Letter from Westminster

Mrs Short tackles the numbers game

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A major question facing the Commons Social Services Committee in its inquiry into medical education is how to change the balance between the number of consultants (currently too few) and the number of junior staff (too many). The committee is all too painfully aware that nobody likes to have his retinue cut and equally that someone who has lived in the expectation of acquiring one in due course does not like being deprived of his hopes. In a bid to get some answers—the committee is coming towards the end of its inquiries—it tackled a trio of senior figures the other day—Sir Douglas Black, president of the Royal College of Physicians, Sir George Godber, former chief medical officer at the DHSS, and Sir John Brotherston, president of the Faculty of Community Medicine. Something committee members would love to know when they do come up with some solutions is who in the medical profession they will carry with them supposing the report plumps for two grades of consultant.

Mr William Rees-Davies, Conservative MP for Thanet West, was assured by Sir Douglas that the Joint Consultants Committee at least was firmly behind the proposal that there should be more consultants, but he got no backing for a two-grade scheme. Sir George did not think it a useful answer to the shortage problem, and Sir John said that if there was to be a two-rank system it was “absolutely essential” everyone went through both ranks. “You would have to start life in the junior rank, otherwise you would create different levels of prestige, which would be very damaging,” he added, warning about the dangers of leapfrogging. He thought the profession was afflicted with schizophrenia on the subject of consultant numbers. It agreed to there being more consultants in theory but changed its mind when it saw what happened to the consultant’s work load when he had fewer juniors.

Mr Rees-Davies reminded Sir Douglas that 10 years ago he had written about the lamentable record of the NHS in getting a sufficient number of consultants. What did he think today? Sir Douglas said that his impression was that professional resistance to change, which was what he had been writing about, had substantially waned. Realism was necessary, he added. It was not realistic that there should be the same ratio of junior staff to senior staff. He thought that in general the willingness of present senior registrars to accept that as consultants they would have fewer junior staff was understandable and realistic. He also thought that some consultants might, when they reached 60, feel like cutting down on their commitments, though not wishing to retire. With smaller commitments they might be willing to forgo some junior staff, he suggested.

Sir George was less sanguine. He told Mrs Renée Short, Labour MP for Wolverhampton North East, the chairman, who had lamented that it was “a very difficult nut to crack,” that he thought the position today was worse than 10 years ago. There had to be a change of heart in the profession so that it would accept that a larger number of consultants should work supported by a smaller number of juniors. On the age at which doctors should become consultants, Sir George came out in favour of 33 on the grounds that some took longer in training than others through changing from one specialty to another. Sir John plumped for 32.

The committee will have something to say about the quality of career advice available to young doctors, and Mrs Short, who clearly thought she would like to be told a formal system should be set up, lamented the failure to guide young people into considering the choices. “They all want to be surgeons, including the girls,” she sighed. Sir Douglas refused to back the idea of a formal mechanism. He warned that there was a great temptation to say, “Here is a problem. Let’s solve it by designating someone as a career adviser.” He would have thought this was better recognised as the responsibility of postgraduate deans, though he had a leaning towards the old informal system, whereby someone took you on as a trainee, found your work satisfactory, and took seriously the responsibility to give advice on what to do next.

Another theme that has emerged is the need for greater flexibility so that people can move from one area to another during training and not specialise too soon. Mrs Short suggested that the present congestion encouraged early specialisation and thought that the royal colleges might ensure that more general experience was acquired first. Sir Douglas said it was college policy that the first three years after registration should be spent on general professional training in a meaningful way. He agreed with Mrs Sheila Faith, Conservative MP for Belper, that it would be desirable for all young doctors in training to spend some time in psychiatric hospitals and in geriatric medicine. There were, however, practical difficulties as they had only the three years.

In all that there is quite clearly the shape of things to come. The committee cannot have much longer to go before it settles down to collating the evidence and writing its report. But first it still has to hear the views of the BMA.

Complaints on clinical matters

The complaints procedures for handling matters relating to clinical judgment drawn up last year by the Joint Consultants Committee working party (22 November 1980, p 1438) has been accepted by ministers. They regard it as a step forward, though it does not go as far as they would have liked. They accept, however, that the procedure, which has been endorsed by the Conference of Medical Royal Colleges and Faculties and the Central Committee for Hospital Medical Services, is as much as they are likely to get from the profession. It has been agreed by the profession that it should be tried out in the NHS. The onus, therefore, is on doctors to make it work because the pressure to extend the remit of the Ombudsman to cover clinical judgment will not go away of its own accord. Mr Patrick Jenkin, Social Services Secretary, is now considering the working of the guidance he will issue to accompany the new clinical judgment procedure and will take the opportunity to issue advice on how to deal with complaints generally. Mr Anthony Buck, Conservative MP for Colchester, who chairs the Select Committee on the Ombudsman, said the new procedure was a step in the right direction. It was his committee that had called for the Ombudsman’s powers to be extended in a report issued in 1977. “The issue has been hanging fire now for some time,” he told me, “and I am glad to see there is now going to be some progress . . . we don’t want to see the kind of litigation that occurs in America happening here.”