

## Junior doctors' excessive work load

### DHSS calls conference in February 1982

The Chief Medical Officer has been asked to convene a conference on excessive hours of work in February 1982. This was announced in a letter (27 November) from Dr Gerard Vaughan to Dr John Havard, BMA Secretary. Dr Havard had written to the DHSS on the subject and in his reply Dr Vaughan said: "We share your concern about the excessive hours of work of some members of the profession, and agree that urgent consideration must be given to this problem."

"Finding a complete solution will not be easy. The primary reason for long hours is the need for round-the-clock medical cover, and significant changes in the organisation of medical work in hospitals may be necessary if the interests of patients are to be protected. The requirements of the bodies responsible for training must be met. Though I do not believe financial restrictions have been the cause of long hours, it is always harder to introduce flexibility at a time when resources are strictly limited."

"Nevertheless, I believe the time has come to make a definite start, and to identify areas in which progress is possible within these various constraints. As a first step, I have asked the Chief Medical Officer to call a conference of all those concerned with this problem, to be held on 12 February next year. I hope this will provide both a realistic assessment of the difficulties, and a guide to the best ways forward which can be used as the basis for discussions between the profession and my officials. Representatives of the various branches of the profession will receive invitations shortly and I hope that it will prove possible to make rapid progress."

#### HJSC chairman welcomes conference

Commenting on the Health Minister's decision, Dr Michael Rees, chairman of the Hospital Junior Staff Committee, said:

"We welcome the Government statement

that urgent consideration is needed. Too many junior hospital doctors are currently working over 100 hours a week and this cannot be good for doctors or their patients. We are particularly concerned that there should be no undue delay in solving the problems. We cannot afford to wait until February next year to begin to tackle the problem, so the BMA's Hospital Junior Staff Committee will now be asking for a cross section of junior doctors to draw up draft plans for hospital medical care based on doctors working a maximum of 80 hours a week. We will be asking junior doctors to identify possible problem areas in their plans, such as the overriding need for round-the-clock medical cover in the NHS. A survey has shown that working 80 hours a week is detrimental to the educational quality of training. The results of our inquiries will be presented at the conference when all branches of the medical profession must work together to find ways of cutting down the excessive hours worked by many junior hospital doctors."

## Advisory committee on medical manpower

### DHSS invites BMA participation

The BMA has received an invitation to take part in an advisory committee on medical manpower. In August 1980 the report of the Medical Manpower Steering Group was published by the DHSS and the Minister of Health emphasised the importance that the Government attached to regular reviews of future manpower needs. The purpose of the group is to provide ministers with advice about the likely future demand for and supply of medical manpower and with a proper basis for decisions about the appropriate level of medical school intake. The group will not be asked to consider questions relating to the education or training of doctors, which are matters for the medical schools and royal colleges.

#### Terms of reference

"Within guidelines as to the resources likely to be available to the Health Service, to advise the Health Department on factors relevant to the Government's decision about the appropriate future level of medical school intake in Great Britain, including, in particular, consideration of the most likely range of assumptions about:

- (i) future demand for doctors both within and outside the NHS;
- (ii) possible changes in the supply of doctors, and including patterns of activity, participation, and retirement;

(iii) possible changes in migration flows from and to Great Britain."

The DHSS envisages that the committee would work within given data on future resources that the Government might make available to the Health Service. It would be invited to give expert technical advice on factors likely to affect activity rates, and the need for changes in the level of medical manpower required to meet health service and academic medical needs in the foreseeable future. As a basis for its deliberations the committee would initially be asked to update the Medical Manpower Steering Group report on the basis of statistical data prepared by the DHSS.

The committee is to have a Departmental chairman and a membership of:

Six doctors nominated by the JCC and the BMA on the basis of their expertise in the subject.

Two academics who have made a study of medical manpower problems. From the DHSS, the deputy secretary in charge of the personnel group, the deputy chief medical officer with responsibility for medical manpower matters (one of whom would act as chairman), the head of the medical manpower division, and representatives of the economic adviser's office and the finance division would be members.

The SHHD, Welsh Office, DHSS Northern Ireland, and regional health authorities would also be represented.

The secretariat for the committee would be provided by the medical manpower and statistical divisions of the DHSS.

### In brief . . .

#### Health Service complaints procedure in Wales

In circular WHC(81)13 the Welsh Office has set out a memorandum of guidance on which health authorities should base their arrangements for dealing with suggestions and complaints other than those relating to family practitioner services. The memorandum incorporates a procedure for handling complaints relating to the exercise of clinical judgment by hospital staff, which has been agreed with the Joint Consultants Committee (22 November 1980, p 1438).

#### Corrections

##### Medical Practices Committee

We regret that an error occurred in the article by Dr W B Whowell (28 November, p 1485). In the table the list size of singlehanded principals aged under 65 who are counted as one principal should have read ">700," not  $\geq 7000$ . Dr Whowell would also like to thank the secretary of the MPC, Mr John Gooderham, and members of the committee for their help in preparing the paper.

##### Scottish Council

In the report of the meeting of the Scottish Council (10 October, p 1004) Dr C Brough was reported as saying, "In large units sufficient allowance would have to be made for the clinician to supervise the community medicine specialist; otherwise the latter would be vulnerable to pressure from the administrator or the nurse." What he said was that, "In large units sufficient allowance would have to be made for the clinician to support the community medicine specialist. . . ." We apologise for this error.