Letter from Westminster

Women doctors are a hit on manpower

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The Social Services Committee's study of medical manpower and education grinds on. After the BMA's appearance—on which I reported last week (p 1004)—it was the turn of the Medical Women's Federation and the Hospital Consultants and Specialists Association. The HCSA's evidence was to the point: their representatives would have nothing to do with any proposal to increase the length of training as a way of tackling the problem. It was "unacceptable," they said. As for increasing the number of consultant posts, it would be costly, cause a complete change in the nature of the consultant's work, and tend to lower standards by eliminating competition.

Their views made a fascinating contrast with those of the Medical Women's Federation who preceded them. The women were all for increasing consultant numbers and were remarkably optimistic about the possibilities for acceptance of change by consultants. Dr Susan Roberts, a consultant physician at Preston Hospital, argued that there was a misunderstanding among many consultants. The change in the number of juniors would mean not that they would be doing all their previous work plus that of the registrar but a different job looking after a smaller number of patients.

"I think pilot schemes have to be set up," she said. "The results have to be published. The very real worries consultants have must be exposed and discussed to show that, when it comes down to it, it is not as terrible as all that." She argued that doctors did change their minds, but they did so by seeing that colleagues had found a good idea, looking at the evidence, and considering it. When the evidence was shown to them that something worked, she believed they would think about accepting change. "The pilot scheme must be in the acute services," she said. "You don't want to pick out an easy operation. It must be a difficult one. The imbalance is greatest in the acute services."

Asked if all this would not cost more, Miss Romola Dunsmore, a consultant ear, nose, and throat surgeon at Doncaster Infirmary, admitted that it would, and that there was no getting away from it. "I think senior consultants do seriously, and without reason, fear change," she added.

Mrs Renée Short, Labour MP for Wolverhampton North East, chairman of the committee, pointed out that a fair measure of agreement would be needed if there was to be a pilot scheme, and asked whether the witnesses were not altogether pessimistic. Miss Dunsmore said they were not and must not be pessimistic. "It is not fair to many doctors coming up or to patients that we should not make a determined effort to have this," she added. Mrs Short, clearly attracted by the idea and equally clearly delighted with her witnesses—their written evidence was "the best we have had presented to us," she declared—wanted to know how long they thought a pilot scheme would have to be tried to get reasonable results. Dr Anne Grüneberg, part-time consultant in anaesthetics at Mount Vernon and Harefield hospitals, said she would make a guesstimate of a year. Mr Nicholas Winterton, Conservative MP for Macclesfield, just about as bowled over by their evidence as Mrs Short, asked what they thought the reaction of the royal colleges would be. Would they support an innovation of this kind? Dr Grüneberg said she

could in no way speak for them, but the idea was not new and when first put forward by the DHSS it had not been turned down.

Mr Winterton wanted them to be rather more specific. Miss Dunsmore said that they saw no reason why there should be significant opposition. That, however, was still not good enough. Dr Roberts tried. "Our problem is we don't speak for the colleges," she said. "But it is very difficult to see why they would oppose it. They are there to maintain standards and are interested in changes in training. I cannot see any obvious reasons." Dr Hilary Pickles, who among lots of other things is an honorary lecturer at the London School of Pharmacy, had other ideas. "I feel they would naturally be very suspicious, because they are made that way," she said. "But it would be very difficult for them to work against it."

More consultants, fewer registrars

The MWF, which represents about 3000 women doctors, proposed that the present imbalance between doctors in training and those in career posts should be adjusted by reducing the number of registrars and increasing the number of consultants, arguing that the consequent change in the nature of consultant work would be, in the main, beneficial to patient care and was to be welcomed. When they told Mrs Short there were some 23 000 women doctors in the United Kingdom she suggested that they had better do some recruiting—and it was not meant sarcastically.

The evidence of the HCSA, however, went quite the other way. Among the proposals that have not found favour with earlier witnesses, when floated by the members of the committee, has been that of some sort of two-tier system of consultants. It was pretty well just such a scheme that the HCSA came forward with, however, in what they claimed was "a radical new approach" to the problem.

A new, properly defined grade of senior hospital doctor—the specialist—should be created, the HCSA declared. His pay would be between that of an experienced GP and that of a consultant, and the length of time spent in training, while open to discussion, would have to be seen to be long enough for specialist expertise to be acquired so that the post would command prestige and respect. The association envisaged that many of the doctors filling such specialist posts would spend only part of their time in specialty practice in hospitals, and that probably the majority of them would spend part of their time in general practice. Others might spend part of their time in industrial, administrative, or community medicine, while some might spend all their time in hospital practice. The HCSA's representatives believed that such a post would be professionally satisfying, and would be attractive to the new breed of GP who had undergone a vocational training scheme with two years in hospital posts, during which time he may have developed a special interest.

The select committee has heard a wealth of evidence, much of it conflicting. Renée Short and her colleagues will soon have a judgment to make of Solomon-like complexity. Will they succeed where governments and the profession have largely failed?