

that we may know where we and they stand, and at the same time instruct our current negotiators.—I am, etc.,

ARTHUR A. BRADLEY.

Kingston upon Thames,  
Surrey.

SIR,—I was impressed by the statement about the finances of the G.M.C. made by Dr. J. C. Watts and others (10 January, p. 114). They have shown clearly that the profession is being asked to pay an extra £176,000 per annum to cover a deficit of £7,000 per annum in the G.M.C.'s finances.

I do not think it necessary for the G.M.C. to take on any further responsibilities (such as for postgraduate education or specialist or vocational registration) which might require this vast sum of money. In fact I do not think there should be specialist or vocational registration, and no one has convinced me that it will benefit anyone, profession or public. With or without these registers I presume applicants for both hospital and general practice appointments will be judged, as now, by their qualifications, experience, and personality.

I hope our leaders will think very hard about the conditions they are bringing about for younger doctors. It is they who matter most in this connexion, not those of us whose professional lives are established. Let us try to ensure that future generations of doctors should be free after their compulsory pre-registration year to plan their professional lives as seems best to them. They are mature adults, not children, and realize no one is going to be appointed consultant physician on the basis of six months in casualty, six months as a ship's surgeon, and a year on an Antarctic expedition.—I am, etc.,

MARY PACK.

Andover,  
Hants.

### Hospital Car Parks

SIR,—My letter (12 July, p. 114) pointing out the very serious lack of car-parking space in the plans for the new Southampton General Hospital and Teaching Complex has had interesting effects. Very many people concerned in the planning on behalf of the Wessex Board, Southampton Management Committee, Southampton University, and medical staff have all supported me, but, being members of various planning committees, cannot properly comment publicly; and the matter is not one for discussion in the various committees. It is Ministry policy that car parking is confined to such open spaces as may be available between buildings; car parking is otherwise a matter for the local authority. The local authority is no more concerned to acquire land and develop it for car parking for a hospital than it would be for a factory. The Joint Consultants Committee seems equally defeatist in its attitude in its Joint Liaison Committee with the Department of Health.

Inquiries have shown that there will be space for 600 cars on the hospital site itself, and another 115 spaces for the residents on the site. Yet there will be approximately 4,500 people visiting the hospital daily, including patients, visitors, and staff of all grades and medical students. If half of these come by car there will be permanent chaos; if only a quarter use cars there will be

400–500 cars in the side roads, which are narrow roads of a suburban housing area, and similar chaos will follow. There will be 500–600 residents on the site who will have the use of 115 parking lots, and this is wholly inadequate.

If one wishes to see the results of failing to provide proper carparking facilities, one should observe the state of the campus at Southampton University, where the grounds are more or less clogged with cars permanently and the surrounding streets likewise. The same situation is arising at the new Poole General Hospital. Here street parking is being diminished by the institution of one-way traffic schemes in the neighbourhood of the hospital, and in these, of course, parking is prohibited. This same prohibition of parking on public side roads in the neighbourhood of the hospital may well be imposed in Southampton, where road access to the new hospital site is already very poor.

The Department, a Civil Service department, has no doubt the usual smug pride in its administrative efficiency, but it has not stopped to think why the hospital is being built. It is to provide a meeting-place for patients, nurses and doctors, teachers and students, technicians and their apparatus. It is no use providing the roof over their heads if they cannot get to it by the modern means of transport—the car. A site can still be made available for an adequate multi-storey car park. I hope that if the Department or the local authority do not come to their senses soon a local charitable organization

will organize the building of such a multi-storey park on a non-profit-making basis.—I am, etc.,

KENNETH S. MULLARD.

Chest Hospital,  
Southampton, Hants.

### Health Service Administration

SIR,—In the article on Health Service Administration (8 November, p. 361) Professor T. E. Chester is stated to have said that in Britain wages and salaries for medical staff amounted to about 60 to 70% of the total cost of the Health Service.

Since it cannot seriously be suggested that the cost of building and maintaining hospitals, furnishing them with medical equipment and furniture, salaries of nurses and other ancillary staff, wages of domestic staff, food for patients and staff, drugs for patients in and out of hospital, and the ophthalmic services together come to less than half the cost of medical salaries it would be interesting to know what Professor Chester really said—with perhaps some figures.—I am, etc.,

J. LAWRENCE HENRY.

Stoke,  
Devonport.

\*Dr. Henry is quite right. Professor T. E. Chester informs us that what in fact he said was that wages and salaries for all grades of staff amounted to 60 to 70% of the total cost of the Health Service. We regret that he was wrongly reported—ED., B.M.J.

### Regional Consultants' Views

SIR,—Some results of a survey conducted recently by the Regional Hospitals' Consultants and Specialists Association are shown in the Table. It is estimated that more than half of the 6,000 regional hospital consultants in England and Wales were reached, and to date 1,140 replies have been received.

It is clear from the response that the majority feel that their representation is neither adequate nor effective, and that the proposals in the document *The Responsibilities of the Consultant Grade*<sup>1</sup> does not form a suitable basis for discussion between the profession and the Department of Health and Social Security.

Though a large number of consultants are

prepared to resign from the B.M.A. as a last resort if it fails to take account of their views, many feel that the Association should continue for as long as possible to exert pressure through the established negotiating machinery. It is the intention of this association to follow this course of action and to have further ballots on crucial issues.

More than one-third of the regional consultants in England and Wales are members of this association, and the membership drive is continuing.—I am, etc.,

DONALD YOUNG.

President, Regional Hospitals'  
Consultants and Specialists Association.  
London W.1.

Regional Hospitals' Consultants and Specialists Association: Answers to Questionary

	Yes	No
<b>REPRESENTATION</b>		
(1) Do you feel that the representation of regional consultants on the consultative and negotiating bodies is effective?	84	1014
(2) Do you feel that consultation between representatives and you as a regional consultant is adequate?	113	996
<b>THE RESPONSIBILITIES OF THE CONSULTANT GRADE.</b>		
(3) Do you feel that proposals in the document <i>The Responsibilities of the Consultant Grade</i> form a suitable basis for discussion between the profession and the Department of Health and Social Security?	218	848
<b>G.M.C. LEVY</b>		
(4) Are you in favour of the proposed annual fee to remain on the medical register?	293	780
<b>THE B.M.A.</b>		
(5) Are you a member?	900	240
(6) Are you prepared to resign from the B.M.A. if it disregards the views of the majority of regional hospital consultants?	617	260
<b>BALLOTS</b>		
(7) Do you feel that postal ballots such as this should determine the majority view before agreements on crucial issues are concluded between representatives of the profession and the Department of Health and Social Security?	990	116
(8) Should the results of such ballots be binding on the profession's representatives?	782	259

### REFERENCE

<sup>1</sup>*The Responsibilities of the Consultant Grade*. London, H.M.S.O., 1969.