Promoting innovation in the NHS

SIR,—That Dr David J Hunter (26 February, p 736) should introduce the matter of promoting innovation in the National Health Service is admirable. Whether there will be a significant response from the readership is not certain. When I raised the matter some years ago[1 2] I received a communication from the Secretary of State and one from a rather busy general practitioner, who expressed himself in one word—hooray. That was all. It is the saddest thing that the staff of one of the largest enterprises in the Western world discounts creativity.

Discussion on the desirability of promoting innovation is hardly necessary, but discussion on the means may be profitable. Dr Hunter advocates a consultancy in each region which can be approached by the district authorities with a request to do their development work with particular emphasis on the organisation and delivery of health care. I would prefer a regional department of creative development approachable by any employee of the National Health Service for money and sponsorship to develop his or her own ideas; the work would be done by the individual and not by the department of creative development. Innovation should cover every function of the National Health Service: for instance, someone may invent a binder for the awkward salary slips we all receive, develop a new preventive approach or a new treatment procedure, have original views on aspects of ward management, initiate new experimental supply services. Every employee is a potential innovator.

The nature of the department of creative development must emerge from its task. Established opinion can be valuable to maintain what has been achieved. But creativity, by its nature, challenges established opinion. The more innovative the notion, the greater the challenge. Therefore the department of creative development has to be an independent body of people from outside the National Health Service who have proved themselves innovative in other fields. As in industry, there must be a fixed budget for development, a percentage of the regional budget. The department of creative development must not be over sensitive to waste; to be effective it cannot back a winner every time. Regional departments of creative development would compete with one another. These departments would be the pride of the regions, and the success of each region would be judged by its annual innovative programme.

JOHN G HOWELLS

Institute of Family Psychiatry,
Ipswich,
Suffolk IP1 3TF

[1] Howells JG. NHS reorganisation. *Lancet* 1972;ii: 324-5.
[2] Howells JG. Medical research in Europe. *Lancet* 1973;i:367.

Employment Medical Advisory Service

SIR,—The recent advertisement for the post of director of the Employment Medical Advisory Service of the Health and Safety Executive marks a further shortfall between original objectives and actual achievements of the service a decade later. On the day the vacancy was advertised in the *BMJ*, *The Times* carried an advertisement for an inspector of education for the Inner London Education Authority, who was offered £4000 a year more. The Chief Medical Officer of the Department of Health and Social Security earns nearly £10 000 more. Can the salary offered really be the worth of the man or woman responsible for setting standards for healthy working environments?

The present status of the service is to be diminished by the executive itself since the new director will report in future to the ex-director, now deputy director general of the executive. Even St Benedict, in the fifth century, required a retiring abbot to leave his monastery to give his successor a clear field in which to operate. No esoteric management theory there, just common sense. The new director will have to work directly with his predecessor in a confusing management structure. Why has the chief employment nursing adviser also left her post? Is that role to be similarly downgraded?

The Health and Safety Commission has representatives of employers and the employed within its structure to ensure fair play. Dr Lloyd-Davies, the architect of the Employment Medical Advisory Service, was convinced that doctors should confine their efforts to those activities for which they had been trained and which they would exercise with the authority derived from medical expertise not politics.

Unless they have apostolic zeal doctors of stature are unlikely to be attracted to an undervalued, underfinanced, and undermanned service some 80 strong, trying to improve the health of nearly half our population during most of their waking hours. Why must they still be seen as having to convince even their lay colleagues of their worth when they deserve obvious respect in their impartial expert care for both employers and the employed?

JOSEPH L KEARNS
Chairman, Occupational Health Committee

British Medical Association,
London WC1H 9JP

Medical manpower

SIR,—One notes with interest some of the views expressed so far on the subject of medical manpower. Their conclusions suggested not only reductions in medical student intakes but also that some of our medical schools should be closed. These are severe remedies which could run counter to our long term needs and interests. One should not take lightly the risk of destroying the irreplaceable, nor choose regulators that are known to be slow to respond.

There are two main sources of medical manpower, and in addressing the problem we must remember that in addition to our present medical school output of about 3475 graduates we are also absorbing on average an additional 700 doctors from abroad each year. A study of the last available Department of Health and Social Security figures[1] for a five year period shows that of "doctors born outside the United Kingdom and Irish Republic" there was a net inflow of 900 doctors or more a year during two of the five years. The total net inflow for the full five year period was 3500 doctors.

There are those among us who do not see it as "unlikely that any government will decide to introduce methods of regulating the numbers of overseas doctors who come to the United Kingdom"[2] and who also question whether we should continue to draw in doctors from their own developing countries where they are greatly needed. Indeed, the Royal Commission on Medical Education commented in its 1968 report that many overseas doctors "had come from countries whose own needs were greater than ours" and that "Great Britain ought not to rely on a continuing substantial contribution to its medical manpower from this source." We have obligations to our institutions, to our own graduates, and to those doctors from abroad who are already working here, but in meeting these obligations we need to consider which form of control is most appropriate and will operate most quickly and flexibly.

J G BALL
Chairman,
General Medical Services Committee

British Medical Association,
London WC1H 9JP

[1] Department of Health and Social Security. *Civilian doctors' career index*. London: DHSS, 1983.
[2] BMA. *Annual report of council 1982-1983*. London: BMA, 1983:22.

CCHMS chairman refutes charges on use of students

SIR,—The statement by Mr David Bolt (26 March, p 1075) questions the validity of the dossier of abuses of the Department of Health and Social Security's 1971 regulations on student assistantships that the Hospital Junior Staff Committee has prepared for the DHSS.

I am surprised that Mr Bolt is so upset that the HJSC is trying to uphold the regulations, especially as his committee had been fully aware that the HJSC was investigating the matter. Indeed, the negotiating subcommittee of the Central Committee for Hospital Medical Services had offered its assistance only a few months before. The juniors did not seek the attention of the media, but the publicity arising from the report of a meeting of the BMA's associate members group has at least made most students, doctors, and nurses aware of the regulations for the first time. It has also quite rightly placed the blame at the feet of the health authorities and the DHSS, with the result that the regulations may be adhered to in the future.

The case of a student performing a tonsillectomy that Mr Bolt refutes is not from my dossier but appeared in the *Sunday Times*. This I am still investigating. Two students have been informed that legal action is pending, although the question of the Director of Public Prosecutions that Mr Bolt refers to is not from my dossier. I understand that the Director of Public Prosecutions is informed only if murder or manslaughter is involved, which is not the case. Furthermore, the impression is given that only the prescribing of controlled drugs is a problem. The prescription of any drug by a student is illegal.

The HJSC has now sent the dossier to the DHSS. I believe in the validity of the cases it contains, and the fact that the media has so easily been able to find cases and obtain information of widespread abuse from consultants and other National Health Service staff speaks for itself. The HJSC is not, however, prepared to release case details elsewhere; not only would this damage the students' and juniors' careers, but it would