them will be able to work only part time during some or all of that period. Because of their widely differing domestic circumstances and needs many more part-time hospital posts, individually arranged and personal to each holder, will be needed along the lines of those already created in recent years. Many similar posts will also be needed for women wishing to enter vocational training for general practice. The very nature and purpose of these personal posts demand that there should be enough of them and that they should be obtained without competition. It is this that may increasingly be seen by some as unfair when other posts in medicine are obtained in open competition and their numbers strictly controlled. However, many of us will continue to accept that there is a need to discriminate in favour of these women sufficiently to compensate them for their particular disadvantages, even though this may be seen as discriminatory against the full-timer.

In order to qualify for a personal part-time post under the present arrangements a woman (or now also a man) should have domestic commitments, illness, or disability. These qualifications, which were presumably devised without the prospect of any substantial male demand in mind, are perhaps unduly restrictive. It might be of considerable benefit to the NHS, as well as to certain individuals, if those who had served as consultants or principals in general practice for, say, 15 years were enabled, *without financial loss*, to undergo half-time "in-post" training for a second career in another specialty—perhaps even a "shortage" specialty. There might, for example, be overworked surgeons who would welcome a quieter evening to their lives in radiology or anaesthetics; or physicians in geriatrics or rehabilitation. One would hope that higher training committees might agree that some credit should be given for experience gained in the first specialty so that half-time training in the second need not be unduly prolonged.

In this way part-time training could be used to benefit men in the second half of their careers just as it will continue to help women earlier on. It is my impression that there are consultants, and perhaps general practitioners too, who would welcome the opportunity of a second career—something which is nowadays quite usual in other spheres of employment. Indeed, it would be surprising if there were not some who already feel frustrated in their present work; or others who have found themselves disgruntled in posts which are not what they really wanted. It is regrettable that it has now become almost impossible to change from one specialty to another. "In-post" part-time training would change this undesirable state of affairs; it would also help to avoid increasingly bad feeling between the sexes being added to all the other divisions and disputes at present rending our unhappy profession.

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New consultant contract

SIR,—I am aware that many doctors are as worried as I am about the proposed new consultant contract, but I have seen little published evidence of their concern. It seems to me that an alarm should be sounded now,

before it is too late, pointing out that the proposals were designed to further the quite legitimate interests of those engaged in the "sharp end" specialties and suggesting that those who are not so engaged had better look to their defences.

The decision in 1948 to treat all specialties alike so far as NHS work was concerned was a major factor in securing a high standard of hospital care over the whole country. The total potential professional reward was, and still is, greater for those engaged at the sharp end because of the opportunity for private practice, and I have heard no one complain about this. It is entirely reasonable for any young doctor to have this in mind when considering his future and for him then to have to accept the consequences of his choice. The fact that, so far as NHS work is concerned, we were all treated alike did ensure that my own and a number of other specialties secured a reasonable proportion of the able graduates: pathology, radiology, radiotherapy, and community medicine may serve as examples. This will cease to be so if work at consultant level is no longer to be uniformly rewarded. Only the most dedicated people—and there are never enough of those to go round—will opt for a specialty in which, at junior doctor or at consultant level, they cannot hope for a reward equal to that received by their colleagues. I find the equanimity with which some of those working in the acute specialties regard the prospect of falling standards in the diagnostic services both puzzling and alarming.

Let us be clear, too, that we have been warned. The Review Body itself has said that if some people are to receive more than the amount being suggested at present, then some will receive less. I find it difficult to understand how a responsible group, knowing this, can request the Review Body to price the proposed contract and at the same time ask for unity in the consultant body.

Surely there are only two appropriate ways of paying professional people: by salary or by a fee from the patient or client. I accept that the apparent impossibility of securing a just reward on such a basis is serious indeed and that it has led to alternatives such as the new proposals being considered. Nevertheless we will allow this consideration to become the determining factor only at our peril. If we desert the high roads we may too easily find that other paths lead, in the end, into the wilderness.

I believe that those of us who practise one of the specialties likely to fare badly under the proposed arrangements (and particularly if looming retirement protects us from a charge of self-interest) should be asking ourselves what the likely effect of the changes may be not on ourselves but on our specialty. If we find, as I think we shall, that the effects are likely to be seriously damaging, then perhaps we should go further and ask for evidence that the BMA is demonstrating any concern for those of its members who are likely to be adversely affected. So far as pathology is concerned I hope that the committee of the Consulting Pathologists Group will find time to give this vitally important matter the most urgent and serious consideration.

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*.*The Secretary writes: "All the evidence suggests that the present contract is currently

failing to maintain recruitment to the service specialties. Once the principle is breached of all consultants being paid alike the opportunity will exist to seek special arrangements for the shortage specialties. Would Dr Hampson be opposed to this?"—Ed, *BMJ*.

Authority in the NHS

SIR,—At last the profession has woken up to the needs of medical administration, as evidenced by the resolution from Bristol at the recent Annual Representative Meeting "deplored the increasing derogation of the doctor's authority in the National Health Service" (29 July, p 365). Unless the doctor is the chief officer of the hospital, as the head of a school is a teacher and the head officer of a ship (the captain) a sailor, there will not only be a failure of the administrator at the head to understand fully the needs of those engaged in that particular activity, such as teaching pupils, sailing ships, or treating patients, but the staff, realising this, will not be inspired by good leadership. It is not surprising that, whatever grade of staff at the hospital one speaks to, there is a tremendous feeling of frustration and hopelessness which has considerably reduced morale.

However, the profession has only itself to blame for this loss of position and status, for ever since the inception of the Health Service doctors have denigrated medical administration and successfully rid themselves of medical superintendents who were experienced in management by virtue of their training in a practical school. There is bound to be one leader if a hospital is to run efficiently, and if it is not a medical man then it will be a lay administrator, nurse, or even it seems, a cleaner. Unfortunately neither Dr A W Macara nor Dr J S Horner can now turn the clock back and undo the foolishness of the profession. They can but bend their heads in slavish submission.

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Money for old rope

SIR,—Dr S P Deacon's letter (5 August, p 437) smells of sour grapes. The role of the trainee GP is to learn general practice. How else is he to do this other than by doing the work? I agree that the balance between training and service work is fine and varies with each training situation; some trainees resent the interference of the trainer.

It is invidious to compare figures for advertisements for "situations vacant." Stable partnerships require a continuity of medical care, not a series of one-year services as given by trainees. Of course all trainers are grateful for the work done by trainees, but a trainee is not ultimately responsible for his actions—the trainer is. While a trainee is working the trainer accepts the responsibility, both legal and for the good name of his practice.

A good trainer earns his grant; if a trainee is good, then life is easier, but the trainee with problems still earns the same grant. It is not an unfair system at all, though improvements can be made. Perhaps Dr Deacon has some ideas.

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