury wastes, he said, "I can speak with some feeling on the subject, as an ancestor of mine, who was a founder of the Royal Society and so should have known better, was determined to maintain the beauty of his wife. He invented a face cream for her. Unfortunately it contained mercury and killed her. Even the fact that Van Dyck was at hand to paint her on her death bed did not console the distraught husband."