doctors can never support or take action of this kind. Why not say so?

CLIFFORD PARSONS

Sutton Coldfield, W Midlands

SIR,—Could the “well-intended conspiracy of silence” referred to in your leading article (10 February, p 364) just possibly mean that surgeons, at any rate, do not really believe, in spite of loud lip service to the contrary, that a modicum of delay makes all that much difference to the results of what is called urgent (as distinct from emergency) surgery?

JAMES ANGELL

Ashford Hospital,
Ashford, Middlesex

Nursing at a crossroads

SIR,—I would like to comment on the letter from Mr I G Schraibman (13 January, p 121) regarding nursing. It is certainly true that there are insufficient nurses to cope with the demands made on the nursing service, but I do not think that solutions to this worsening situation are as straightforward as Mr Schraibman suggests.

First of all, it is not the case that the age for entry into nursing is shortly to be reduced to 17½. This was suggested in the report of the Briggs Committee on Nursing, but the legislation setting up the new central council proposed by Briggs is not yet passed; nor is it certain that the central council when established would reduce the age of entry. Nursing is a highly stressful occupation, particularly during the first year, when there is the highest proportion of withdrawals from training. To allow young people to enter at 17 is likely to cause more problems than it solves. More support would be needed for them, but it is doubtful if it would be there. In any case, it is not the recruitment of students and pupils which is the greatest difficulty in general nursing: it is the recruitment and retention of trained staff. Staffing busy acute wards with increased numbers of younger untrained people will not benefit patients, doctors, or nurses.

Mr Schraibman's second suggestion is to alter the shifts worked by nurses. Nurse managers are well aware of the advantages of a three-shift system such as he suggests. But it is no longer the case that groups of staff can be ordered to change their working hours without their agreement. Whether or not we regret this is not the point; the reality is that nursing staff may not be willing to start the day shift at 7.00 am and finish the late shift at 10.00 pm. The majority of trained nursing staff are female, non-resident, and married. They will find an earlier start and a later end to the day extremely difficult to combine with their domestic commitments. It may be possible that some rearrangement of shifts may be achieved, but this will only result from careful negotiation. Medical staff should not delude themselves into thinking that it can be achieved by them saying that it must be so. Instead, medical and nursing staff should be working together to look for ways in which the demand for nurses can be adjusted so that the gap between demand and supply is lessened, since the supply shows no signs of rapidly increasing. A recent recruitment campaign in

this area has shown that there is not a pool of nurses waiting to be recruited.

H K E BROWNING

Northamptonshire School of Nursing,
Northampton

SIR,—Your correspondents Alison Hadley and Miss E L Thompson (27 January, p 272), who replied to my letter (13 January, p 121) concerning nursing training, have confused rather than illumined the issue. I could understand Ms Hadley's disagreement with me in particular about the age at which nursing should be commenced, but I think her reasons are wrong. Her motive is not immediately obvious but what I think she is saying is that because she entered nursing at the age of 20 and has by inference become a “mature, capable, and responsible” nurse, then everybody must follow a similar course. I think that she should speak for herself because I can assure her that, in most peripheral hospital areas, if a girl does not have a settled occupation by the time she leaves school, she may well have a family by the age of 20 and be lost for ever to the labour pool. Ms Hadley has no need to lecture me on the qualities of the ideal nurse; we all know this but many nurses do not have the ideal personality and no amount of hectoring them will make any difference. I take her point, however, that the cerebral ossification evident among some members of the nursing hierarchy is a decisive influence in creating a poor atmosphere for learning and, still worse, a fearsome reputation for certain hospitals which may restrict recruitment.

Miss Thompson may be quite justified in her detailed criticism of my suggestion about restructuring nursing shifts. She does not commit herself, however, on the question of wasteful overlap between 1 and 5 pm and offers no solution to this rapidly advancing problem of implementing the 37½-hour week with an already depleted nursing staff very often under severe pressure.

While these correspondents are beating about the bush, the problem remains and will grow like Alice to dwarf our present troubles.

I G SCHRAIBMAN

Department of Surgery,
Birch Hill Hospital, Rochdale

SIR,—I have read with interest and not a little irritation the letter from Dr H A Talpur (3 February, p 348), in which he comments on the letter by Dr I G Schraibman (13 January, p 121). I write as a nurse tutor who by the nature of her work is intimately concerned with the educational requirements for training as a nurse.

Dr Talpur is somewhat misguided and, I would venture to suggest, arrogant in his opinions. Not only is the acquisition of 5-6 O levels regarded as a fairly low educational standard and one which many hospitals have required for a long time, but the statement which he makes in relation to this is typical of the blinkered and retrograde attitudes of many members of the medical profession today.

It is, I concede, difficult to equate a certain level of academic ability with suitability for nursing training, but Dr Talpur should remember that he and his colleagues demand that nurses are competent to care for patients intelligently and confer on them very heavy responsibilities in doing this. Moreover, a high level of such ability is required if an individual is to progress during her career to

posts in teaching and management; and despite the opinions of our medical brethren some people have to undertake these roles. In fact, many doctors would do well to learn a little about management from the nurses.

If the members of the medical profession wish to work with colleagues who are unsafe, inarticulate, and incapable of making decisions, I can assure them that such people are applying for nursing training. I think, however, that I can speak for most tutors when I say that we seek to maintain high standards of nursing care and to this end will continue to select candidates who have at least average academic ability.

PAMELA M JEFFERIES

London SE1

PPP plan for BMA members

SIR,—In response to Professor J Dobbing's letter (10 February, p 416), I would like to clarify PPP's policy regarding outpatient benefits under the new PPP plan for BMA members. With immediate effect, the outpatient benefits of the new plan will be made available to existing BMA subscribers.

The BMA/PPP design team for the new plan increased the outpatient provision of £25 to £80. As a valuable additional feature, any operation performed on a day-care basis is dealt with under the inpatient provisions of the plan, as is any radiotherapy or chemotherapy treatment. The new BMA/PPP plan was launched in December 1978 and will be progressively introduced to subscribers as they renew throughout 1979.

We have already received many inquiries about the new plan and I urge all BMA members to examine it carefully when they receive details. We believe that this immediate improvement of outpatient benefit will assist both Professor Dobbing and any other BMA subscribers who find themselves inadequately covered under the previous BMA scheme. I thank Professor Dobbing for bringing this matter to our attention.

JOHN GELLING

Private Patients Plan,
Tunbridge Wells, Kent

Revised career structure: first priority

SIR,—Mr D Innes Williams (13 January, p 144) has quite rightly drawn attention to the great problems facing the hospital staffing structure as at present constituted. This problem will become very much worse if and when the supply of trainees born overseas should cease. His solution appears to be to increase the number of consultants and nobody would disagree that this is necessary—such an increase was advocated years ago by the Platt Review Committee. However, it will not resolve the essential problem, which arises because the average time of a consultant in post is about 32 years whereas that of a senior registrar is four and a registrar two. It therefore follows that, although there is probably in many branches a ratio of eight consultant posts to each senior registrar post, thereby keeping the correct balance, it is with the registrars that the problems arise. There should be twice as many senior registrars as registrar posts to absorb all the trainees, and this is manifestly not the case.

Before the Appointed Day, most of the hospitals in the smaller towns were staffed