- 9 Emanuel LL, Barry MJ, Stoeckle JD, Ettelson LM, Emanuel EJ. Advance directives for medical care—a case for greater use. *N Engl J Med* 1991;324:889-95.
- 10 Jennett B. Resource allocation for the severely brain damaged. *Arch Neurol* 1976;33:595-7.
- 11 Barlow P, Teasdale G. Prediction of outcome and management of severe head injury: attitudes of neurosurgeons. *Neurosurgery* 1986;19:989-91.

Specialist training and the EC

EDITOR,—Though agreeing with Stephen Brearley's praise of the principles behind British training schemes, I think that his enthusiasm has led him to get carried away in an uncritical endorsement of accreditation.¹ Even before the current ministerial review, it had become apparent that the Joint Committees on Higher Professional Training were confusing the recognition of training with the regulation of specialist manpower.

As a result of backdating, most senior registrars in crowded specialties become accredited two years after being appointed to a senior registrar post but then spend two to five years waiting for consultant vacancies. For them accreditation has long been irrelevant. On the other hand, 25-35% of consultants in anaesthesia and psychiatry are said to be being appointed without being accredited; they are then automatically granted accreditation on the basis that they satisfied an appointment committee.

Almost the only people who are affected by the accreditation restrictions are those who have chosen academic careers but wish to have their clinical credentials recognised. For us accreditation remains an important hurdle but one that is difficult to cross. The joint committees rigidly interpret their rules on two years in a senior registrar post in Britain and will not recognise additional overseas training or training at honorary registrar level beyond the backdating that is granted to almost everybody. These anomalies are compounded by the existence in some units of identical posts, some of which are recognised by the joint committees while others are not. The reason given is that the committees are bound by manpower considerations, making it clear that they are trying to use accreditation to control the supply of specialist manpower and are not actually evaluating each person's training and experience.

While overseas I saw at first hand the consequences of failing to control specialist manpower and I would not want to see uncontrolled expansion of specialist training posts. A committee issuing certificates of training, however, should do just that and not be deflected by matters of manpower policy. Its energies might be better employed in addressing issues of quality, quantity, and appropriateness of training in trainee specialist posts and in designing a more objective form of evaluation (for example, exit examinations in medical specialties) instead of pretending that time spent in a recognised post is the only consideration that matters.

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¹ Brearley S. Specialist medical training and the European Community. *BMJ* 1992;305:661-2. (19 September.)

EDITOR,—Stephen Brearley's editorial misses the point.¹ No one in the profession who is reviewing present training or working with the Working Party on Specialist Training, Certification, and Manpower wishes to lose any of the "essential elements of British specialist training." Many juniors believe, however, that this is a good opportunity to reform the inefficient aspects of the present system. A properly organised, continually

assessed, and audited specialist training programme could be considerably shorter than at present and could result in better trained specialists (perhaps to be known as health service consultants). All proposals put forward on this issue by the Junior Doctors Committee stipulate continued education as essential. The committee also believes that several other non-clinical aspects of work (for example, management, academic work, training) need to be adequately acknowledged and remunerated.

Several other points in the editorial deserve comment: the "translational error" theory regarding the word "completion" in the English text of the European Community (EC) directive has stood for 17 years. Has Brearley any evidence to suggest that the EC and the British government would allow a basic error of this kind to remain in such an important document for so long?

Secondly, Brearley doubts whether the British requirement for higher standards for consultant appointments breaches the directives. It is open to legal debate, but the EC would be unlikely to instigate infraction proceedings unless there was clear evidence of discrimination over and above the "simple" issue of the General Medical Council's T indicator. The single example of an EC specialist being appointed to the consultant grade fails to recognise the numerous other people (who would have been eligible for EC specialist status) prevented from obtaining consultant posts or remuneration for private practice by the lack of accreditation. Any attempt to have more than one tier of specialist would result in the strong possibility of further action under EC law on the grounds of discrimination.

It is sad that this editorial has thrown up the smokescreen of lower standards and the semantics of EC directives so prominently, whereas the real point is that we should see this not as a threat but as a golden opportunity to improve medical training in Britain. Moreover, if the profession does not follow the juniors' lead (despite numerous attempts at constructive discussion the consultants have yet to join us) the eagerness shown by the government on this issue will result in changes we may not care to contemplate, imposed by it rather than negotiated by us.

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¹ Brearley S. Specialist medical training and the European Community. *BMJ* 1992;305:661-2. (19 September.)

EDITOR,—Though I partly agree with Stephen Brearley's analysis of specialist medical training and the European Community (EC), I am sad to see him papering over the cracks in the medical establishment by misrepresenting the reformers' views and being economical with the truth about the legal position and the standards of training in Britain.¹

With respect to his two stated general misconceptions, I have never recognised that current EC certificates are equivalent to a particular grade in the NHS or elsewhere. I have, however, advocated that this could be a basis for the complete reform of the postgraduate medical system. Secondly, I am well aware that education and experience in all fields of human endeavour are lifelong, but it seems sensible to have a legally recognised certificate of completion of specialist training awarded at the end of a formal, structured, and highly supervised training period. After this, I believe, continuing education and study leave should be part of every qualified specialist's contract.

Brearley states that the sole function of the EC certificate of specialist training concerns reimbursement for specialist services within other countries' social security systems; but its higher aim was to allow all doctors the rights of free

movement and practice within the borders of the community and to recognise their specialist status. Though specialists in Britain have no legal status, the de facto recognition is on appointment as a consultant in the NHS. It is this and the creation of the General Medical Council's indicative T register that have precipitated the current crisis, which the chief medical officer and his committee are investigating on behalf of the secretary of state for health. I am interested to read that "legal opinion is divided on the matter" as I know of no published legal opinion that contradicts those given to the EC, the Department of Health, the Hospital Doctors' Association, and the BMA, that Britain has not properly implemented the EC medical directives of 1975.

The Junior Doctors Committee and Hospital Doctors' Association have submitted proposals to the Calman committee, which I believe would enhance standards of specialist training and practice in the NHS as well as solve a sticky legal problem. Their adoption by the Department of Health would then give us the opportunity to call for reform of specialist training and standards within the EC and, for once in European matters, make us the leader rather than blind follower. I should point out that none of the European arguments pertains to the Treaty of Maastricht but to the Treaty of Rome, which we have ratified.

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¹ Brearley S. Specialist medical training and the European Community. *BMJ* 1992;305:661-2. (19 September.)

EDITOR,—Stephen Brearley's editorial illustrates the confusion and highlights the controversies over specialist medical training.¹ Neither the General Medical Council nor the Council for Postgraduate Medical Education stipulates that the membership or fellowship examinations are required or that training will be counted only from the time these examinations have been passed.² Despite this some colleges now require applicants to pass the relevant membership and fellowship examinations. The Royal College of Physicians specifically states that pre-MRCP training will not count towards the certificate of completion of specialist training.

The purpose of the European Commission (EC) directives was to define minimum periods of training; completion of these would not only allow doctors to enjoy the legal privileges of specialist in all member states but also recognise their having reached a level of competence in their specialty. The word "completion" was always meant to be included in the title of the qualification, as is evident from the drafts submitted by Britain to the European Commission during the negotiation over the European certificate in 1975. The suggestion that the word completion was merely an error in translation of the original text is a transparent attempt to undermine the fundamental aims of the directives. After all, what possible purpose would a certificate of specialist training have if it did not recognise completion of this training?

All member states, with the exception of Britain and Ireland, fully recognise the certificate of completion of specialist training. Britain has failed to conform with the EC directives, most notably by the General Medical Council failing to give effect to the certificate as required. The European Commission has started infraction proceedings under article 169 of the Treaty of Rome.

Brussels is certainly not the confused party in this issue. To quote from a paper presented at the first meeting chaired by the chief medical officer on this subject: "It should be emphasised that the legal advice provided to the department [of Health] confirms the commission's view that real changes are needed—preserving the status quo