sample bears a relation to "real probability" in a real world.

DENYS JENNINGS

Budleigh Salterton,
Devon

* * * We sent a copy of this letter to Dr Beaumont, whose reply is printed below.—ED, *BMJ*.

SIR,—The usable response rate of 75 % in this survey compares favourably with results from other surveys using the *Medical Register* or *Medical Directory* as a sampling frame. As stated in my report (21 January, p 191), doctors qualified in the UK were more likely to respond than those elsewhere, as were doctors who qualified before 1960. As with any published results, it is up to the reader to form his or her own opinion whether valid conclusions can be drawn in the light of stated sampling bias and statistically significant findings.

For reasons of space, a detailed analysis of reasons for non-response was not included in the survey report, but is given here:

Questionnaires returned marked "gone away" ..	171
Questionnaires returned blank (refusal) ..	28
Questionnaires not returned ..	611

Ten per cent of those in the third group were telephoned, and reasons for non-response were:

Moved from registered address ..	40%
Questionnaire not received ..	5%
Refusal to take part ..	15%
Intending to reply ..	40%

It seems reasonable to suggest that 56 % of all non-respondents did not reply because the questionnaire did not reach them, mainly because of the inaccuracy of addresses in the *Medical Register*. A more extensive analysis of the usefulness of the *Medical Register* in tracing women doctors will be available in a further report.

BERENICE BEAUMONT

Kensington and Chelsea and
Westminster AHA(T),
London W2

Redundant doctors

SIR,—The problem of keeping a correct balance between training and career within the hospitals branch of the NHS has, as you state in your leading article (21 January, p 131), bedevilled the service since 1948.

The particular issue of the time-expired senior registrar was discussed at length between the Joint Consultants Committee and the then Ministry of Health in the late 1950s at a time when the senior registrar establishment was first firmly related to the expectation of consultant vacancies and indeed for some years thereafter. Circumstances have vastly changed over the years, but it is worth reminding present negotiators that it was largely the reiterated insistence of the then hospital junior staff representatives on the Central Committee for Hospital Medical Services that no senior registrar should be permitted to occupy a post in this training grade for longer than four years that led to the Ministry advising the then boards of governors and regional hospital boards that such appointments should be terminated after the completion of four years in a post.

For such time-expired senior registrars emigration presented few problems and was attractive, and movement within the Service was so slow, that more junior doctors objected

effectively against the blocking of a more senior training post. The CCHMS was also influenced by its awareness of certain instances of senior registrars being retained in order to secure succession to an impending retirement consultant vacancy.

Clearly no time-expired senior registrar should be dismissed without the offer of appropriate alternative employment, but if hospital junior staff succeed in their present demand for retention in post indefinitely of the "time-expired" doctor will they not re-introduce the very evils that their predecessors successfully defeated?

H H LANGSTON

Past Chairman, CCHMS

Milford-on-Sea, Hants

General practitioner paediatrician

SIR,—In a speech at Bristol on 27 January the Secretary of State for Social Services announced the probable stillbirth of the Court concept of the general practitioner paediatrician (GPP). The reason for his decision, believe it or not, is mainly the opposition of the General Medical Services Committee and Royal College of General Practitioners. What deep fears could have brought these two bodies, one concerned with finance and the other with academic standards, to negate such an exciting possibility?

As one who might have aspired to the role of GPP may I record how I carry out my role and then challenge others to find the dangers? First and foremost I am a common or garden GP with an average list and an average number of children to look after in a six-man group practice. For the past 25 years I have taken a special interest in the development of child health care within the practice. So what do I do?

(1) Give time, energy, and thought to the planning and execution of the child health services in the practice in consultation with my partners and the health visitors.

(2) Organise in association with the health visitors the immunisation programme.

(3) Organise in association with the health visitors the developmental surveillance programme, ensuring 100 % examination.

(4) Attempt to keep up to date with the growing points of paediatrics (having a paediatric registrar son is a help!).

(5) Discuss with my partners, health visitors, and nurses at our weekly lunchtime seminars ways in which the child care of the practice might be improved. For instance, by trying to ensure that all children have a hearing test after an episode of otitis media in an effort to reduce the undiagnosed secondary deafness.

I have been trying to fulfil this role for years, and if it is in line, as I believe, with the Court recommendations for a GPP, where lies the threat to the future of general practice or, more importantly, to the health of the children for whom we care?

GORDON STARTE

Guildford, Surrey

New consultant contract

SIR,—May I write once again to express my own deep-seated fears concerning the proposed new contract? Two things are, at least to me, quite obvious.

Firstly, the honest desire of the majority of consultants is a substantial, well-deserved increase in salary. It has been made very

obvious that no large measure of increase in salary will be obtained by this manoeuvre. It is my own belief that even if a modest increase be obtained this will in effect be allowed to dwindle away over the next few years by the natural process of inflation. It does not appear to be the policy of any government to increase the salaries of the medical profession to a level which the majority of us would regard as satisfactory.

Secondly, with the increased definition of how little work consultants must do will inevitably come the definition of how much they must do. I am gullible enough to believe that present ministers should tell us that no system of checking in and checking out is intended, but I am cynical enough to see that the present guarantees cannot be enforced on future governments (look what was promised concerning private medicine).

The present type of contract is, in my belief, a blueprint to ensure the degradation of the medical profession. The consultant staff of hospitals will soon have to make a choice concerning the new contract. I would hope that even the silent majority will consider carefully the implications of this choice. Since I suspect that large numbers of consultants may well desire to keep the old "open-ended" contract I feel it would be only right if the exact implications of this decision be made clear. Will it still be possible to change from part- to full-time work while retaining the present type of contract? Also by what system are old contracts to be priced in future reviews? Is there any guarantee that the salaries obtained under the old contract will not be allowed to lag behind in order to ensure that the whole profession rapidly has to take on the new contract?

D FROGGATT

Bradford, Yorks

* * * The Secretary writes: "Under the new contract the definition of a notional half-day is unchanged and there is sufficient flexibility in this to prevent the operation of any clocking in and out system. Regarding the last paragraph of Mr Froggatt's letter, the detailed implementation of the 'option' to remain on the existing contract has still to be discussed with the Department, but it is anticipated that the opportunity to change from maximum part-time to whole-time and vice versa on the existing contract will remain. The question of pricing is one for the Review Body, but there will certainly be a need for both the old and new contracts to be priced at each review."—ED, *BMJ*.

SIR,—I despair when I read the letters in your correspondence columns on this topic, with whole-timers and part-timers sniping at each other and comments such as that of Dr J J Misiewicz (28 January, p 241) that "the conditions of work under the present contract, although not ideal, are quite good." The fact is that the present contract is far from being good. Mr Julian Neeley (28 January, p 240) writes that with his part-time contract he works 13 NHS sessions and is paid for nine. With my whole-time contract I work 13 sessions (excluding on-call work and domiciliary visits) and get paid for 11. The inference is that we both have very bad contracts, that neither contract pays for work not done, and that the conscientious part-timer is even more discriminated against than the conscientious whole-timer.