induce better neuronal networking they will still delay the onset of the clinical syndrome while the underlying pathological process continues. The neuroprotective and neuronal networking mechanisms are not mutually exclusive and may interact. In practical terms, people with a high level of education who also have early dementia may have no well defined symptoms or signs, though their intellectual functioning could be adversely affected. This might be important if the sufferer had an intellectually demanding job or one that required a lot of new learning.

Delaying the onset of dementia will reduce its prevalence: fewer elderly people will develop a clinical picture of dementia during their lifetime. Alzheimer's disease and aging may be a continuum, with the prevalence of the disease continuing to rise in very old age.²³ The beneficial effects of education and mental stimulation may differ in different age groups. Further research is needed, but at present it seems prudent to recommend to elderly people that stimulating mental activity is worth while: there may be some truth in the saying "use it or lose it."

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Hospital doctors' work

Managers should ensure that doctors know what is expected of them

The working practice of hospital doctors is not immune from the rapid changes occurring in the NHS. Already initiatives are eroding the traditional model of the consultant led medical firm. The combined effect of *Achieving a Balance*,¹ the new deal on junior doctors' hours,² and the Calman report³ has been to reduce the amount of support that consultants receive from junior doctors. The logical conclusion must be that we are moving away from a consultant led service towards a specialist based service. Such a change will have substantial implications for the working practices of hospital doctors and will need to be managed carefully and sensitively. Already some NHS trusts are bringing about some changes in this direction through their contracts with new consultants.

The Doctors' Tale, the recent report from the Audit Commission on the work of hospital doctors,^{4,5} provides more grist to the debate. In its role as an external auditor of the NHS the Audit Commission studied hospital medical staffing, looking mainly at the organisation and work practices of doctors in acute hospitals. The report acknowledges the substantial effect that doctors have on the service—for example, they account directly for a £2 billion of NHS expenditure, which is typically 14 per cent of an acute hospital's budget. It also points out that doctors should be well supported by managers, who must also share responsibility for patients' care and medical training. Doctors and managers clearly need to work well together.

One of the report's main criticisms is of the lack of clarity of role expected of a doctor. Junior doctors often perform tasks that could be performed by nurses or support workers such as phlebotomists. Under 60% of doctors in training grades have been given a job description setting out what they are expected to do. Junior staff also suffer from having to work rotas that depend more on providing a set number of tiers of cover than on the actual amount of work required. Unsupervised working is also highlighted. In some hospitals the senior house officer is the most senior doctor present in as many as one in five outpatient clinics. Consultants must ensure that junior medical staff have a structured training programme with appropriate supervision. Their work must be clearly defined in terms of both its scope and how much time should be devoted to it.

Consultants are criticised for doing private work, leaving their juniors to cope with the NHS work. The report produces figures to show that those doctors earning the most money from private practice do the least amount of NHS work. Only 54% of consultants were found to have attended all their fixed sessions. Moreover, the amount of work undertaken in each session varied among doctors. The message is clear: all consultants should have job plans, which should be monitored. One reason why consultants default on their sessional commitments—interestingly, not mentioned in the report—is that they have other NHS duties such as committee

meetings. There is thus conflict between commitment to the service as a whole and commitment to individual patients' care.

The report may be used by some managers to put further pressure on consultants to adhere inflexibly to their job plans, to operate more quickly, or to see more outpatients per session. Such moves might jeopardise the good will of the many for the sake of the few bad apples. Action, however, is going to be taken, but perhaps the report does not go far enough. Instead of tightening up on job plans should we not review the whole concept of medical firms? If shift work is appropriate for junior doctors and, incidentally, most other health care workers might it not be appropriate for senior doctors? Teams of specialists could then work together to cover all commitments, both clinical and managerial. This

would ensure an equitable distribution of work among doctors. Continuity of care might suffer, but the trade off would be that patients would always be supervised by a specialist. The debate is under way.

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Consultants of the future

Need to acknowledge organisational goals and play to their strengths

Few people disagree that the work of British consultants is changing rapidly. The questions revolve around how consultants should organise their work to meet a set of apparently conflicting demands on their time. Over the past four weeks we have invited contributors to discuss these issues,^{1,4} and last week the BMA's consultants' committee hosted a meeting at BMA House to think about the future role of consultants. Consultants clearly believe that they have been dancing to others' tunes for too long and that, in the words of Jim Johnson, the consultants' chairman, it's time to take charge of their own destiny.

Change is needed because of reductions in junior doctors' hours; the proposed change to shorter, more structured training for juniors²; demands from purchasers that more work is done by fully trained specialists; and the requirements of the new NHS: audit, contracting, and managing. Scientific advances³ and changes in the pace and place of care⁴ also make change essential. The net effect is that heavier workloads leave consultants with little time to reflect on how they can best use their time.

Teamwork is one solution. If fewer juniors are available for service work, more of that work will have to be done by consultants. Although consultants work more efficiently than juniors, the large amount of emergency and night work presently done by juniors remains a problem. Bigger teams make this more manageable. In the United States, for example, senior doctors in a cardiology service carry out virtually all the clinical work, much of it outside hospital but including night work and emergencies.¹

Alternatively, others can share the work. Nurse specialists already have important roles in the services for many patients with chronic conditions, such as diabetes and asthma,⁴ as well as in acute services such as intensive care. Experience with nurse practitioners and physician assistants in the United States shows there is scope for more.¹

But such changes call for doctors to stop "insisting on doing things where we should share skills. . . . Many of the things that senior house officers do badly nurse practitioners do well." This plea to last week's conference from Cyril Chantler, principal of the United Medical and Dental Schools of Guy's and St Thomas's and one of the pioneers of doctors in management in Britain, was to identify where consultants' strengths lay. Like Kenneth Calman, the chief medical

officer, he argued that the doctor's real role is in diagnosis⁶: treatment and care can and should be shared with others.

Those responsible for organising services need to think through the issue of "what skill or knowledge consultants contribute to care."⁴ Rees argues that what characterises specialists is "their ability at the margin of knowledge."³ But this in turn suggests that there is much behind the margin that consultants can abandon to others as they advance at the margin.

Teamwork also requires good management. "Efficient care requires teamwork, and management is about getting teams to work well," said Cyril Chantler last week. Indeed, management, in one form or another, looms large in consultants' futures. Not only do some need to train for and take formal management positions; even consultants with no formal management roles need skills and training in recruitment and selection, procurement, handling complaints, time management, and marketing. Nick Naftalin told last week's conference. As medical director of Leicester Royal Infirmary he also wants consultants to shift their sights from their own self directed professional learning to include the needs of their department and hospital.

Naftalin argued that clinical directorates should set their own strategic goals and back them up with appraisals (in which individuals are set objectives and their performance in meeting those objectives is assessed). "How can you get people to change unless you appraise them?" His hospital has started a consultant planning programme, in which clinical directors set objectives for each consultant and discuss with that consultant his or her needs for career development. So far a third of the consultants have taken part, and those who have done it have acted as advocates to persuade others.

Naftalin also emphasised the benefits of such appraisal to individuals' career patterns. It was, he said, a way of enhancing people's strengths and not insisting "they do things they don't do well." There was resistance to this idea among those who attended last week's conference, many people preferring to have consultants nominally responsible for everything as at present, their careers evolving in response to chance and their own interests. But Moss and McNicol suggest that putting together a consultant career like a collage, "adding on" responsibilities haphazardly, is not a coherent way of working and may in fact contribute to the stress that