list be judged and allow the not necessarily similar views of the various subgroups and specialties to be known.

JOHN LEOPOLD

Histopathology Department,
University Hospital of Wales,
Cardiff

SIR,—It was the declared intention of the BMA that all those of hospital consultant and senior registrar status should be circulated with a ballot form on the proposed new hospital consultant contract. Within this department only three members were circulated with a voting paper and none of us, although eligible, received such a form. Some of us have subsequently, after repeated requests, been sent forms with the comment that if returned they will not be included in the vote but that notice will be taken of their views.

This is the experience of a single department within one hospital and from comments from colleagues is by no means unique. The result of the ballot, when published (see p 67), will obviously not be acceptable as representing the views of present and potential hospital consultants. The organising ability of the BMA is also open to severe criticism.

R H COWDELL
J W KEELING
J O'D MCGEE
P R MILLARD
N A WRIGHT
Consultants

L G BOBROW
M M ESIRI
K A FLEMING
G B MACLENNAN
J PIRIS
R I VANHEGAN
R M WILLIAMS
Senior Registrars

Department of Histopathology,
Radcliffe Infirmary,
Oxford

SIR,—To publicise the unexpected may reveal that it was indeed a chance occurrence or lead to a realisation that it was not so uncommon after all.

I was astonished and dismayed by the failure of the Central Committee for Hospital Medical Services to provide me with a ballot paper in time for my vote to be included in the official ballot on the proposed new contract. If this is the only vote lost out of an electorate of over 18 000 the committee must be considered to have done a good job, but if a significant number of my colleagues have been similarly disfranchised it becomes a matter of concern to the profession and the public. Who will know if we do not speak up?

I regret having lost the opportunity to vote against what I consider to be a bad piece of work for the NHS. I should be glad to hear from anyone else who was entitled to but deprived of the opportunity to put the same or the opposing point of view.

M W HUTCHINGS

Department of Pathology,
St Charles's Hospital,
London W10

*.*We have received a number of similar letters from hospitals, departments, and individuals. See also leading article on p 4—Ed, *BMJ*.

New consultant contract

SIR,—The proposed new consultants' contract has two serious disadvantages.

Firstly, it is based upon a fallacy. Surely no one expects the Government to fulfil its

long-term obligations to holders of the new contract when it has clearly failed to do so to the holders of the present contract.

Secondly, it enables the great majority of consultants to undertake private practice. The Government will then no doubt claim that the financial rewards of private practice are almost infinite and will ask the Review Body to take this into account when determining the level of NHS salary for consultants. But the rewards of private practice are finite and are unevenly distributed throughout the country and throughout the different specialties within medicine.

The result of the proposed new contract will be even more strenuous holding down of consultant NHS remuneration than we have seen so far. The consequences will be disastrous for those who do not indulge in private practice as a matter of moral principle, for those in areas or specialties where the rewards of private practice are small, for those who rely on NHS sick pay during periods of ill health, and for those who hope to retire on NHS pensions. If the stage is reached where the earnings from private practice plus the NHS pittance do not bring in a living wage for consultants no doubt the Government will be pleased to offer us a better deal if we agree to become a whole-time salaried service.

New Cross Hospital,
Wolverhampton, W Midlands

*.*The Secretary writes: "There is no form of contract which will guarantee adequate consultant remuneration for all time. The improved position resulting from the new contract will require defence in the future by a united consultant body supporting their professional organisation, the British Medical Association."—Ed, *BMJ*.

Thirty years of the NHS

SIR,—The thirtieth anniversary of the National Health Service falls on 5 July 1978 and no doubt this fact will not go unrecorded in your columns.

As a doctor aged 30 I share in common with others of my age, a potential 30 years of working for the NHS before retirement. If experience of the service can be based on my first five years, then this life sentence is alarming. Despite frequent and most serious crises within the NHS no anti-NHS lobby has maintained sufficient support to be given the chance to provide a better alternative service. The sheer persistence of this unholy alliance between a socialist government determined to keep its popularity and a deluded society blindly unable to accept that another system might be better is about the only marvel the NHS has left to remark upon. With the passage of time patients, doctors, and nurses all accept the poor situation as the normal.

At long last certain Conservative leaders, including Sir Keith Joseph, have been honest enough and open enough to consider major changes within the NHS and to encourage the private sector, which is open to all through insurance and would ease the load on financing. Furthermore, the Royal Commission promises to be definite and radical. These are but hopes and promises as yet.

The thought of 30 more years of under-financing, disincentive to work, long waiting lists, antiquated buildings, etc before I can draw that index-linked pension is both hopeless and unworthy. But how many doctors have simply "given up" and are now just counting the years before they can get out, grateful to have survived long enough to collect?

We must continue to strive to produce a system that is genuinely better than our existing Health Service. There are systems in existence that have survived longer, provide care for all, provide better facilities for patients, and provide salaries for doctors that are comparable internationally. With these thoughts in mind I wish the NHS a most uncertain future and hope that this anniversary could even be its last.

ADRIAN ROGERS

Exeter, Devon

The preregistration year

SIR,—The preregistration year was inaugurated in 1953 and it is generally accepted that the period has never functioned adequately. However, at the recent General Medical Council Conference on the preregistration year the majority of medical school representatives felt that the present arrangements only needed minor adjustments to overcome present difficulties and the increased medical school output. We feel that this recent optimism is not justified. There is no evidence that the year has improved, and what little objective research that has been carried out suggests that the same problems continue to exist.

The Goodenough Report¹ recommended that the preregistration year should allow "time for thought, for further study." However, it became clear that it was not fulfilling these functions. A survey in 1964² showed that "the preregistration houseman is unlikely to have time for that thought and study envisaged in the Goodenough Report."

The GMC has undertaken periodic reviews of the preregistration year, published two sets of guidelines, in 1955 and 1967, held two conferences, in 1967 and 1972, and produced a code of good practice in 1974. Despite this activity Merrison³ reported that "the preregistration year . . . is in many respects unsatisfactory; there is inadequate definition of the aims, inadequate understanding of the proper interaction of service and education, and inadequate organisation and assessment of the working of the system." The most recent study was undertaken by McManus *et al* in 1976.⁴ Their questionnaire revealed the same old problems. More disturbing was the finding that many of the doctors were disillusioned with medicine as a result of the year.

For the past 25 years the medical schools have been unable to ensure that the preregistration year provides an adequate and integral part of basic medical education. We believe that two steps should be taken immediately to begin to rectify this situation. For such an important part of basic medical education as the preregistration year very little research has been conducted into its running. This deficiency must be remedied and we would suggest that the GMC conduct a thorough and wide-ranging survey. Secondly, the GMC and medical schools should immediately ensure that the present guidelines are fully implemented.

In the longer term there is a need to define

much more clearly the educational objectives of the year. All those involved, from the house officer to the consultant and employing authority, should be made fully aware that the year is to provide education by in-service training and only consequently fulfil the service need of the NHS and not the reverse.

MARK SMITHIES
IAN RUBIN

National Union of Students
(Health Students),
London N1

¹ Ministry of Health, *Report of Inter-departmental Committee on Medical Schools*. London, HMSO, 1944.

² Hutton, P W, *et al*, *Lancet*, 1964, **1**, 38.

³ Committee of Inquiry into the Regulation of the Medical Profession, *Report*, Cmnd 6108. London, HMSO, 1975.

⁴ McManus, I C, Lockwood, D N J, and Cruickshank, J K, *Lancet*, 1977, **1**, 413.

Future of British anaesthetics

SIR,—In marked contrast to the thoughtful contributions on this subject previously published (6 May, p 1227; 3 June, p 1491), the letter from Dr D C Hogg (17 June, p 1626) constitutes an inaccurate, misleading, and to many people insulting description of the present and future situation of British anaesthetic practice.

It is inaccurate to assert that "an anaesthetic registrar does *all* [Dr Hogg's italics] the emergency anaesthetics at night in an average district general hospital." My own experience of 10 years in the specialty refutes this statement; and if Dr Hogg, in his term as a registrar, never either taught his senior house officer or called in a consultant when necessary he was not doing his job properly.

It is inaccurate to define the qualifications of an anaesthetic registrar as Dr Hogg has done; not only is a proved basic competence necessary, but also a capacity and motivation to grow and improve in the specialty through study and practical experience. Furthermore, Dr Hogg equates the requirements for hospital practitioners in anaesthetics, inaccurately, to the minimum he considers necessary for a registrar. Registrars usually remain registrars until they obtain the FFARCS, and the present arrangements therefore merely equate the hospital practitioner to the maximum requirement of the registrar grade. Dr Hogg misleadingly omits to mention that in countries where nurses give anaesthetics they do so under strict supervision and then only after years of post-qualification study and training in all aspects of the discipline.

I would find the inference that "earning my living giving routine anaesthetics" is "not on"; "can be . . . done by nurses"; and "so simple that you do not need to be a consultant to do it" insulting if it did not demonstrate Dr Hogg's comprehensive ignorance of the life and work of anaesthetists. (Incidentally, there is no such thing as a "routine anaesthetic" except in retrospect.) I note that Dr Hogg considers that he left anaesthetics: perhaps it was the other way round? Either way, it was probably all for the best.

IAN P HINE

County Hospital,
Hereford

SIR,—Dr D C Hogg's letter (17 June, p 1626) once again demonstrates clearly what I have always maintained—namely, that in the whole

field of medicine there are very many procedures (? the majority) which could be very satisfactorily dealt with by suitably trained paramedical staff. At the present time paramedical staff are over-trained and under-utilised; however, they appear to have been so well brainwashed by the medical profession that many I have spoken to do not feel that they are capable of anything better. It is really time for a complete reappraisal of the duties and services provided by the medical and paramedical professions.

It is a sobering thought that an illiterate villager trained for one week in the use of a spray-pump does more to reduce morbidity and saves more life in one spray-round of an anti-malaria campaign than do most medical practitioners in the whole of their professional lives. In most instances you do not need over-education for its own sake to exert a positive effect on health.

IAN F M SAINT-YVES

Menstrie, Clackmannanshire

Private day cases and outpatient diagnostic services

SIR,—On 6 June the Health Services Board sent a consultative letter to a number of health authorities containing proposals for the withdrawal of facilities for private outpatient work. The proposals cover authorised facilities for private day cases and also for diagnostic services for private patients, including pathology, diagnostic radiology, scanning, ultrasound, and radioisotope investigations. The hospitals affected are ones in which, according to the statistics submitted to the Department of Health and Social Security on Form SH3, no use of the facilities in question for private patients took place in 1976 or 1977.

Consultants will be aware that, once firm revocation proposals have been made, neither the board nor the Secretary of State has any power to reinstate the revoked authorisations, even though it can be shown that the information leading to the revocation was fallacious. It is therefore of vital importance that, where the facts quoted by the board are inaccurate, correct information is submitted to the board at the stage of consultation. For this reason the board, in its current letter, particularly drew the attention of health authorities to the need to discuss the matter with those consultants likely to be affected, while the secretary of the Central Committee for Hospital Medical Services also wrote individually to the chairman of the medical advisory committee in each hospital affected.

Despite this, it is becoming clear that many consultants using the facilities in question have not been warned of the need to act, and for this reason the CCHMS at its meeting on 22 June instructed me to seek further publicity for the matter through the *BMJ*. All consultants who use facilities for private day cases and all consultants providing diagnostic services for private patients should immediately apply to their health authorities for copies of the letter from the Health Services Board and its enclosures and check whether or not their hospital is included in the proposed closures. If it is, then, with or without the collaboration of the administration, they should take urgent steps to inform the Health Services Board of the facts of the situation, indicating the facilities in current use and the specialties of the consultants using them. The board has clearly

indicated that it is concerned at this time only with those authorisations which are not in current use, so that clear evidence to them of the use of the facilities under threat is likely to produce a satisfactory response.

If further advice or help is required by individual consultants contact with the Secretary of the CCHMS at BMA House will ensure that it is forthcoming.

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Central Committee for
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Pay of hospital junior staff

SIR,—As a senior house officer in general medicine soon to start training in radiology, may I say that I am totally disheartened by the Review Body's recent award of 4.3%? While industry settles for 10% plus another 5-10% in productivity deals (which are obviously not applicable to our type of employment) we are insulted by an award of 4.3%. Inflation, using Government figures, is almost twice the rate of the proposed increase in salary. The recent increase in mortgage repayments of 1½% has for me, and I am sure many others, all but absorbed this proposed increase.

As to the question of holidays the proposed extra week of leave would bring the entitlement of an SHO with two to three years of hospital service, and previous to this six lengthy years at university, into line with that of a junior staff nurse; the houseman will have one week less.

Soon after qualifying I joined and remain a member of the BMA. As stated some weeks ago in the *BMJ* £18 or £40 (depending on one's seniority) is less than that demanded by many unions for membership. I cannot conceive of any union accepting what must rank as one of the lowest proposed increases in salary during the present round of pay negotiations as that offered to junior medical staff. There cannot, there must not, be any question in any way whatsoever of the BMA accepting this monumentally low award on our behalf. The absolute minimum acceptable is consolidation of phases 1 and 2 with an immediate 10% increase on the total. The requirements for salary increase in 1979 and 1980 must be decided at that time, depending on the overall economic climate pertaining at that time.

I am confident that the BMA will win a reasonable settlement for junior staff at this time; it is obvious from recent events that the Review Body cannot be relied upon to fulfil this function.

WILLIAM PAGE

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Correction

Heart rate response to standing as a test of autonomic neuropathy

We regret that an error occurred in the heading of the letter from Dr D J Ewing and others (24 June, p 1695) and was repeated in the contents list. The word "automatic" should have read "autonomic" as above.