Membership of Royal Commission

SIR,—Dr N S Barnett (14 August, p 425) is, of course, quite correct in his contention that the Royal Commission should exclude any member whose mind has been made up in advance on matters such as the future of private practice in and out of NHS hospitals, health centres, etc.

Unfortunately the Minister might well find it difficult to find medically qualified members for the commission who have not made up their mind one way or the other on such issues. In fact I am not sure that the views of any doctor who has lived so contentedly in cloud cuckoo land as to be unaware of such controversies would be worth having.

F V SIMPSON

Scarborough,
Yorkshire

BMA and HCSA

SIR,—Mr R Brownlow Martin (21 August, p 479) states that the Hospital Consultants and Specialists Association is not dividing the profession.

In this area we have a close and harmonious relationship between consultants and general practitioners. My committee has gone to extreme lengths to assist and co-operate with the consultants in their contract dispute for many months. The general practitioners have borne the additional work load of arranging urgent outpatient appointments by telephone with consultants, reviewing patients frequently to assess changes in their clinical urgency, and not least have been on the receiving end of complaints from patients and their relatives.

Recently a number of clinical assistant posts (including my own) have been considered for regrading to hospital medical practitioner. Individual consultants in each of the specialties concerned have approved the regrading of individual posts. The Consultants Committee as a whole, which is HCSA-orientated, has turned down the proposed regradings. Consequently my committee has recently had to give serious consideration to whether it can continue co-operation with the consultants in their dispute.

If this is not divisive, what is?

R J H GUY

Chairman
Dudley Local Medical Committee

Dudley,
W Midlands

BMA divisions and community health councils

SIR,—In order to try and clarify the position regarding the present unrest in the National Health Service my general practitioner and consultant colleagues of the Bury Division of the British Medical Association have asked for a meeting with the local community health council in Bury so that we can put to them our explanations for the current dissatisfactions.

As you know the community health councils were established under section 9 of the National Health Service Reorganisation Act 1973 and their function is primarily to provide a means of representing public opinion on the health services to the authorities responsible for manning them. The community health

councils have the power to obtain information about the health services in their districts and to enter and inspect any premises controlled by the relevant area health authority and they must be consulted before decisions are taken on any substantial development or any variation in services. My division has considered that it is potentially of great benefit that our views be presented to the Bury Community Health Council and I venture to suggest that if a similar approach is made to community health councils throughout the country by local divisions of the BMA then this might go a long way towards mobilising responsible public opinion in an attempt to settle the chronic trouble we have had in the NHS over the last two or three years.

The community health council does seem to be drawn from socially conscious and altruistic members of various organisations such as the NSPCC, British Red Cross Society, National Council of Women, Rotary Club, Toc H, Catholic welfare societies, Inner Wheel clubs, Round Table, etc, and I suggest that attention should be paid to these bodies as, in my experience, it is people who are genuinely concerned with the whole welfare of our society who are asked to be members of the community health councils.

Might it not be a good idea to suggest that similar steps be taken throughout the country by the various divisions of the BMA?

JOHN MCLENACHAN
Hon Secretary,
Bury Division, BMA

Manchester

Professional unity

SIR,—I was disappointed to read some of the comments in the *Supplement* (17 July). Some of the statements seemed to me to be incongruous.

Dr R A Keable-Elliott is quoted (p 194) as saying in reference to the hospital practitioner grade that "The grade was negotiated by general practitioners for general practitioners. If other people want comparable status—and I do not blame them for this—then they must negotiate through their own channels."

At the same time Dr Elston Grey-Turner (p 190) suggests that squabbling within the profession is "an indictment of the political maturity of our profession, which is tearing itself apart with mutual recriminations."

With this sort of lead is it surprising that the rest of the profession is following?

D BANKS

University Department of
Therapeutics,
City Hospital,
Nottingham

Medical manpower and hospital staffing

SIR,—Mr G I B da Costa's letter (31 July, p 304) deserves reply. With experience of the development of the provision of medical care in Britain and abroad it seems unlikely that the consultants' pattern of work in the NHS will remain for ever unchanged. The Service has had experience of subconsultant grades and is aware of the problems; and so I would welcome Mr da Costa's view of what is appropriate to the role, and terms and conditions, of such grades in the future.

He mentions that the Hospital Consultants and Specialists Association's Hospital Staffing Report based hospital staffing norms on the opinions of a "representative sample of consultants." I note that this report recommended a virtual doubling of hospital junior staff posts. If a group of small boys was asked if they preferred jam on their bread and butter it is to be expected that the majority would say "Yes, please."

I am worried by two things. One is that I would like to know what the Junior Hospital Doctors Association representatives in the new federation (who don't seem to have been involved in the report preparation) feel about the recommendations of the report and I would like assurance that it is, indeed, the federation's policy. The second worry is that Mr da Costa limits his view to the role in hospital staffing of juniors and consultants. In the foreseeable future with the hospital practitioner grade, partially hospital-based vocational training for general practice, and a larger output of medical graduates, of whom an increasing proportion will be women, it is just as well that the BMA exists to take the overview of the problems through its complex, interlocking, democratic committee structure.

Dr R B Hopkinson (19 June, p 1549) rightly highlighted the frightening increase (over 1000, or more than 7%) in junior staff posts in one year. To provide career grade posts for that increase would require the creation of about 3500 new posts per annum. If these were to be consultant posts that would require about 12 000 extra senior registrar posts. I need say no more. The great Socrates, when asked why he kept repeating himself, is said to have replied, "If asked what two and two make, I can only answer 'four.'"

There is no doubt that the profession faces a very serious and complex staffing structure crisis and that at least a part of this is related to the rigidity of the NHS itself, the ideals of which many support. As a responsible professional association the BMA's policy is to seek for change in the medical staffing structure. To bring reason to bear on an issue is the appropriate response of civilised mankind to the existence of a serious problem. It is to be hoped that reason's voice will not be drowned by the sound of the grinding of the axes of special interests.

DAVID BELL
Secretary,
South Eastern Regional Hospital
Junior Staff Committee

Edinburgh

Keeping tabs on trainers

SIR,—We feel that the time has come to draw the attention of those of our colleagues who are trainers or potential trainers in general practice to an innovation which we feel has ominous implications.

In this region a document in the form of a questionnaire is being dispatched to all trainees during the latter part of their traineeship. The contents have apparently been agreed by the general practice subcommittee of the Regional Postgraduate Committee, but without consulting the majority of trainers involved. This, to our minds, would seem to be an undemocratic procedure. The questionnaire seeks detailed information from trainees on a confidential basis concerning the methods of practice adopted by the trainer in his teaching situation. It is in effect a confidential report on the trainer by the trainee. Among the large