

could make a block payment to the university to cover their salaries, etc., but need not hold "hiring and firing" rights. The professorial appointments, therefore, would have normal university security of tenure. The clinical professors could hold honorary contracts with the hospital service in the same way as in existing medical schools.

The other principal academic staff would normally be of consultant and senior registrar status and, for their clinical duties, would have paid contracts with the hospital service. For their teaching sessions they could have a paid contract for the clinical school and could well hold honorary lectureships or senior lectureships with the university.

All the technical and administrative staff would be the salaried employees of the clinical school. All staff, whatever their status, could have some representation on the governing body through the faculty convocation.

The buildings and plant of the school would be owned by the trustees, but would be sited on land loaned or leased by the university, the regional hospital board, the local authority, or other appropriate body.

### The Future

For the foreseeable future it is believed such a scheme would be feasible. Beyond the foreseeable future one can only guess. In principle it can be said that there will be many changes in the patterns of higher education and of professional education generally. Such a school would adapt to those changes through the years. It might be that eventually it would lose its independence and be absorbed into the general system. But perhaps not. A degree of variety in the organization of its education could be a source of vitality to the medical profession in this country.

## IS THERE AN ALTERNATIVE?

*In his Tavistock lecture "Medicine and Government," which has recently been published,<sup>1</sup> the late Lord Brain called for one Parliamentary reform, saying "What is needed is a Standing Parliamentary Committee on the Health Service, drawn from all parties, with power to take evidence and question Ministers. This would develop an informed opinion on all aspects of the Service; its judgement would be of great value, and it would act as a curb on both ministerial intransigence and sectional exaggeration." In the article below Mr. Michael Ryle discusses the role of the existing committees of the House of Commons.*

## A Parliamentary Committee on the Health Service?

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The love-hate relationship between politicians and the professionals of all kinds within the National Health Service, as they prowl round the circle within which, as Mr. Enoch Powell has said, "medicine and politics are imprisoned," has been clearly demonstrated by the discussions which have followed the publication of Mr. Powell's book.<sup>2</sup> Yet there is surely much common ground between reasonable people on either side. Politicians, as elected representatives of those who use the N.H.S., must be as conscious as anyone of its deficiencies and long for its improvement. Those working in the Service, on the other hand, must be equally conscious that their professional needs must be matched with and weighed against many other needs of society. And there is one forum within which this recognition of common ground can, or should, find expression—namely, the House of Commons.

The opportunities for Members to consider the N.H.S. in the House of Commons are, however, fairly infrequent and haphazard. Though any Member may put Parliamentary Questions to the Minister of Health on any matter for which he is responsible, as in the hospital service there is "rationing by the waiting list." Many Members who wish to ask an oral question, with the opportunities that gives for more probing supplementaries, must be content with a written answer, for the Minister of Health may be up for questioning for only one hour every four or five weeks. Then there are several oppor-

tunities for debate. Occasional half-hour adjournment debates are a valuable means of going into specific problems in more detail than by Parliamentary Questions. There are sometimes debates on Ministerial Orders to do with the N.H.S.—for example, on pay-bed regulations. Perhaps once a year there will be a full day's debate on the Service generally, or on the hospital service, doctors' or nurses' pay, or whatever is causing current political concern. And, finally, there is occasional legislation concerning the National Health Service.

There is not, however, any official and public procedure whereby Members with continuing interest in the Health Service—and they include doctors, others who have worked in the N.H.S., lay members of boards and management committees, and even ex-Ministers of Health—can meet together and keep themselves regularly in touch with the evolving problems of the Service. Moreover, the techniques of public questions and debate tend to encourage political posturing and are totally inadequate for full and proper discovery, digesting, and publication of facts. A thorough examination of, say, the shortage of pathology-laboratory facilities cannot be done by the House as a whole.

The belief that there should be a more regular and better equipped forum for Parliamentary consideration of health matters has led some academic writers, some M.P.s and other Parliamentary experts, and some distinguished men in the medical world—for example, the late Lord Brain<sup>1</sup>—to suggest that a Parliamentary committee should be regularly appointed to specialize in this field. Nevertheless, it is not the principal

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<sup>1</sup> *Medicine and Government*, Lord Brain, F.R.S., 1967. London. (See *B.M.J.*, 1967, 2, 45.)

<sup>2</sup> *Medicine and Politics*, J. Enoch Powell, 1966. London.

purpose of my article to consider what might be the value of such a committee or its effect on the Health Service, but rather to seek to clarify the discussion by showing how such a committee might work. In particular, are there any lessons which should be learned from the present Parliamentary Committees?

### Types of Parliamentary Committees

There are two main forms of committee in the House of Commons. Firstly, debating committees—or Standing Committees as they are misleadingly termed—are appointed to consider the details of Bills and, occasionally, other matters. Secondly, investigating committees, known as Select Committees, are appointed to examine particular problems, and normally proceed by taking evidence (both written and oral), deliberating informally in private, and agreeing a report which is published, together with the evidence on which it is based. Either type of committee could be used to increase the opportunities for Parliamentary consideration of Health Service problems, but only a Select Committee could make available effective techniques for extracting, analysing, and publishing the essential information needed to understand those problems.

The Select Committee has a long history in the House of Commons. It was extensively used in the last century, fell largely into disuse between the wars, but has been revived in recent years. With the help of an energetic midwife—Mr. Crossman, the Leader of the House—the old lady has recently given birth to two new progeny in the form of specialized committees on science and technology and on agriculture. It is understood that further additions to the family are expected.

Select Committees are composed of back-bench Members of all parties. It is part of their merit that they can bring to bear a more uncommitted opinion than could a gathering of front-benchers. The Chairman, who has a major influence on the work of the committee, is usually—but not invariably—from the Government side. The duties and powers of Select Committees are given by the House itself, and it is to the House that the committees report. They are purely fact-finding and advisory. Their authority largely derives from the power they have “to call for persons, papers and records.” This means they can require witnesses to appear before them and can call for the production of information that might otherwise remain locked in departmental files. They are also often given power to sit outside Westminster, and so can visit Government establishments and other places—such as hospitals—and can take evidence on the spot from those directly responsible.

In recent years the Committees have been primarily concerned with looking at different areas of Government administration. Most of their evidence has therefore naturally come from civil servants, though evidence has also been taken from other interested parties and from independent experts. The great majority of reports have been agreed without any division on party lines. This has clearly added to their value.

The principal Select Committees since the war have been the Public Accounts Committee, the Estimates Committee, and the Nationalised Industries Committee. The Public Accounts Committee is primarily concerned with examining specific cases, drawn to its attention by the Comptroller and Auditor General, where there appears to have been extravagance, mispending, or lack of proper financial control in regard to public expenditure. Its interest in the Health Service has included consideration of drug costs and catering costs in hospitals.

The Estimates Committee, working through numerous sub-committees, has been more concerned with looking at the organization of departments, their methods of financial con-

trol, and the results of their work. Several inquiries since the war have dealt with the N.H.S.—the Reports of 1950–51 on Regional Hospital Boards and Hospital Management Committees, of 1956–57 on the Running Costs of Hospitals, and of 1962–63 on the Dental Services being the most important. Each of these dealt with major problems of the Service—such as the policies and methods of the Ministry of Health and regional boards in determining the allocation of hospital expenditure—but none of them produced a full and comprehensive examination of the basic structure, expenditure, or performance of the Service as a whole.

The Nationalised Industries Committee has made detailed and comprehensive reports on most of the separate nationalized industries. It is noteworthy that this committee has considered central policy questions—short of whether or not the industries should be nationalized at all—without finding itself splitting on party lines. Thus it could be the model for a specialized Health Committee.

The main achievement of all these Select Committees has been the creation of better understanding of the matters they have examined—by both politicians and people outside Westminster—and the stimulation of new thinking by the departments concerned. But this achievement has been limited. Because of their terms of reference the Committees have hesitated to involve themselves with more fundamental policy questions. They have paid more concern to current administration rather than to examining the implications of future policy. And they have suffered from not being specialized, and so have been unable to harness or to further the special knowledge of Members.

These limitations should not apply to the new and proposed specialized committees. Further experience of such committees should suggest answers to some of the outstanding questions about the functioning of select committees. Should they concern themselves with Ministerial policy, or should they be content to examine how given policy is being administered? Should Ministers themselves give evidence before them—or would such hearings become rocked by party political controversy? Should evidence be heard in public or in private? Should the committees have a large staff, including subject experts—or should they seek to avoid the danger experienced by some American Congressional committees of becoming simply the mouthpiece of anonymous experts, and content themselves with a small staff of experienced committee clerks and occasional technical advisers? And, above all, will there be enough Members willing and able to give the time and talents necessary to make a specialized committee a success? There has been much speculation about all these questions. But only experience and experiment (such as is now being undertaken by the Agriculture, Science and Technology, and Nationalised Industries Committees) can identify the pitfalls and point the most worth-while path.

One of the new specialized committees might well be a Committee on Health. It would certainly have merit in enabling Members to get a better understanding of the problems of the Health Service. It would give the professionals in the Service a public forum for the expression of their anxieties and aspirations. Provided it avoided the dangers of attempting to teach the experts their own business, and of “breathing down their necks”—as Herbert Morrison used to say—on every detail of administration, such a committee, by bringing politicians and professionals closer together, might lead to more understanding of each other's point of view, and more agreement on the fundamental necessities. Within the circle in which all concerned for the health of the people must live there might even be a little less hate and a little more love.