one half of the consultant body to the other. Only those who work regular routine sessions above this (when—Saturday afternoons and Sundays?) just might have to forgo some private work.

There are myths being perpetuated here: firstly that "whole-time commitment" is a new and outrageous concept, whereas it has been the norm for over 20 years, and secondly that the present whole-timers are desperately anxious to become involved in private practice and are only prevented from doing so by the irksome restrictions of their contracts. Despite all the brave words about "freedom" a very important one is about to be destroyed: the freedom to devote one's professional energies to the NHS—now and I trust in the future the mainstream of British medicine—without having to accept second-class financial status.

It is to say the least unfortunate that contract proposals so blatantly weighted in favour of the acute, particularly surgical, specialties arise from a working party predominantly representing those specialties (seven out of 10 are surgeons or anaesthetists). While in no way impugning the integrity of the individuals, how can they be expected to have full understanding of the needs of large and totally unrepresented specialties such as psychiatry, geriatrics, radiology, and indeed general medicine and all its subdivisions?

In a matter as important as this justice must both be done and be seen to be done. I hate to appear to be attacking a section of my colleagues. In reality I believe the position to be that the other section has been put in great danger, and that unless successfully defended its future, and in the long term that of profession and patients, is bleak.

P W FISHER

Horton General Hospital,
Banbury, Oxon

Redundant doctors

SIR,—As proposer of the motion relating to security of tenure carried by the Hospital Junior Staffs Committee on 5 January (21 January, p 188) and mentioned in your leading article (p 131) and by Mr H H Langston (18 February, p 445) I feel that I should write to explain my views about the senior registrar grade.

The system of specialist training has as its prime responsibility the provision of adequate numbers of doctors able to perform competently as consultants. Many feel that this must mean a competitive pyramid leading to consultant status, with many entering at the bottom and only the select few emerging as consultants at the top. Within this system "wastage" is inevitable and desirable in all training grades, however devastating for the individual.

I believe that competitive selection and "wastage" should be restricted to the lowest possible grade. Above this level—for example, junior registrar—"wastage" should occur only through the doctor failing to complete training satisfactorily. Most consultants could give a fairly accurate assessment of a senior house officer's potential after a six-month job and would certainly be able to do so for a registrar after two years. Given the commitment and sacrifices made by young doctors and their families in pursuing specialist training, it is only humane that those who will not "make the grade" should be apprised of this at the earliest possible stage. If continued competition at the

level of the trained senior registrar is essential to ensure adequate consultant standards, then the maintenance of those standards demands regular review of the competence of consultants in post. As review of any kind, even peer review, has been vigorously opposed, I need say no more. I feel particularly strongly that no one should emerge at the top of the training pyramid and be prevented from obtaining a consultant post merely because the system produces more trained senior registrars than consultant vacancies.

A parallel exists with the training of medical students. With good selection of entrants to medical schools and rigorous weeding-out in early examinations the fall-out rate in the later years of training should be minimal. That this is so reflects the realism produced by the fact that a failed medical student costs the State money. No such realism need apply to the junior doctor in training; he subsidises the NHS whatever his eventual fate.

Mr Langston touches on the difficulties facing the failed senior registrar. In days gone by emigration "presented few problems and was attractive"; this is no longer so. Lateral moves to general practice are more difficult since the introduction of vocational training for general practitioners, and, even if effected, the failed specialist will find himself a second-class general practitioner—for example, he will be unable to be a GP trainer.

These problems have been exacerbated by the increased medical school output, which itself is likely to lead to medical unemployment and is certain to increase the number of British-trained juniors, thus increasing competition for would-be specialists. A more immediate matter leading to overproduction of senior registrars is that the tightly controlled pool of NHS senior registrars is expanded by a large number of academic posts carrying honorary senior registrar status over which there is not the same numerical control.

Your leading article rightly states that the problem is essentially one of staffing structure and that this urgently needs review. My plea for security of tenure for senior registrars who have satisfactorily completed training and applied for a reasonable proportion of consultant posts is to ensure that this group of doctors does not bear the brunt of the failings of the present system.

T MCFARLANE
Chairman,
NW Regional HJSC

Manchester

Wasted women doctors

SIR,—The Personal Paper from Dr Peter Richards (14 January, p 95) highlights the difficulties encountered when attempting to create an HM(69)6 post at senior registrar level. The complex structure of the Health Service duplicates or triplicates the effort required at every stage of the process. The number of HM(69)6 posts at senior registrar level is currently small and the numerical balance between senior registrar and consultant, which concerns the Central Manpower Committee, is unlikely to be disturbed by speedy processing of requests.

The North-west Thames Regional Health Authority has eradicated one part of this problem by setting aside "pump-priming funds" to encourage and facilitate the creation of such posts in all categories. There remain all the other hurdles relating to manpower and

educational approval and the consultant has still to guide his request through the morass of hospital, district, and area committees, but at least knows that, if he is successful, his efforts will not be blocked by financial constraints.

Regional funding of these posts is to be recommended as a very useful step in the right direction.

GORDON FORDYCE
Chairman,
NW Thames Regional
Manpower Committee

British Postgraduate Medical
Federation,
London WC1

SIR,—I refer to Bobbie Jacobson's letter (11 February, p 371). Perhaps you would be good enough to publish the views of a doctor's wife.

To provide the child care facility she suggests raises two points: (1) who will pay? and (2) where in the hospital will children be placed? The NHS budget is already overstretched and it would inevitably lead to higher taxes to pay for this service or a cutback in other areas, both of which are highly undesirable. So far as providing the space is concerned, are more beds going to be phased out or a research department going to be made redundant to make way for a nursery?

I see no reason why this facility should be provided—after all, nobody is press-ganged into becoming a doctor. Furthermore, many men and women in the business field are faced with the same problem and have been managing for years without any fuss or assistance. Miss or Mrs Jacobson's campaign would appear to me to put the welfare of the doctors over and above that of their children and patients. Is this the attitude she seeks to foster?

With reference to her comment about "the inevitable feeling of guilt over 'abandoning' their children at home" is concerned, I do not consider that my little boy is abandoned either by myself or my husband—his cheerful disposition proves that.

No, ma'am, I don't agree with your campaign—hospitals are for the sick and matrimonial homes are for the children.

JANICE LUBY

Harrow-on-the-Hill, Middx

Is the GP really necessary?

SIR,—Liverpool is not alone in its difficulties in providing primary health care (leading article, 11 February, p 314), and I would strongly suggest that the Department of Health and Social Security devise some practical policy as a matter of urgency. Would it be heresy to suggest that general practitioners are not necessary for the provision of primary health care in the first instance? Their place could be very satisfactorily taken by suitably trained paramedical staff with the ability to carry out routine medical diagnosis and initial treatment with drugs chosen from a prescribed list. Different categories of paramedical staff would be required and several could be trained for approximately the same amount as it costs to train one basic-model doctor (£30 000) or vocationally trained doctor (£40 000).

These paramedical staff could then provide a truly primary health care service in "time and space" by regular home visiting on a set

timetable. At present the service provided is largely an emergency one, based on the GP. The new service should be a preventive one based on the patient. In this scheme one GP would be attached to a group of paramedical staff for referral of patients presenting with special problems. In this way the MRCGP would be made to mean something, as the GP would then be a truly specialist general medical practitioner.

IAN F M SAINT-YVES

Menstrie, Clackmannanshire

Productivity bonuses

SIR,—In a recent speech Mr Healey drew attention to the fact that industrial productivity and wages were both lower in this country in comparison with our overseas competitors.

Consultant salaries in the United Kingdom show an even greater disparity in comparison with those in other western countries, but here the similarity ends. When one visits x-ray departments overseas it becomes apparent that the productivity of the British radiologist, as judged by staffing ratios and the individual work load performed, is considerably higher than that of his much better paid overseas colleagues.

I venture to suggest that there is therefore ample justification for the Review Body to award a substantial productivity bonus in their forthcoming report without having to break the Government's pay guidelines.

GEORGE ANSELL

Liverpool

The Safety Net and preregistration posts

SIR,—In June 1977 the Preregistration House Officer Working Group, which was established by the Department of Health and Social Security to advise on how to ensure sufficient posts for the growing output of doctors, accepted that there would be enough posts to meet the demand in the summer of that year. As the margin was expected to be small the Council for Postgraduate Medical Education in England and Wales was asked to supplement the steps taken by medical schools to help new graduates in finding posts.

The council established the Safety Net, which came into operation towards the end of July 1977, to augment but not to replace existing local arrangements. It collected information from employing authorities about unallocated posts and distributed this to regional postgraduate deans or to those nominated by the deans as being concerned with placing graduates. Although sufficient posts were found in August, four doctors elected to delay starting because they could not find posts where they wanted them.

The working group now accepts that sufficient posts will be available in 1978 and in subsequent years if the target set for each region is met. The problems for students in locating posts may nevertheless be greater in the next few years than they were in 1977 and the Chief Medical Officer, on the advice of the working group, has invited the council to continue to run the Safety Net and to consider how it can be improved.

The council has accepted this invitation and will run an improved Safety Net during 1978. Already lists of unallocated posts reported to

the Safety Net are being circulated to postgraduate deans or their nominees; students seeking posts should therefore apply to their own medical school or postgraduate dean rather than to the Safety Net.

The Safety Net is there to help students to find preregistration posts after all local arrangements have been exhausted and it is important that these local arrangements should be completed by about the end of April so as to allow sufficient time for the Safety Net to operate.

JOHN RICHARDSON

Chairman,
Council for Postgraduate Medical
Education in England and Wales

7 Marylebone Road,
London NW1

SIR,—My Department and I are aware of the growing fear among medical students of a shortage of preregistration posts this summer and in future years. I believe these fears to be ill-founded and write to allay anxieties in this important matter. May I set out the current position?

In May 1976 the Department organised a conference at Church House, Westminster, to consider how to handle the growing output from our medical schools; the outcome was the setting up of a working group to advise the Secretary of State what should be done. This group, whose members are drawn from medical schools and health authorities, met four times over a period of 18 months. During the same period the Department has been collecting detailed figures on precisely how many posts will be required to meet output from the medical schools, taking into account the increasing number of graduates and changes in the length of the undergraduate course at certain medical schools.

The working group advised that each region should be set an annual target for the number of posts it should make available and that these targets should include a 5% surplus to provide some measure of choice for graduates and consultants alike. The Secretary of State accepted this advice, and during November 1977 the Department wrote to all regional health authorities setting targets for each year up to 1982. I am glad to say that all have accepted the need for high priority in reaching these targets, and most have already identified new posts and allocated the funds for them—so many, in fact, that I am confident that there are already sufficient posts for this year's graduates. The majority of these posts will be linked with particular medical schools, and therefore most graduates will be able to find posts through their own school.

Despite this achievement a few graduates will not be able to find preregistration posts near their own medical school; because of the uneven geographical distribution of medical schools it will be necessary—as it always has been—for them to move to other regions. The working group discussed what needs to be done about this, and the Council for Postgraduate Medical Education in England and Wales has undertaken to provide a "safety net" for graduates who fail to obtain posts through local arrangements. Employing authorities will notify unallocated posts to the council, who will in turn pass the information to those in touch with unplaced graduates. I would stress again that there will be sufficient preregistration posts in Great Britain for all the doctors who require them.

I am aware also of concern that the creation

of some of the new preregistration posts, by regrading existing senior house officer posts, will in turn lead to a shortage of the latter. I do not believe this is a serious risk for the following reasons. The number of additional preregistration posts required over the next 10 years in Great Britain is less than 600. Even if all of these were obtained by regrading SHO posts (which is very unlikely) it would still leave well over 8000 SHO posts available; this is more than enough to provide posts at this level for all doctors who require them as part of their training, whether for hospital medicine, general practice, or some other field of medicine.

I hope that this letter will reassure medical students and others concerned that the supply of preregistration posts in future years will meet their needs.

HENRY YELLOWLEES
Chief Medical Officer

Department of Health and
Social Security,
London SE1

National Health Service planning

SIR,—In connection with health services development the establishment in December 1977 of a joint National Health Service/Department of Health and Social Security standing group on NHS planning has been reported in a recent health notice (NH(77)185) (21 January, p 194).

Though the group has been formed to identify problems calling for new and revised guidance on planning matters, a decision has already been taken about revised guidance in health circular HC(77)19 before the results of initial guidance, requested in health service circular HSC(1S)126, have been evaluated and indeed before a review of existing health services has been completed.

It is, in my opinion, wrong to seek professional advice after pre-empting decisions on some important matters to which the advice may apply. Such examples of the Minister's so-called discretion make a mockery of the consultation process. Such action is a waste of the taxpayers' money, a waste of the participants' time, and most important of all it is prejudicial to the interest of patients which the NHS purports to serve. The planning process may go from an unwarranted assumption (*Priorities for Health*¹) to a foregone conclusion (HN(77)19), but it will not do so with endorsement under the guise of consultation. The NHS has suffered too long from political interference. If there is to be political constraint it must be seen to be so. The purpose of this letter is to make it clear that such constraint does not have the support of all members of the standing group on NHS planning.

JOHN S S STEWART

Royal Albert Edward Infirmary,
Wigan, Greater Manchester

¹ Department of Health and Social Security, *Priorities for Health and Personal Social Services in England*. London, HMSO, 1976.

Correction

Dental caries and between-meal snacks

We regret that owing to a typographical error in the letter from Dr Adrian J Salter and Professor John Yudkin (4 March, p 577) Dr Salter's first name was incorrectly spelt.