SUPPLEMENT

The Week

A personal view of current medicopolitical events

What faces the BMA's representatives at Plymouth this year? The agenda of the annual representative meeting was published on 1 June, and I highlighted a few priorities that week. It needs no prophet to forecast that from 24 to 27 June the Warnock report, alcohol consumption, smoking, and nuclear war will provoke some worthwhile debates, where views will not predictably divide along craft lines. Indeed, a marker was put down by the LMC conference—meeting in the comfortable new venue of London University's Logan Hall—where the debate on contraceptive services for the under 16s was one of the best in the two day meeting (p 1922).

Did the craft conferences put down any other markers or throw up anything unexpected? All objected with varying degrees of vehemence to this government's confrontational approach to the profession, so it was all the more surprising to hear the juniors make a provocative request to the chairman of the NHS Management Board to impose a manpower solution on the profession within two years (p 1918). I am fireproof in forecasting that manpower will stir the representatives' passions yet again. The juniors' plea for an outside solution, however, should not be brushed aside as a politically immature outburst by young doctors. Many of these young doctors are as articulate and politically astute as their colleagues in the career grades. Indeed, in industry and commerce many such talented intellects would by their mid-30s be holding top jobs. That resolution spells danger.

Mr Victor Paige's evidence to the House of Commons Public Accounts Committee (p 1924) suggests that he has sympathy for the juniors' plight. The National Association of Health Authorities, too, has joined in the manpower merry-go-round, declaring in a report published last week that too much medical care was now being provided by doctors who were either over or undertrained. The association called for medical manpower to be integrated into the NHS planning and review system; for greater devolution of decision making on manpower; and for a fundamental review of manpower. This all sounds like where we came in, but the association is an increasingly influential body and this report is yet another signal to the profession to get its house in order before the removal men from Whitehall, Westminster, and NAHA lose patience and move in to do the job themselves.

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At their conference general practitioners threw out the override procedure for the limited list, which their leaders had negotiated with the DHSS and presented to the Conference of Local Medical Committees for decision. The outcome had been widely predicted: general practitioners wanted no part in untangling the red tape that the government had wrapped round NHS prescribing, a view I'm sure the ARM will endorse. The conference was by its customary standards a subdued event, for overshadowing the meeting was the sad news of the sudden death of Gyels Riddle. A general practitioner from Gateshead, Gyels was an influential member of the GMSC for many years. Treasurer of the GMS Defence Fund Limited (though by a quirk of the BMA's constitution this post is officially designated deputy treasurer), a negotiator, and a deputy chairman of the committee, Gyels was a shrewd, realistic medicopolitician. He was as tough a defender of the general practitioner's independent contractor status as I've met; neither flamboyant nor charismatic, Gyels could, nevertheless, with a well timed, gritty intervention sway a GMSC debate more effectively than a roomful of self appointed orators. I shall miss his advice, and the GMSC will be the poorer for his departure. The mood of the conference was in its way as moving a tribute of its members' regard for him as a platform full of eulogies.

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The consultants' conference (p 1915) and the community medicine conference (p 1923) both discussed NHS management, a subject I know will weigh heavily on the ARM. The Griffiths management reforms are the most profound organisational change in the NHS since 1948, but too many doctors seem not to want to know. I sympathise with clinicians wanting to keep hands, eyes, and ears on their 'scopes, knives, and high tech machines, but unless they look, listen, and act the managers will outflank them. I sympathise, too, with community physicians, alarmed at their diminishing influence. But a new breed of tough, intelligent, articulate manager is evolving in the NHS so doctors must learn to argue knowledgeably about resources and persuade sceptical managers to their point of view. The days of medical autocracy are gone: doctors are now mortal. The ARM has a major task, however, in ensuring that essential medical influence and advice is not thrown out with the dismantled regalia, and that doctors remain a major force in the management of the NHS.

To sum up, I see the ARM as having three major medicopolitical objectives this year: to initiate urgent action on resolving the manpower impasse; to maintain the profession's vital influence in the post Griffiths NHS; and to roll back the government's strategy of confrontation. Easy to write about, I know, but far less easy to achieve.

SCRUTATOR