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- All letters must be typed with double spacing and signed by all authors.
- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
- We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.
- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

Merit awards

SIR,—It is a relief to find at last a defence of the merit award system (Dr Richard White, 12 March, p 791). Clearly anyone prepared to advocate this Byzantine system of consultants distributing among themselves £60m of public money annually must know a lot more about it than his letter has told us. Will his next letter provide us with a *deus ex machina* with which to silence all doubting Thomases, perhaps enlightening us as to the mystical procedures leading to a higher award?

Nevertheless, it will certainly be reassuring to his consultant colleagues in Birmingham that in their hospital they elect a district nomination committee of five from the various divisions. But how typical is this sensible mechanism? For example, in our district four divisional chairmen (there may well be more) with a total of 10 years' service on the medical executive committee had rarely known who the district award representatives were, nor had any of them ever been sounded about colleagues available for nomination. Whereabouts is this "endless consultation with colleagues"? Are we so perspicacious in the south that we can do away with such time consuming niceties?

After labelling Dr Roger Gabriel (13 February, p 501) as "misguided and cynical" for daring to suggest that selection for an award might depend on "not what you do but who you know," Dr White wonders if Dr Gabriel has any personal experience of the selection procedure? Are the uninitiated among us unqualified to pass comment? Do consultants need to be MPs before they can criticise the government? Dr White goes on to state that most doctors want the committees' deliberations to remain secret. Where is his evidence? Might silence on the whole question of secrecy, soundings, consultations, and deliberations be due more to ignorance of the mysterious intricacies of the system or to collaboration by default on the part of most doctors hoping for an

award by not rocking the boat until they achieve success at 48? After that, of course, continued silence might not be unrelated to the tantalising thought of the next possibility . . . a higher award.

But Dr White may be responsible unwittingly for causing the late Lord Spens to turn in his grave. Here is this experienced representative (presently serving on a higher awards committee) demonstrating how he chooses to rewrite the fundamental, indeed only, justification for a large and arbitrary pay rise. The Spens Committee (1948) emphasised that we select "individual specialists whose outstanding distinction merits additional reward."¹ Dr White, however, is happy to justify the slow acquisition of a C award by teaching hospital consultants because their "potential for a higher award is greater than that of non-teaching colleagues." Has the system been redesigned to reward lack of potential? Are we penalising (however temporarily) "outstanding distinction"? Clearly, we must no longer take seriously statements that "seniority alone is not grounds for an award and age is no bar."²

But though Dr White is quick to disparage Dr Gabriel's status as critic, he singularly fails to address the very serious allegations recently made by Dr Rita Henryk-Gutt (9 January, p 129). Dr Henryk-Gutt (as Drs Lester³ and Bruggen and Bourne⁴ before her) indicates clearly that discrimination against women continues to be blatant. Recently, the *BMJ* was severely critical of a London medical school for discriminating against female students as well as members of ethnic minorities (5 March, p 657). But is there not an equally large blot on the profession resulting from the overt discrimination of consultants against their female colleagues? This casual attitude to female consultants is well illustrated by the surprising lack of knowledge of a previous chairman of the Central Advisory Committee on Distinction Awards, who in 1981 told the House of Commons

Social Services Committee that after five years as chairman in regard to sexual discrimination he "did not realise the figures actually."⁵ He further stated that never once in all his attendances at award advisory committees had he heard the sex of a consultant discussed. This is, of course, the heart of the problem. Patronage, bias, and discrimination begin at district level, where nominations originate. Unless very stringent safeguards against sloppy (and occasionally improper) practice are introduced at hospital level then sexual discrimination and other abuses will occur. There may well be safeguards built into selection in Birmingham, but Dr White is naive if he believes that a more clearly defined constitution is not urgently required elsewhere.⁶

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- 1 Spens Committee. *Report of the inter-departmental committee on the remuneration of consultants and specialists*. London: HMSO, 1948. (CMD 7420.)
- 2 Clayton S. Procedures and criteria for selection for distinction and meritorious service awards. *Health Trends* 1979;4:73-6.
- 3 Lester E. Sex distribution of distinction awards. *Br Med J* 1980;280:198.
- 4 Bruggen P, Bourne S. The distinction awards system in England and Wales 1980. *Br Med J* 1982;284:1577-80.
- 5 Clayton S. In: *The Social Services Select Committee report into medical education*. (HC31, 1980-1.)
- 6 de Lacey G, Liberman M. Disappearing distinction. *Lancet* 1988;ii:697-8.

Reference values for 75 g oral glucose tolerance test in pregnancy

SIR,—May we urge your readers to be cautious in their appraisal of the paper by Mr M Hatem and others (5 March, p 676).

The "Southampton population" was deliberately selected by excluding from the study those with a wide variety of risk factors for gestational