LOST GENERATIONS IN BRITISH SURGERY

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In October last¹ I predicted that the supply of consultants in nearly all specialties in National Health Service hospitals would fail before 1965. Dr. R. H. Davison attempted to refute my conclusion by showing that there were at least 50 highly competent applicants for each consultant post in general surgery.² He went on to suggest "that there had never been so much talent available for the British public."

The situation which Dr. Davison describes—50–100 persons applying for each vacant job—is an indication of surplus labour in an occupation. In the ship-building industry, or in coal-mining, it would be described by the more emotive term unemployment. A surplus of labour is produced when there is imbalance between supply and demand—either the supply of those offering their services is excessive, or the economic demand for them is deficient. Dr. Davison seems to have assumed that the primary factor causing the surplus was an abnormally lavish supply of young surgeons. Fuller analysis of the available data, however, leads to the conclusion that the primary factor was deficient economic demand for surgeons in Britain throughout the 1950's. So deficient has been the demand for surgeons in the National Health Service that a large segment of a generation of young surgeons has been lost to our country of similar magnitude to that caused by the first world war.

Nearly a million men from Britain were killed in the 1914–18 war, most of whom were aged between 15 and

26 at the outbreak of war. In view of the high mortality of young men born between 1888 and 1899 they were often known as the lost generation. The effects still showed on the age-distribution charts of all branches of the medical profession in the early 1950's. Fig. 1 shows an abnormally small number of general surgeons in 1954 aged between 56 and 65, these few being the survivors of the lost generation.

A second "lost generation" in British surgery has now appeared. Although the people of Britain were promised a great expansion of specialist services when the National Health Service was implemented and young doctors were encouraged to specialize, only in the first four years was there a substantial increase in the number of consultants. Since 1952 expansion has fallen away progressively.^{1,3}

To train all the consultants originally considered necessary many senior registrar posts in all specialties were created during the two years before the N.H.S. started; they were at once filled by the numerous young British doctors available at the time. Once the Health Service was in operation, however, it was decided to curtail expansion of consultant posts as an economy measure, and regional hospital boards were instructed by the Ministry of Health to reduce the number of senior registrars from 1,400 to 600⁴—a cut of 57%. The Ministry circular stated that when dismissing a young specialist from his post "the board will no doubt wish, when thanking him for his services, to draw his attention to other possible openings . . . both within and outside the National Health Service (and) abroad."

In the pursuit of economy to its logical conclusion permanent well-paid posts in general surgery were reduced steadily after 1952. Indeed, expansion in senior specialists in all branches of surgery, including the newer specialties, was only 2.4% between 1952 and 1959,⁵ which was less rapid than expansion of general population.

■ OVER AGE 55

■ UNDER AGE 45

□ SENIOR REGISTRARS IN GENERAL SURGERY IN 1960

FIG. 1.—Age distribution of consultants and S.H.M.O.s in general surgery. Great Britain, 1954.

FIG. 2.—Age distribution of consultants and S.H.M.O.s in general surgery. Great Britain, 1960.

By 1959 the number of consultants and senior hospital medical officers in general surgery had fallen by over 82⁵—a decline of 12 per year. During these seven years about 32 senior surgeons left the N.H.S. annually, but only 20 young men were appointed to senior posts in general surgery each year.

To fill the 20 permanent posts over 35 senior registrars in general surgery completed their training annually throughout the 1950's. The resulting surplus of experienced but often unemployed surgeons impressed young doctors, who in recent years have either avoided surgery or taken the advice offered by the Ministry of Health⁴ and emigrated. Consequently most surgeons under the age of 35 in Britain to-day are now doctors born and trained overseas, and according to Lord Evans 50% of all emergency surgery in the country is now carried out by them.⁶ By March, 1960, 54% of registrars in general surgery in Britain came from overseas,⁷ and the proportion is rising rapidly. In the Sheffield region it now approaches 90%.⁸ Not only is the ability to speak English of some of the foreign surgeons so poor that they can hardly communicate with their patients or with British doctors,⁹ but, according to Lord Taylor, the surgery of some is such that an intensive training centre should be set up to "teach them ordinary emergency casualty medicine and surgery (and) how to fit up a blood transfusion,"¹⁰ before they are appointed to N.H.S. hospitals.

The small number of young surgeons appointed to permanent posts in the last 10 years has resulted in an unbalanced age-distribution of senior surgeons (Fig. 2). In 1954, 20% were over the age of 55 and 36% under the age of 45. By 1960, however, 32% were over the age of 55 and only 23% under the age of 45. So many senior surgical registrars have either left the country, or left surgery, in recent years that even if all the survivors were appointed consultants at once there would still be unusually small numbers of young surgeons born between 1918 and 1927 (age 34 to 43).

A new "lost generation" of British surgeons has thus appeared of similar magnitude to that produced by the first world war. What is unknown, however, is just how extensive it will be. Are there large numbers of British surgeons born after 1927 (aged under 34) coming forward in registrar posts? If there are not, within two or three years there will be a failure in the supply of senior surgical registrars.

The Platt Committee has recommended an expansion in the number of consultants. If the number of senior posts in general surgery is expanded up again to the 1952 level—not a very impressive expansion—100 of the present senior surgical registrars will be absorbed. In addition, 45 fully trained general surgeons will be required from now merely as replacements for senior surgeons leaving the service each year. Consequently all the present senior surgical registrars may have moved on by the end of 1963.

The dynamics of the situation in the supply of general surgeons is now unstable. A high proportion of consultant surgeons are in late middle-age and the number leaving the National Health Service is rising steeply; the reserve of senior registrars is by no means substantial; the "pool" of surgeons in training as registrars is already largely composed of doctors in Britain temporarily; and the number of British surgical registrars is rapidly falling.

Some regional hospitals are already beginning to find it impossible to replace all retiring consultants in anaesthetics, radiology, and psychiatry. Once they realize the same will soon be true of general surgeons they will tend to expand the number of consultants in general surgery as soon as possible in accordance with the Platt Committee's recommendation, because soon they will be unable to replace all those whom they already have. The result will be a chain-reaction similar to that which occurs when there is loss of confidence in the security provided by a bank. The customers rush to withdraw their money and abruptly the reserves of the bank are exhausted. Similarly, although rather more slowly, the senior surgical registrars will disappear.

Any attempt to slow down the process will only aggravate the shortage of general surgeons in the future. The high level of unemployment of senior surgical registrars in the last 10 years has been the main cause of the failure in the supply of British surgical registrars. Young British doctors will take up surgery in Britain in sufficient numbers in the future only if there is dramatic evidence that they have a reasonable chance of worth-while employment in this country. Consequently, the longer the failure in the supply of senior surgical registrars is postponed the greater will be the crash when it comes.

It takes 15–20 years to train a surgeon. Many senior surgical registrars in Britain to-day started their medical training as long ago as 1938. The supply of surgeons cannot be varied from year to year, and in this respect production of surgeons is similar to production problems in forestry, where the results of to-day's decisions do not become effective for 20 to 30 years hence. For 13 years the National Health Service has largely confined its forecasting to the rigid pattern of the financial year approved by the Treasury. There must be a price to pay for such lack of vision and for such irrelevant planning. In the case of surgery the price already paid is a "lost generation" of young surgeons, and in the future it will be a failure in the supply of new consultant surgeons for the National Health Service within two years.

REFERENCES

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- ⁴ Ministry of Health Circular (R.H.B. 50/106) and *Brit. med. J., Suppl.*, 1950, 2, 204.
- ⁵ Medical Staffing Structure in the Hospital Service, 1961, pp. 62 and 70. H.M.S.O.
- ⁶ House of Lords Debate, Vol. 235, No. 15, Col. 1154.
- ⁷ Medical Staffing Structure in the Hospital Service, 1961, p. 85. H.M.S.O.
- ⁸ Sheffield Regional Hospital Board, *Brit. med. J.*, 1961, 2, 950.
- ⁹ House of Lords Debates, Vol. 235, No. 15, Col. 1139.
- ¹⁰ *Ibid.*, Col. 1143.

A certificate marking the completion of his course of study in Britain under the Colombo Plan was recently presented to Dr. MYA HAN, from Burma, by the Secretary for Technical Co-operation (Mr. DENNIS VOSPER) at a special function in London to mark the tenth anniversary of the concept of the Colombo Plan. Dr. Mya Han, who obtained the Diploma in Ophthalmology during his stay in Britain, was the 3,000th trainee to come here under the Technical Co-operation Scheme of the Colombo Plan. Since his arrival the number of trainees has risen to over 4,000.