Letter from Westminster

Medical education, manpower, and unemployment

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Old habits, it seems, die as hard in the medical profession as they do in any other. Dr D H Irvine, past secretary of the Royal College of General Practitioners, admitted as much when presenting the college's evidence to the Social Services Select Committee, which is currently investigating medical education. It is proving a rewarding field. In the course of the cross-questioning Mrs Renée Short, Labour MP for Wolverhampton North East and the committee's chairman, lamented the problems of general practice in the inner cities and claimed that doctors there often worked from "rotten old shops." She thought, and Dr Irvine agreed, that this state of affairs was quite dreadful. That being so, she wondered why health centres had not been supported by the profession. Dr Irvine, conceding that in the inner cities, particularly in London, there was a disproportionately high number of single-handed practitioners, said he was not aware that health centres had not been supported. There had, indeed, been considerable concern expressed by GPs when the programme had been cut. Mrs Short then pointed out that in the heyday of the centres when money had been available doctors had not been at all keen to come forward and operate them. Dr Irvine took her point, but reminded her that there are some 27 000 GPs in the United Kingdom and change in such a heterogeneous group takes a considerable time to bring about. The remarkable thing was the extent to which it had over the last ten years come about rather than not.

Asked by Mrs Short whether 1700 was an achievable figure for the size of the GP list, Dr Irvine said he thought it was not at present. "It looks as though a list of 2000 to 2500 in the present context is not unreasonable, if the work load remains as it is and the health care team is deployed as it is," he added.

As for the extent to which GPs should be involved in hospital practice in the future, he said that an increasing number of young doctors in vocational training were expressing a preference to follow special interests, and the college saw it as unhelpful to think about a neat and clear-cut division between general practice on the one hand and hospital specialties on the other. Dr J Bennison, chairman of the education committee of the RCGP's council, said that some GPs would like to look after patients in hospital, but not all, and many GPs would be better employed looking after them outside hospital. "The whole thrust should be to looking after patients in the community," he added. "But many GPs feel they would like, and perhaps need, the stimulus of hospital care. Many younger assistants feel they would like to keep a toe in, but I don't think that is absolutely general."

In its written evidence the RCGP rejected the school of opinion that believes that some specialties, particularly paediatrics, geriatric medicine, and psychiatry, should "reach out" from their hospital base to provide primary care in the community. It believed that normally primary and continuing care in the community should be provided through general practice and that the "referral system" should be maintained. The MPs

were also told that continuing medical education, which embraced most of a doctor's working life, was the most neglected area, needed to be taken seriously, and was one of the college's highest priorities for development.

"The essential change required is the creation of a climate and the development of a methodology and educational organisation which encourages all doctors to have their performance assessed by their peers regularly in their years in active, unsupervised service," the college added. "We hold that the development of continuing education could lead to decisive improvements in the quality of patient care, promote flexibility in the deployment of manpower, and be an important factor in helping the country get value for money from their doctors."

Graduate education needs imaginative reorganisation

The RCGP also warned that graduate education was in need of imaginative reorganisation and that the present position on vocational training was unsatisfactory. This was because it forced young doctors to make an early career choice and, what was worse, made it difficult for those who found themselves going for the wrong specialty to change their minds. The options, the college said, should be kept open as long as possible. Dr Irvine told the committee that there would be major professional difficulties which would spill over into other parts of the NHS if young doctors were not able to change, at least for the first year or two, from one subject to another with relative ease. The evidence also made a strong case for more money and manpower to be provided for graduate education.

With unemployment generally running around 10%, the figure of 0.6% for doctors—quoted recently in the House of Lords—sounds like heaven. Even so, it means that an appreciable number of expensively trained, highly skilled people are twiddling their thumbs. The latest information given by the Government in a written Commons reply shows that in England 564 qualified medical practitioners were registered as unemployed at 11 December last year. The figures for Scotland, Northern Ireland, and Wales were 42, six, and 35 respectively.

The numbers of people employed in the NHS were the subject of exchanges recently in the Lords, which revealed that at June 30 last year, the latest convenient date, the figure was 1 162 000. The corresponding figures for 1970 and 1960 were 719 000 and 550 000. This disclosure by Lord Cullen of Ashbourne, the Government spokesman, provoked Lord Boyd-Carpenter, a former Conservative Chief Secretary to the Treasury—the Government axe-man—to complain that the NHS appeared to be our greatest growth industry. They showed there was room for retrenchment without any diminution in the effectiveness of patient care, he suggested. Lord Cullen did not agree. If the country wanted the benefit of medical advances, more intensive use of hospital facilities to reduce waiting lists, and a better community health service for an increasingly elderly population the NHS staff numbers would continue to grow, he replied. All that one can say to that is, in the traditional parliamentary style, to murmur: "Hear, hear."