the hills, seemed out of touch and its staff were armed with invincible ignorance. They were sure they knew how to design a hospital and that hospital staff had nothing to offer in the way of advice. "It is my impression," said Stubton, "that many of the non-medical staff are second rate—which is not surprising when you look at their pay scales—and that the medical staff have little administrative ability." Both at regional board and at lower levels the administrators seemed to lack any spontaneity or drive—they never identified or corrected defects unless these were pointed out to them. A smaller number of large area boards might be able to attract staff of high quality, but then a second tier would be needed to maintain contact with the hospitals.

Apart from the consequences of financial starvation, what else was wrong with the system? Stubton was adamant that

all doctors are not equal. It seemed to him only just that a consultant in one of the competitive specialties with long, arduous training should be paid more than one in a less demanding field. He was a supporter of the demands made by junior hospital staff—their living quarters in his hospital were disgraceful. He was lucky, however: he always had good applicants for his own junior appointments. Other specialties were not so fortunate, and the staffing of the casualty department was always a headache. One thing saddened him; since the introduction of better off-duty for junior staff their sense of personal commitment to their patients had declined. He could not understand how a good registrar could let someone on another firm operate on one of his own patients when he was in the hospital, even if he was off-duty. Such is the price of progress.

HOSPITAL TOPICS

Fate of Surgical Registrars in the South-Western Region

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Summary: The fate of registrars in general surgery in the South-Western Region has been surveyed. Once a man has taken a registrarship in general surgery he is largely committed to surgery as a career. Consequently, if he fails to obtain promotion in the Health Service he emigrates, and as a result about 37% of British graduates who become surgical registrars eventually settle abroad.

Introduction

If the Todd report should be implemented many junior hospital appointments will have to be designated for vocational training. In the area of the South-Western Regional Hospital Board there appear to be sufficient appointments to cover the needs of the Bristol graduates, but of the 251 appointments as senior house officer and 132 as registrar there are 22 appointments as registrar in general surgery. This number is certainly in excess of any training programme in general surgery, and there is some divergence of opinion regarding the value of these jobs as part of the training programme for other careers, particularly for general practice. It was therefore decided to attempt to find out what had happened to the surgical registrars in later years.

Present Investigation

The period chosen for study was from January 1950 to December 1965. All surgical registrars in general surgery who had held an appointment for more than six months were included in the survey. Their careers were followed, noting the entries in the *Medical Register* and the *Medical Directory*, for each year from 1950 to 1969.

During the period under review 91 doctors held appoint-

ments as surgical registrars in the South-Western Region. We have been able to trace all but five of these, leaving 86 doctors for study—50 graduates of medical schools in the British Isles and 36 overseas graduates. The findings for these two groups are shown in Table I. Of the 50 doctors who qualified here, only 31 are still resident. Of these 50, three were foreign nationals who qualified at British medical schools, of whom two have returned to their own country and one has settled here. These foreign nationals do not affect the overall picture. We were unable to determine with sufficient accuracy the appointments of the British doctors who have left the country to enable us to categorize these in Table I. None of these

TABLE I.

	Graduates of Medical Schools within the British Isles	Overseas Graduates
Still resident as:		
Consultants	10	0
Senior registrar or registrar	13	3
General practitioners	6	0
Other	2	1
Resident abroad	19	32
Total	50	36

doctors left the country within the past 12 months, and most are actively engaged in surgical practice. The startling fact that emerges is the large number of these doctors who have emigrated. If we include the foreign nationals who qualified here the proportion of emigrants is 38%, but if we exclude these three doctors the proportion falls to 36%. Most of the overseas doctors have returned to their own countries after a period of training here.

The above figures would have more meaning if we could assess the qualities of the individual concerned and the quality

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of his training. We obtained some indirect evidence on these points by recording the performance of the registrars in the Final Fellowship Examinations of the Royal Colleges (Table II). The quality of the British graduates holding these registrar

TABLE II.—Performance of Registrars in Final Fellowship Examination

	British Graduates	Overseas Graduates
Obtained Fellowship during registrar appointment	26	6
Later	16	2
Percentage who ultimately obtained Fellowship	84	22

appointments is clearly high, since 84% eventually obtained a Fellowship. Moreover, it is apparent that these registrar appointments offered good training facilities, as just over half the registrars obtained their Fellowships while in these posts. The performance of the overseas graduates, however, is disappointing.

Whether a British graduate obtains his Fellowship might well influence his decision to emigrate. Of the 31 British graduates still resident 26 have a Fellowship (84%), whereas of the 19 who have emigrated 14 are Fellows (74%). There is little difference between these two groups, and the obtaining of the Fellowship does not seem to have played a decisive part in making the decision to emigrate.

Discussion

This survey is open to a number of possible criticisms. Some doctors fail to notify their changes of address promptly to either the *Medical Register* or the *Medical Directory*, nor do they always pay the additional fee to register postgraduate qualifications. Again, current appointments are not always brought up to date in the *Medical Directory*. There is no reason, however, for believing that these figures do not reflect accurately the trends in this population study. Another criticism will be that no account has been taken of the performance of the various hospital groups in the South-Western Region. There are a number of reasons why this has not been done. Firstly, it would be extremely difficult to do this with any accuracy, since the number of registrars at any hospital group is small, and, secondly, the number of registrars in the region has increased from 5 in 1950 to 16 in 1965, making interpretation of the results difficult. The proximity of a teaching hospital and medical school will certainly affect the career of a registrar, and it will suffice to record that of those men who held registrarships in Bristol only 10% have emigrated.

In considering the above figures striking differences in the patterns for British graduates and overseas graduates emerge, and these are discussed separately.

The most striking finding in this report is the 36-38% of British graduates who have emigrated. The loss to this country of its own graduates has been discussed by other authors. Seal (1964) estimated that the number emigrating per year was the equivalent of one-quarter of the total graduates of the medical schools of Great Britain and one-third of the output from the Irish schools. The reasons why our graduates emigrate vary. Whitfield (1963) recorded that 40 out of 100 emigrants gave their reason for emigration as better opportunities abroad; only 2 out of that 100 were practising surgery. Ogston *et al.* (1969) reported that about one-third of the 1956-8 medical graduates of the University of Aberdeen are not practising medicine in Britain today, and that the greatest loss was by emigration.

The present group under discussion probably left the country not because they wished to practise abroad but rather because career prospects here are poor. That these men were able and well trained is shown by their high level of performance in the Fellowship examination, and in this connexion it should be pointed out that they worked before the days of obligatory study and postgraduate training. They are a well-educated and highly motivated group who have persisted in following a surgical career. If this has not been available for them in this country they have gone elsewhere rather than change the pattern of their career. It would seem that the present pattern of the hospital service inadvertently causes a serious proportion of its staff to emigrate owing to lack of future opportunities.

This problem has been discussed by Jones (1969), who points out that every year roughly 130 United Kingdom registrars compete for 38-40 senior registrar posts. "The 70% of them who fail to obtain a senior registrarship cannot be expected to go into general practice, because the only special skill they have is unusable there—in contrast to those who have specialized in medical subjects." Some, however, do go into general practice: in this series six did—that is, 19% of those still resident in the United Kingdom. Two of the six have gained their Fellowship. The average time that these six general practitioners spent in surgical training was 12 years. Ten of the 50 home graduates are now consultants, the time from graduation to appointment varying from 10 to 17 (mean 13.8) years.

The fate of the overseas graduates in this survey is not clear. That the great majority have returned to their own countries is good, but their disappointing performance in the Fellowship suggests that they have special difficulties which have not been met. The new arrangements for the training of junior doctors should improve the situation.

In the South-Western Region there are six appointments as senior registrar and 22 as registrar—a ratio of about one to four, compared with a ratio of one to five for England and Wales in 1968. This adverse ratio of registrar to senior registrar appointments would certainly seem to influence emigration. It is facile to say that the answer to the problem of surgical training is to reduce the number of registrar appointments, since by so doing young graduates who wish to take up surgery might then be forced to emigrate at an earlier age. If promotion to consultant was made easier by increasing the number of consultant appointments a relatively small reduction in registrar posts might greatly improve the situation. The position might further be helped by reserving, say, one-third of the registrar appointments for overseas graduates. This would assure them of a certain number of training posts and, at the same time, would help to prevent such a large accumulation of British graduates in these posts when it is possible for only a relatively small proportion of them to obtain consultant status.

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