

The Ministry supports work which includes a wide range of applied research, complementary to the basic medical research undertaken by the universities and to the Medical Research Council; and studies designed to lead to better management and to more effective use of resources. It also supports research and development in the fields of hospital equipment and supplies, and of building and engineering services. There are over 250 separate projects in the current programmes and the estimated expenditure on them in 1968-9 is £2.5m. There is also a scheme for locally organized (decentralized) research, the object of which is to stimulate and encourage doctors to pursue their own ideas by providing them with money for clinical research projects of relatively low cost. This scheme was devised in agreement with the Medical Research Council and operates through regional hospital boards and boards of governors of teaching hospitals. Applicants and boards are advised by specially appointed local research committees. There are several hundred projects in hospital boards' current programmes under this scheme and the estimated expenditure in 1968-9 is £0.7m. Both schemes are open to people working in all branches of the N.H.S.

The British Medical Association may like to include an account of these schemes in its next edition. Meanwhile it may be possible to issue an addendum giving details of Ministry-financed research and how to apply for grants, since these constitute one of the most important sources of help for the doctor wishing to make a start in research by way of a small project of his own devising.—I am, etc.,

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REFERENCE

¹ *Research Funds Guide*, 1968. British Medical Association. (3s. 6d. net.)

Influenza Virus and Carcinogenesis

Correction.—In the Figure accompanying the letter by Professor Carlo Sirtori (30 March, p. 837), owing to an error in the course of preparation, the arrows indicating the virus particles were incorrectly placed. We print the amended version hereunder.



Hospital Career Structure

SIR,—The Final Joint Report¹ of the negotiations between the Health Departments and the representatives of the profession is to act as “a basis for further and wider discussions” (16 March, *Supplement*, p. 73). The main concern of the Report is with the creation of a scheme for the training and promotion of hospital doctors, without altering the present status of consultants. To this end the medical assistant grade is to be expanded.

We cannot see how this grade will be attractive to hospital doctors. It is to be a mixture of doctors of widely differing abilities, intentions, and qualifications; senior registrars (chief assistants) who have failed to obtain consultant appointments, registrars (medical officers) who have failed to achieve senior registrar grade, part-time doctors, and general practitioners. The jobs which medical assistants will do is not specified, but some will fill posts which are not suitable for training purposes (para. 71). The medical assistant is to be outside the training scheme, and his job will be a “service” one. Assistants will not have “final responsibility” for patients or consultant pay, although in practice they will, almost certainly, be doing consultant work. Highly trained doctors, in particular, are unlikely to join this grade in preference to their real ambition, and emigration will prove a more attractive alternative. Because the basic structural reforms which are needed are complex and expensive, while the introduction of the assistant grade is easy and cheap, this aspect of the Report is already being implemented. This is shown by the recent spate of advertisements for medical assistants, and by the increased salaries, for assistants alone, which have been recommended by the Review Body.

The Report bases its ideas firmly on the concept of the ultimate responsibility of the consultant, when, in practice and in law, this does not exist. It makes almost no mention of the expansion of the consultant grade which is needed. The power of the consultant in the promotion of their juniors and in the delegation of work is not discussed, and neither are the difficulties which arise from the fact that jobs and hospitals vary greatly in prestige and opportunities for advancement. By ignoring these points the Report defeats its own ends, and does nothing to lessen the divisions within the profession.

Many aspects of the Report are completely conjectural and defy any attempt at serious analysis. We learn (paras. 25, 56), that “most chief assistants should be successful” in getting consultant jobs; if not, they “could transfer to the assistant grade” (or “must be held” in the assistant grade), and advancement to consultant will become “more normal” for “a number” of assistants. This does not sound to us like a blueprint for security and promotion for these highly trained doctors. There are no facts given about the training schemes upon which so much of the Report depends, and no real information about the fundamental changes in medical organization in hospitals which will be needed, or about the rate of implementation of the proposals, or the relative numbers of “hospital,” “uncommitted,” and

“practitioner” medical officer posts and the basis for the distinction between the three types. The Report does not set a high standard of inquiry. It is not enough to say that it is only a preliminary. Speculation can never be a “basis for further discussions.”

In addition, there is a great deal left unsaid in this report, and much which has happened since its publication, which indicates confusion and disagreement between the negotiating parties. Why is the expansion of the consultant grade not fully discussed? If there is opposition to the expansion of this grade, does it come from the Ministry or from the profession? If the Report is the *agreed* result of negotiations between the Health Departments and the profession's representatives, why does the Review Body Report² state (para. 121) that the Health Departments regard the assistant grade as an “essential part of the career structure in the hospital service,” while the profession's representatives approach this question differently and regard the grade “as one which should be staffed primarily on a part-time basis from outside the hospital service”? Who are we to believe, the Health Departments or the profession's representatives? Further, since the whole rationale of the assistant grade is to unblock the stream of promotion by giving limited tenure to registrar and senior registrar posts, why has one of the “representatives” of the junior doctors who negotiated the Final Joint Report proposed a motion in the Central Committee for Hospital Medical Services (*Supplement*, 1 June, p. 174) “that this Committee believes that there should be no limitation of the tenure of senior registrar posts solely on a time basis”? While at the same meeting another of the negotiators stated that it is the consultant establishment that needed setting right so that senior registrars will not have to become assistants. How can these negotiators have signed the Report? Why did they not dissent from it?

We feel that the ridiculous muddle which has been made of our career structure is as much the fault of our representatives as of the Health Departments. The lack of data in the Report, the peremptory way in which the problems of overseas doctors are discussed, the obvious lack of agreement among the negotiators, and the impression of confusion are symptomatic of the way in which the profession approaches these problems. We doubt if junior hospital doctors are represented at all by these negotiators. A strong case can be made out for an independent organization directly expressing our views and not those of established and senior members of the profession.

In our opinion this Report is one of the biggest errors the profession has made, and we know that many other registrars and senior registrars are deeply disturbed by its implications, and by the fact that it may destroy the chances of establishing the rational career structure which we all desire. We realize that we have little hope of influencing events at this stage, and we no longer wish to be part of an organization which has helped to put us in this position. Accordingly, those of us who are still mem-