SUPPLEMENT

TALKING POINT

The community physician: will he survive?

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NHS reorganisation in 1974 brought to an end the post and functions of medical officers of health after 125 years. Anxiety about their position had already been expressed and in 1969 Gordon had written: "Both the Green Paper and the Seebohm Report separate the community physician administratively from many of his sources of information and control, and the Green Paper loosens his ties with the community. . . . The fault is that our planners have no real idea as to what is the function of a community physician."¹ Eighteen months before reorganisation the first of a series of bulletins was issued by the Staff Advisory Committee (England) to report "progress being made on arrangements for the appointment and transfer to the new authorities of staff in the present employing authorities providing health services."² In 1973 a questionnaire was circulated to public health doctors "to obtain up-to-date information on the public health service to give a broad picture of the current pattern of medical staffing." At the same time appeals machinery was first mentioned³ and a circular issued about training for NHS reorganisation.⁴ In June 1973 early retirement and compensation were mentioned in another Staff Advisory Committee bulletin⁵ and from July the first advertisements for the more senior posts in the reorganised service began to appear.

Many medical officers of health were as concerned about their personal affairs as the nature of the new jobs. The post of MOH in the larger county boroughs and counties had been regarded as the top of a career ladder in the specialty. Because of their inevitable seniority, most of the men concerned were middle-aged and many had children at vital stages in their school career. The median year of graduation of our sample was 1943 giving an approximate median age of 53.

We have tried to examine the extent to which the anxieties felt were justified and to see how the two years before reorganisation compared with the two years afterwards.

Method

A postal questionnaire was sent to the MOHs of every county borough and county council who were in post on 1 April 1972. The questionnaire asked for details of job changes and retirement, and invited comments on the effect of reorganisation in general terms. The officers were also asked to give their own assessment of any changes in their work in relation to the degree of responsibility and job satisfaction in 1976 as compared with 1972. Each MOH was paired with a non-

public health doctor in the 1972 *Medical Register* who graduated in the same year, was of the same sex, and lived in England. At the start of the study period (1 April 1972) there were 116 MOHs in post in the 124 county and county borough councils of England. Six officers and five controls failed to reply.

Changes during study period

Twenty-eight MOHs and 15 controls retired during the study period (see table I). MOHs tended to retire early (under the special arrangements that were available for those over 50) or late (in order to tide their employing authorities over the transition phase). In four other areas ex-MOHs were still working though their matched controls had retired. Three ex-MOHs were due for normal retirement soon after the end of the study period.

Five medical officers and two controls changed specialty during the study period. Three of the former went to general practice, one to psychiatry, and one became a ship's surgeon. Of the two controls, one went from general practice to hospital practice and one in the reverse direction. Two MOHs and one control emigrated. Four MOHs (including one who committed suicide) and two controls died during the study period. Total losses, therefore, by retirement, change of specialty,

TABLE I—Retired medical officers of health, 1972-6

	Medical officers of health	Matched controls
Early retirement ..	13	2
Normal retirement ..	5	9
Late retirement ..	9	3
Ill-health retirement ..	1	1
Still working ..	—	12
No information ..	—	1
Total	28	28

TABLE II—New posts taken by the medical officers of health after NHS reorganisation

	County borough MOHs	County council MOHs	Both
Regional health authority posts ..	2	1	3
Area medical officers ..	14	18	32
District community physicians ..	16	2	18
Specialist community physicians ..	3	1	4
Academic community medicine ..	1	—	1
Total	36	22	58

emigration, and death were 39 public health doctors and 24 controls.

Responsibility and satisfaction after 1974

Of the remaining doctors, there were 58 matched pairs in which MOHs had continued as community physicians and controls had continued in their chosen specialties (general practice, 33; hospital practice, 14; academic medicine, five; industrial medicine, three; and armed Forces, three). Table II lists the new posts taken by the medical officers. In most instances the posts were in the same locality as the old ones and only 10 (17%) had to move house. (Three controls moved during the study period.)

The community physicians' assessments of the degree of responsibility and satisfaction in their new jobs in 1976, as compared with their old jobs in 1972, were coded on five point scales as follows: much increased +2; increased +1; unchanged 0; decreased -1; and much decreased -2 (tables III and IV).

TABLE III—Assessment of responsibility in 1976 as compared with 1972*

Responsibility	Medical officers of health	Matched controls
Much increased ..	11	8
Increased ..	8	14
Unchanged ..	4	28
Decreased ..	20	—
Much decreased ..	9	2
Total	52	52

Mean score -0.15 +0.50
Median category .. decreased unchanged

*No opinion from four medical officers, one control, and one matched pair.

TABLE IV—Assessment of job satisfaction in 1976 as compared with 1972*

Job satisfaction	Medical officers of health	Matched controls
Much increased ..	2	—
Increased ..	9	7
Unchanged ..	3	22
Decreased ..	26	19
Much decreased ..	15	7
Total	55	55

Mean score -0.78 -0.47
Median category .. decreased unchanged

*No opinion from one medical officer and two controls.

A qualitative measure of job satisfaction emerged from the comments which some of the doctors made about their work in relation to reorganisation. Forty-one community physicians made six favourable and 58 unfavourable comments and 21 controls made one favourable and 19 unfavourable comments.

The community physicians commented favourably about the greater participation in a unified service—for example: "My job satisfaction has increased, in spite of many frustrations, mainly because I feel I have authority now to get at clinical information necessary to undertake epidemiological investigations effectively"; "consultants suddenly accepted you and sought help"; "the one thing I am enthusiastic about is the concept of the district management team which in my experience works well within the limitations of the system"; and "I find my direct involvement in working up policy and implementing it more satisfying than my previous work as a member of the managing bodies of hospital affairs."

Some physicians, while criticising the present situation, also looked to the future and showed signs of determination to improve matters: "The management structure of the NHS is too complicated and lacks individual authority in decision making. After six months' experience of the new NHS it became obvious to me and my ATO colleagues that there was one tier too many in the administration. It is my firm belief that if the Government can be persuaded to make the necessary management changes my successors in office will find the new NHS just as interesting and challenging as the previous service was . . ."; and "job satisfaction is improving. Self reorientation has been paramount in fitting into the new job. Also one has played the game—or tried to—according to the rules, but now I'm back to making the job work despite the rules and inadequacies of the reorganised NHS. Our job now is to make and bring about changes to correct these inadequacies."

UNFAVOURABLE COMMENTS

The unfavourable comments referred frequently to a feeling of loss of responsibility. For instance, "it would seem that the whole point of reorganisation, with its accent on corporate management and consensus decisions together with the many-headed monster of consultation, was to avoid individual responsibility," or "whereas in 1972 I felt personal responsibility for services and was able to comment critically on them, if necessary, the sense of personal responsibility has been very much reduced." For ex-MOHs, accustomed to making and implementing decisions, the new system was frustrating: "Many responsibilities seem to be 'procedural,' namely, trying to elaborate or define relationships or to determine the constraints ('parameters') within which a lot of people will work—and to me this is anathema. I will take all the responsibility if someone will give me the authority to act effectively," and "my personality is possibly not suited to so-called consensus management and endless consultative processes mostly leading nowhere." Another source of dissatisfaction was lack of support staff: "Under the new reorganisation there is no provision for a deputy either for oneself or for any staff which may be allocated . . . the complete absence of any administrative staff makes my task overwhelming and at

times impossible"; "the job could just be made tolerable by some deputising arrangements. I do not expect to complete my contract to 65 at this rate."

The heaviest criticism, naturally enough, came from the ex-MOHs who had retired during the study period: "I retired early and did not apply for area or DCP jobs because my heart was not in it. . . . There was far too much talk; far too little action; meetings just for the sake of meetings; lack of decision making and responsibility"; "after 1974 I was beset by advisers, management consultants, personnel officers, researchers, training officers, etc, and subjected to increasing numbers of Government circulars advising, cajoling, and exhorting often to consult a wide range of people or set up useless committees. My last few years in office were ones of increasing frustration—it is some consolation that every one of my late colleagues, to whom I have spoken, yearns to return to pre-April 1974 because things are so bad now."

In contrast to the unfavourable comments of the community physicians, the unfavourable comments of the controls related almost entirely to interference with their day-to-day clinical work. For example, "there has been a vast increase in committee work and correspondence since reorganisation; with very little improvement in the service to patients as a result of it"; "we have had attachment of nurses, midwives, and health visitors for nine years. Theoretically, we still do, but they increasingly waste their time writing unnecessary reports to abnormally high numbers of administrators and do very little clinical work. The new graduate social worker employed by social services departments is of inestimably less value to us than children's officers, duly authorised officers, etc. The waiting lists for outpatients and hospital admissions have become much longer despite more local consultants. . . . Reorganisation of the NHS in 1974 has been a disaster for the patient."

Discussion

It was inevitable that reorganisation would disturb many employees. But it was unfortunate that members of the medical profession in the higher echelons of administration and especially those who were medical officers of health should be obliged to compete for new posts in middle age. Their position contrasted sharply with their colleagues in general practice or hospital medicine who remained secure and well established, and who in many instances actually sat on the appointing panels set up by the staffing commission to relocate the senior public health doctors.

Despite the difficulties, less than one in five of our sample emigrated, changed specialty, or opted for early retirement under the terms offered. It would have been possible under these terms for three out of five doctors in our sample to take early retirement and the fact that they did not do so is a measure of their expectations and hope that the new community physician posts in the reorganised NHS would give them scope to use their skills to good effect.

Our evidence suggests that for the most part these expectations have not been realised so far and that hope for the future is much diminished. Not surprisingly, therefore, community medicine is suffering a staffing crisis.^{6,7} In its evidence to the Review Body

BMA handbook for juniors

Hospital junior staff members of the BMA will soon receive a free copy of a new handbook on terms and conditions of service. The 100-page book contains invaluable information on all aspects of the juniors' contract, and advice on, for example, accommodation, annual leave, removal expenses, and mileage allowances. The tangible benefits of BMA membership and the Association's success on behalf of junior doctors are also set out. Revisions will be sent out from time to time by post free of charge. Junior members who do not receive a copy within the next few weeks should contact the London and Midland Regional Office of the BMA, 36 Harborne Road, Birmingham B15 3AJ (021-454 5261), quoting their membership number.

the BMA pointed out: ". . . of 738 established posts 121 remained unfilled. It is estimated that 132 senior registrars and 88 registrars are required to be in post merely to maintain the present establishment in the career grades. In fact, there are only 19 senior registrars and 62 registrars. Given the projected retirements and deaths within the next five years, it is expected that there will be a total deficiency of about 220 posts by 1980."⁸ This crisis could be more serious if any future reorganisation of the NHS, which the Royal Commission on the NHS may recommend, fails to give community physicians greater individual responsibility and accountability. Many of them would probably opt for early retirement. The inadequate recruitment in the past few years has done nothing to reduce their average age, so the proportion eligible for retirement, based on the age distribution of our sample and applying the 1974 rules, would remain at three out of five.

Under these circumstances the corpus of training and experience still contained within the specialty could die out within a very short time.

We thank the doctors who completed our form and often gave further information and candid comments on the reorganised NHS. We are grateful to Miss J Dyson who undertook much of the secretarial work.

References

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- ² DHSS, NHS Staff Advisory Committee (England), *NHS Reorganisation, No 1*, October 1972.
- ³ DHSS, NHS Staff Advisory Committee (England), *NHS Reorganisation, No 4*, April 1973.
- ⁴ DHSS, *Training for NHS Reorganisation*, Reorganisation Circular HRC (73)9, April 1973.
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- ⁶ Heath, P J, and Parry, W H, *Lancet*, 1976, 2, 82.
- ⁷ Young, K, *British Medical Journal*, 1977, 1, 1173.
- ⁸ *British Medical Journal*, 1977, 2, 1483.

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