

seniors and very few juniors and at the same time provide the sort of service to the community that Western medicine provides at the moment. In truth I think that Western medicine as practised in Europe and North America has produced a monster of a staffing problem which we are nowhere near dealing with satisfactorily. There are so many factors to be considered in constructing a satisfactory career structure for the hospital service that a discussion can go on until the end of the century, but we simply do not have this amount of time left. I predict that within five years the Health Service will have ground to a halt, apart from emergency service, in very many of our peripheral hospitals unless something fairly urgent is done to tackle the staffing problem. It should not be assumed that the increased output from our own medical schools is going to do very much to help hospital staffing while a career as a specialist remains so unsatisfactory in so many ways. New young British graduates may be prepared to take up preregistration and early post-registration posts, but I simply do not see them going into the less popular specialties as SHO's and registrars unless at the end of it there is a permanent appointment. The gap this creates at the moment is being filled by people from overseas, the supply of whom is likely to be sharply and quite rightly diminished by the TRAB exam. We have preferred to ignore this difficult and indeed almost insoluble problem for 20 years, but I think well before the end of the next 20 years some kind of solution will have to be found unless the Health Service as we now know it is virtually to disappear.

J E WOODYARD

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SIR,—I write to you with particular reference to the Government's impending Bill to abolish private practice and the present and future cuts in expenditure for the NHS.

Doctors in our area have just received a notice from our local district administrator that the paediatric wards in no less a hospital than Stoke Mandeville will be closed from 5 pm to 9 am Monday to Friday and at weekends from 14 June to 31 July for all emergency admissions. He reports that this is due to the shortage of junior medical staff.

If this is happening to as large and as well known a hospital as Stoke Mandeville, God only knows what is going on in other hospitals in this country. Soon, the way things are going, it will not be merely a question of abolishing private practice, and all the political hysteria that surrounds it, but abolishing *all* medicine as we know it and reducing it to the impotence of that expected from a banana republic. The BMA should again put to the Government as a matter of urgency the likely consequences of their folly. If they do not heed the BMA's warning, which has often been given in the past, then action in the form of total resignation from the NHS both by hospital doctors and by general practitioners will be the only course of action left open to us to maintain the integrity and freedom of British medicine. Is the Secretary of State for Health and Social Security carrying out his obligation in law to ensure that all necessary and immediate treatment for patients in Britain is being provided? In this case, and in further similar cases where there is a break-

down of services, it is not a question of staff being on strike but a plain question of medical staff shortage. Why is there a shortage? Because the conditions, terms of service, expectancy of a satisfactory career structure, and remuneration in the NHS are appalling to say the least. I do not think any Secretary of State can be let off the hook for this. It is surely up to him to carry out the terms of the NHS Act by ensuring that there is a proper staff complement. The only way to do this is by ensuring that conditions in the NHS attract such necessary staff. If he cannot do this then he, or the Government, must resign or the law be changed by due parliamentary processes.

MICHAEL SPENCER

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near Buckingham

Consultant contract

SIR,—I read the discussion paper by Mr D E Bolt (19 June, p 1548) with interest. I see that he invites all consultants to give their views.

The closed contract recently negotiated and accepted by the junior staff is, in my view, a complete disaster. We have had strikes, loss of morale, and a general feeling of antipathy to the medical profession, who are certainly not seen to be short of income by present standards. It is true that some lucky people in the community earn a great deal more than any sort of doctor, but on the other hand a great number earn a great deal less. At the same time the difficulty of the consultant in the peripheral hospital, perhaps with not very adequate junior staff, who has to do a great deal of his own work, and whose activities are virtually entirely clinical and administrative, needs to be seen in perspective from the viewpoint of someone like myself, a teaching hospital consultant with dozens of different responsibilities which cannot be quantitated in terms of time spent. Clearly some sort of work-sensitive contract needs to be negotiated for such people, and Mrs Castle always accepted that principle. But a closed contract is, in my view, utterly the wrong way of doing it and I oppose it tooth and nail. It is not part of the activities of a hospital specialist. If we go after more money, on the other hand, then we shall lose it all in tax and also will be even more unpopular than the junior doctors were because of the nasty money-grabbing consultants image with which some people seem to label us.

The ultimate in perfection in my view would be to make us independent contractors, like the general practitioners. Not only can we then ensure decent remuneration and conditions of service, but we can also bring our influence to bear much more effectively in combating the bureaucracy and lack of facilities which are crippling the hospital service and daily weakening it physically.

If there is no way that we can become independent contractors, then I suggest that the most honourable way out is to maintain the present open-ended contract but to go for recall fees on the one hand and improved tax allowances (perhaps a car, certainly telephone, and so on) on the other. I am utterly against and would oppose with all means in my power Mr Bolt's alternatives (b) and (c)—namely, the 10-session contract and the individually defined contract. Surely if our negotiators spent a week at the elbow of a teaching hospital

consultant they would see how impossible it is to quantify the amount of work we put in, which is every bit as great as the hard but more stereotyped work pattern of our peripheral hospital colleagues.

C W BURKE

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New-style annual conferences

SIR,—As one who participates in medical democracy for "fear of something worse," am I alone in feeling sorry that after this first new-look synchronous combined craft conferences/ARM in London we are on our geographical travels again? As the thick brown envelopes thud through the letter box I realise the enormous amount of staff work needed to mount such an exercise and wonder if it is fair to our loyal headquarters staff to add to their burden reconnoitring and establishing a new venue every year. Even if there was administrative capacity to spare, the snags of each meeting place may become apparent only at the first usage (remember the clatter of cutlery at Leeds) so a yearly change precludes improvements.

The next few years must be critical for the BMA if it is to attract subscriptions from a sufficiently high proportion of doctors to demonstrate credibility as speaking for all doctors while synthesising the discussions of various crafts to present a united, not fissured, profession. Is it sense or prudent to waste organisational libidinal energy in setting up peripatetic meetings of such complexity?

If London in July is not suitable, what about the National Exhibition Centre? This should have good road and rail links from Euston and Tavistock Square. It lies near the intersection of a motorway cross leading from Exeter to Leeds and London to Carlisle and has special access to an airport and train services. The set-up is new and purpose-built for conferences. For those staying on site the hotels are modern, and those returning yearly can seek out local hostels to taste if preferred. The social programme has London in reach as well as Coventry, Warwick, and Stratford-on-Avon, while scientifically Oxford, Birmingham, Leicester, and Nottingham could all mount clinical sessions if an alternative to on-site symposia was needed. With a new Secretary can we have a new think, please, and an open debate?

ROBIN STEEL

Worcester

"Thank you"

SIR,—I would like to express my gratitude to Mr J A Randall, the Assistant Scottish Secretary, and his staff at Edinburgh for their great help concerning the purchase of "added years" at the end of 1975. His very clear and detailed replies to my various queries enabled me to make the necessary decisions in respect of a matter I found to be very confusing.

Letters of criticism of the BMA appear all too frequently and seldom is the deserved praise and gratitude recorded. Over the past 33 years I have had much help and advice from BMA headquarters and I think it is time I said "thank you."

JOHN ANDREWS

Tetbury, Glos