

done on problems of bacteriology and virology. The advantage of the Antarctic is not only the cold environment but that there is at each base a population of healthy young men who can be observed continuously over a period of a year. In addition to studies of the effects of the environment it is frequently possible to make serial observations of a kind which would be difficult to do in, for example, Great Britain.

These conditions have provided the background for work in nutrition and energy expenditure, cold exposure and acclimatization, sleep and circadian rhythms, bacteriology, and virology, besides less sophisticated studies of wound healing, nail and hair growth, and dental problems.

The Survey has been assisted in promoting this work by the Division of Human Physiology of the National Institute for Medical Research, and I am happy to say that many of our doctors have obtained an M.D. as a result.

At the present time we are considering what we can do to promote more sophisticated studies, but it is clearly impractical to develop laboratory facilities with the necessary back-up of equipment if the men to do the research are not forthcoming. It would therefore be of great assistance to our planning if individuals or medical organiza-

tions were to make known any particular interest which they may have in this type of work.

The Survey needs up to five medical officers each year for its various stations, the period out of this country being about 15 months followed by the necessary time at home to complete their project. Although we are happy to have doctors who do not wish to take up research, the opportunities are so great that I feel they should be widely known.—I am, etc.,

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V. E. FUCHS.

Health Department Economy

SIR,—In the residents' quarters of this hospital, unwanted and unread, lie 118 copies of the August issue of *Health Trends*. They have now been joined by an approximately equivalent number of the current issue.

As issue inexorably follows issue, may one hope that the Department of Health will practise some of the economy it preaches by reclaiming this valuable salvage?—I am, etc.,

H. MARCOVITCH.
Hospital for Sick Children,
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G.M.C.'s Annual Retention Fee

SIR,—In company with a number of other representatives I made the annual pilgrimage this year to the A.R.M. In the course of the meeting you will remember a resolution was passed regarding the annual retention fee by the G.M.C. that "While appreciating the necessity for instituting an annual retention fee by the G.M.C. it is felt that those doctors who have paid a life registration fee should not be asked to pay an annual fee in addition" (November 29, p. 514). The motion was debated at some length during the meeting, and so you can imagine my surprise when I received the latest circular from Dr. R. Gibson to the effect that, "The Council is sure that, on reflection, the Representative Body would not wish to impose such a burden on the younger members of the profession (distributed with *B.M.A. News* No. 21, November 1969)"—that is, an initial registration fee of £40-£50, or a retention fee for younger doctors of over £20 per annum.

What is the point of representatives taking the time and trouble to attend the A.R.M.

and to debate motions (which if passed are usually direct instructions to Council) when Council can "interpret" the resolution at a later date? The A.R.M. is surely the governing body of the Association and not the members of Council. As a representative I gave due consideration to what was said about the G.M.C. fee, and on reflection I have not seen any reason to alter my vote recorded at that time. I know of no power which was given to Council to overturn decisions of the A.R.M.

I would therefore ask all representatives whether they have any other ideas on the matter, and whether they remember voting powers to Council to overturn decisions of the A.R.M. without any further consultation.

This is surely the case of a small number of B.M.A. members—namely, Council—making decisions against the direct expressed resolution of the A.R.M. Is this the beginning of anarchy, even in the B.M.A.?—I am, etc.,

London S.E.20.

J. T. BREEN.

The Consultant's Job

SIR,—As members of the Joint Consultants Committee "group of nine" negotiators present at the Panel 1 discussions we were interested in Mr. M. A. R. Freeman's logical summing up of the present staffing situation (6 December, p. 617). The Panel 1 report¹ was also issued as a basis for discussion, but in fact was rejected because it perpetuated a subconsultant grade (albeit of small and controlled numbers).

Nevertheless, since the State is committed to providing a universal Health Service, provision must be made for the performance of an almost unlimited volume of work that has been labelled "subconsultant." Panel 1 provided a possible solution in making an attempt to separate the training element from

the purely service element of such work. If this were possible to do, the first could have been organized more effectively and the second remunerated adequately in the grades of hospital practitioner or specialist. If that solution is unacceptable to the profession, and if in fact general practitioners and married women doctors could not be encouraged to come back into the hospital service in sufficient numbers, then the Godber working party's² proposals are obviously the only other alternative.

As Mr. Freeman points out in his final paragraph, financial considerations could then prove to be another very important aspect of this problem. Is the State prepared to pay the bill for the "free" service, or must the

open end of the contract continue to be carried by the profession as the juniors have done in the past and as it seems consultants will have to do in the future? It would seem that for both the seniors and juniors an item-of-service method of payment could well prove to be the most desirable in that at least the rewards would be directly related to the volume of work undertaken.—We are, etc.,

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London E.1.

E. A. HARVEY-SMITH.

Warlingham Park Hospital,
Surrey.

REFERENCES

- ¹ *Final Joint Report. Negotiations Between the Health Departments and the Representatives of National Health Service Hospital Doctors and Dentists, 1966-68, March 1968, Appendix I.*
- ² *Department of Health and Social Security, Department of Health for Scotland, Responsibilities of the Consultant Grade, 1969. London, H.M.S.O.*

SIR,—The representatives of the Health Departments and the Joint Consultants Committee, whose report (*Supplement*, 6 December, p. 53) you published recently, are to be congratulated not on the report itself, which is mainly a restatement of previous utterances, but on revealing in Appendix B some of the figures we have itched to know for a long time. The pity is that their courage failed them when it came to exposing the disparity in "training grades" between teaching and non-teaching hospitals. One deduces that the ratio is 2:1 or greater.

The mistake of the Godber working party—which my fellow-member, Mr. M. A. R. Freeman, failed to point out in his otherwise excellent apologia (6 December, p. 617)—was in its desire to make a clear statement of principle free from speculation. The many critics of its report¹ have made the assumption that these principles would malevolently be put into practice by depleting regional board hospitals of their already scarce junior staff. At no time was this my intention, nor do I believe it to have been in the mind of any other member of the working party. Our unpublished calculations, based on possible future changes in training patterns, suggested that the number of junior hospital doctors would increase rather than diminish, and Appendix A bears this out.

What the most recent report lacked was a clear statement of intent. The vague agreement (paragraph 10) that—"the reasons for [disparities] should be explored, and where changes are thought desirable they should be made..." will not satisfy the militant regional board consultants whose letters have recently filled your columns. We are surely ready for a radical review of staffing establishments conducted not by the Joint Consultants Committee, whose heavy representation of royal colleges makes it suspect, nor by the Central Committee for Postgraduate Training, whose overt inactivity leads one to despair, but by an independent body (elected, perhaps). A guarantee that its recommendations would be put into practice would be required, lest, like the review which followed the Platt report,² they were modified until they were unrecognizable. Hopes that a revision would come about through the bodies responsible for postgraduate training

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