are not clearly defined and are left to the discretion of the GMC. I think most of the doctors who came here before the Medical Act 1978 and gained considerable experience from their long stay in the UK deserve rapid transfer or upgrading to full registration as of right. I hope those implementing the new Medical Act will take a sympathetic stand on this in the future. The HJSC would be interested to hear views on this aspect of the new Medical Act.

E KANDIYALI
HJSC Representative,
GMC Working Party

Walsall General Hospital,
Walsall, W Midlands

A British "Doctors' Ten"

SIR,—I was pleased to read of the planned medical runs in Leeds and Edinburgh (20 May, p 1352). A similar event is being held in Birmingham on the afternoon of Saturday 23 September at the University of Birmingham track. The distance involved will be 10 000 metres for men and 5000 metres for women. If the various regional runs are successful then perhaps a national run could be organised in future years. Any doctors in the West Midlands who are interested in participating might like to contact me at the Queen Elizabeth Hospital (021-472 1311, ext 32).

DAVID HEATH

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Remuneration for dental anaesthetics

SIR,—I refer to the item on dental anaesthesia which was published in the *BMJ* of 29 April (p 1154). It is clear that the valuable proposals set out in the report of the working party on training in dental anaesthesia stand little chance of reaching reality until outpatient dental anaesthetics are adequately paid for. It is the policy of the Association of Anaesthetists that dental anaesthetics should be remunerated on the new scales advocated by the Review Body for domiciliary visits.

PETER BASKETT

Assistant Honorary Secretary,
Association of Anaesthetists of
Great Britain and Ireland

London WC1

Termination of senior registrar contracts

SIR,—We write as officers and regional representatives of the Association of Surgeons in Training.

It has come to our attention that the institution of formal senior registrar training programmes with accreditation after a fixed time may be leading to undue pressure being exerted upon those who have completed the prescribed training period. There is evidence from several regions that not only are such senior registrars being encouraged to apply for every consultant vacancy but in some cases are being threatened with dismissal.

We view this situation with disquiet. We feel that accreditation was introduced to provide newly appointed consultants with a certificate of adequate training and hence to preclude the appointment of those not sufficiently prepared. We feel certain that the

various royal colleges which supervise training programmes did not intend that the possession of a certificate of higher professional training should lead to dismissal from a senior registrar post.

We are aware that an increasing number of vacant consultant posts attract no applicants from British trainees. We fear that the Department of Health and Social Security sees the dismissal of those with a certificate of higher training as a means of encouraging senior registrars to apply for posts they would otherwise not be prepared to accept. Higher training accreditation was not designed to solve the manning problems of the NHS and we deplore this subtle introduction of direction of labour into the appointment of consultants.

We wish to draw the attention of the profession to this undesirable implication of the formalisation of higher professional training.

J BLACK

President,
Association of Surgeons
in Training

and 16 other signatories

Queen Elizabeth Hospital,
Birmingham

* * *The Secretary writes: "This is a problem which the Hospital Junior Staffs Committee is actively considering. It would be helpful if details of any individual cases could be sent to us."—ED, *BMJ*.

The other crisis of health care

SIR,—In his letter comparing the French and British systems of financing health care Dr A E Finnigan (6 May, p 1211) errs in referring to "the Australian system of the bills being sent to the Government."

Such a system, the lynch-pin of the Australian Labor [sic] Government's original Medibank scheme, never came to fruition. A significant number of private doctors insisted on direct payment by the patient. With the return of the Liberal Government the Labor plan was abandoned.

Today most Australians belong to private (non-government) health insurance organisations. Only a small minority of bills are sent to the Government, mainly in respect of social security beneficiaries.

PETER C ARNOLD

President,
General Practitioners' Society
in Australia

Parramatta, NSW

Future of British anaesthetics

SIR,—Dr P K Schütte (6 May, p 1227) has mentioned the wastage of staff from anaesthetics. At senior house officer level this is likely to be because the person finds the work too frightening, too boring, or of insufficient interest. At registrar level, however, the cause is probably that, although anaesthetics is interesting, enjoyable, and worthwhile, the individual balks at the prospect of a life spent giving anaesthetics, only anaesthetics, and nothing but anaesthetics. An additional factor may be an unattractive working environment—for example, no windows in the operating theatre (Mr G A D Lavy, 13 May, p 1285). Under the present arrangements, therefore, a shortage of anaesthetists is almost inevitable if Dr Schütte's argument is correct.

Paying anaesthetists a special premium might be one way of overcoming the problem, but it is unlikely to be implemented. The other is part-time posts. It is already accepted that anaesthetics can be combined part-time in varying proportions with intensive care, pain clinics, general practice, and the commitments of a house and family. But why not combined with other specialties—for example, respiratory medicine, clinical physiology, geriatrics, rehabilitation, or community medicine? The possibilities are vast, though a combination of part-time anaesthetics with surgery is probably inadvisable, since it is likely to lead to schizoid sensations.

Dr T Mortimer (13 May, p 1284) has noted a flight from specialist medicine. Widening the prospects for part-time anaesthetic practice may start to reverse this trend and also help the future staffing problems in anaesthesia.

E LL LLOYD

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New Consultant Contract

SIR,—In editing my letter (20 May, p 1353), the final version of which you kindly sent to me for signing, you did rather shorten my praise of Mr Bolt as a negotiator. I said originally that "it must be emphasised that the profession is greatly in the debt of David Bolt and his colleagues on the working party who have negotiated well and worked tirelessly in the interests of consultants." I had also written that "it is greatly to the credit of David Bolt that he gave me permission without restriction to speak against the new contract proposals." I asked for this permission in order that a minority view might be expressed to a wider audience and not only on the Negotiating Subcommittee of the Central Committee for Hospital Medical Services. I would always regard it as an essential obligation of office fully to inform consultants even if this would necessitate preliminary or subsequent resignation. Information in Mr Bolt's letter (27 May, p 1415) additional to that available at the CCHMS on 4 May (13 May, p 1297) is particularly welcome.

The opinion of Mr I G Schraibman (27 May, p 1415) never ceases to interest me. It is perhaps unfortunate, however, that he was not able to attend the last meeting of the North-west Regional Committee for Hospital Medical Services. I trust that he will find it easier to distinguish between the wrapping and content of a package than I have found it to distinguish fact from opinion.

JOHN S S STEWART

Wigan, Lancs

Phased justice?

SIR,—Thank you for your leading article "Phased Justice?" (20 May, p 1305). Regrettably, although one has to agree with the word "phased," to call what is proposed justice is a travesty.

Those of us who have reached the high point of consultant remuneration are, I gather, to be offered a gross increase of 11%. At first sight this would appear to offset the effects of inflation over the next year, but of course one will only be paid a third of it.