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

almost entirely by general practitioners, and it was only the chance availability of the eight-year pool of demobilised young doctors who had been conscripted from 1939 onwards which enabled the new NHS hospital staffing structure to be established on a pyramidal basis. Although there are now schemes to make use of the skills of many highly trained general practitioners in hospitals, these will have to be intensified despite the many problems. At present the greatest difficulty appears to be the differences in pay structure between the hospital and practitioner services. I have met many practitioners who would welcome an active role in their local hospital, providing a stimulus not only to them but to the consultants who work with them. It is to be hoped that the hospital skills which the trainee GP now acquires in the many excellent training schemes can be utilised when he or she goes into practice.

Mr Williams points out that senior registrar numbers are adjusted to the numbers of potential consultant vacancies; but in the smaller branches of medicine which expanded rapidly after 1948 there is now an undue proportion of consultants approaching retirement. Before reorganisation it was relatively easy to adjust the numbers of senior registrars to allow for variations in potential consultant vacancies. This was done by discussion between a principal medical officer of the DHSS, the consultant adviser, and a senior representative of the branch of medicine concerned. Any increase in establishment was financed from central funds until the next annual budget. Now one is faced with the Central Medical Manpower Committee and the delays inherent in such structures. If, after a lapse of time, an increase in senior registrar establishment is granted to a suitable training department, this can be implemented only if money is available locally to finance the post. This nowadays is very unlikely, so that the whole costly and time-consuming exercise results only in frustration. In the meantime the many keen young men required to fill the coming consultant vacancies cannot find training posts. Time for them is running out, many consultant posts will not be filled, and with the present plethora of uninformed committees it appears to be quite impossible to alter the situation.

H R VICKERS

Committee for Postgraduate Training,
British Association of Dermatologists,
London W1

Fee for service or capitation fee?

SIR,—I believe that Dr A G Dawrant (27 January, p 273) has read more into my article (28 October, p 1241) than was intended. I did not advocate the continuation of the capitation system, but believe that in the present UK politicoeconomic climate GPs are fighting to maintain their status quo. We are more likely to have a salaried service thrust upon us than receive "item-for-service" payments.

I found Canada to be a delightful but highly regulated country with well-policed regulations and laws permeating throughout the whole of society, including health care. Since submitting my article, I have received some information about the Association of Concerned Physicians in Ontario, whose level of influence and representation is not known to me. The association campaigns against the alleged arbitrary methods used by the Medical

Review Committee (MRC). It objects to the fact that the secretary of the MRC is also an official of the Ontario College of Physicians and Surgeons and a special constable in the Ontario Provincial Police Department. Thus it claims that a doctor under investigation does not know whether he is invited to a friendly discussion of his problems, a formal MRC inquiry, or a police investigation. The association claims that any doctor found not to be in breach of the regulations cannot reclaim any expenses he has incurred in the investigation, and has difficulty retrieving his medical and business records. I believe that the introduction of a fee for service at the present time would result in another level of bureaucracy without any increase in remuneration.

Dr Dawrant is forgetting that the structure and historical background of the two health services are entirely different. In Ontario 7.1% of the gross national product is spent on health care, excluding dental and optical services and most drug supplies. The NHS attempts to cover all aspects of health care using only 5.6% of the GNP. This difference is further emphasised by the fact that Ontario has less than 8% of its population over 65 years old, whereas in the UK the elderly population accounts for over 14.5%. One-half of the NHS beds are occupied by patients over 65 years. Thus I believe that the NHS gives better value for the money actually spent than the Canadian's system. The problem in the NHS is that not enough money is spent on health care, and economies have been achieved by underpaying the work force, poor facilities, and waiting lists with resultant patient dissatisfaction. There will be no improvement in the NHS until the British people are prepared to vote for more of their tax money to be spent on the NHS.

K C HARVEY

Medical Centre,
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New consultant contract and women senior registrars

SIR,—The paper by Drs Berenice Beaumont and Anne Grüneberg on women senior registrars' working pattern and their views on the new contract (3 February, p 359) omitted any figures for Wessex.

Although the Wessex RHA officials were unable to circulate the questionnaire they kindly gave me a list of senior registrars in the region. I have, I hope, contacted all women senior registrars in post at 30 September 1978 with the same questionnaire. The results will complete the national picture and are as follows:

There were 19 women senior registrars, of whom two now hold full-time consultant posts. The mean age was 36.8 years; 16 (84%) were married, of whom 14 had two or more children. Ten of the 14 with children were aged at least 27 at the birth of their first child. Of the 12 women working eight sessions or more, nine were full time. All except two were geographically tied. Eleven of the 19 (58%) were seeking full-time consultant posts, although a further three would accept an 8-clinical-session contract if there were no alternative choice. Five felt that they could not contemplate such a commitment while their children were still young. No matter what their personal preference the majority expressed the view that part-time consultant contracts should continue to be a normal part of health service hospital staffing, which would increase as the number of female graduates rose.

The specialties which these senior registrars covered were pathology, including haematology and virology (7), radiology and radiotherapy (4), psychiatry (3), medicine (2), obstetrics and gynaecology (1), paediatrics (1), and anaesthetics (1).

The results are very similar to those obtained nationally and confirm that women will wish to complete higher training for a career in hospital medicine whether married or not. There is evidence to suggest that they delay having their families and thus approach consultant appointment at a time when children are still young. Although many will seek full-time posts there will be a wastage or misuse of trained talent if provision for less than 8-clinical-session contracts is not made possible in all specialties. These findings bear out predictions of previous studies of part-time senior registrars.¹

NUALA STERLING

Faculty of Medicine,
University of Southampton

¹ *Lancet*, 1976, 1, 1280.

SIR,—The article by Drs Berenice Beaumont and Anne Grüneberg (3 February, p 359) has drawn attention to a very important matter, which will not be resolved simply by re-drafting contract requirements. If it is true that half our women senior registrars expect consultant appointments of less than eight sessions, new jobs are going to have to be created specifically for them. These jobs will be unsuitable for the other senior registrars and, unless created in addition to existing posts, they are likely to be most unpopular with senior registrars who need to work full time to support themselves and their dependents. Not all senior registrars become consultants. Perhaps those looking for full-time jobs as a source of income should have priority?

The article notably begs the question of how so many part-time consultants will actually function. How will continuity of patient care be maintained? Will part-time consultants operate a common waiting list, admitting off the top of the list irrespective of the consultant who saw the patient? Will two or three consultants share the same desk, office, and secretary? How many ward rounds can junior staff attend a week and still have time to clerk their patients?

These logistical questions will have to be faced and settled before any change actually occurs and it is disingenuous of the authors to imply otherwise. It would be interesting to hear from units who have experienced such arrangements. Pie-in-the-sky paper exercises will serve only to increase disgruntlement without bringing the essential solutions any nearer.

D L McLELLAN

Wessex Neurological Centre,
Southampton General Hospital,
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Safety in clinical laboratories

SIR,—Clive Jenkins's reported statement that nothing has been done in the past three years to improve safety standards in NHS laboratories is clearly an exaggeration. But perhaps it is more useful to consider whether *sufficient* has been done—that is, whether safety standards are now satisfactory. It seems unlikely that many people would say that they are, although as Dr Heather M Dick points out (3 February, p 346) the reported incidence of hepatitis has fallen.