

## Letter from Westminster

### Mrs Short asks for £10m to protect medical education

WILLIAM RUSSELL

That big is not necessarily better is proved yet again by the report of the Social Services Select Committee into the impact on the medical services of the University Grants Committee's cuts (p 1720). The committee, chaired by Mrs Renée Short, Labour MP for Wolverhampton North East, singled out the Scottish Home and Health Department's reaction to the threat posed by the UGC to the Scottish medical schools—Aberdeen, Edinburgh, and Glasgow universities were all severely hit—for praise. It is, of course, always satisfying to find other people confirming what one believes, that the Scottish way of doing things often is the best way. The point is that the Scottish Office managed to find an additional £600 000 or so to cushion the impact. This was made available to health boards to create around 30 new senior posts in the National Health Service to replace a proportion of those discontinued by the universities.

"While it may be this original response will prove to be inadequate, it appears to us of great significance that in Scotland something at least has been done to mitigate the effects of the UGC cuts on patient care," the report comments. It demands an extra £10m from the Government—"peanuts" in terms of the Department of Health and Social Security's budget according to Mrs Short—to save and protect medical education. Ministers, of course, keep saying there is no money available, but the report does make out a powerful case against the DHSS, particularly over its failure to assess the likely effects of what was being demanded by the UGC, and its case will have to be answered. Mr David Ennals, the former Social Services Secretary, was notably scathing about the failure of the DHSS to get the necessary information from the universities and medical schools, the unspoken point being that in his day this would never have happened. But he had reason, because the clerk to the committee, with a staff of two, did manage to write around and get a lot of information back.

At the news conference to launch the report there was a cutting little moment, which proved that even in politics absence does not necessarily make the heart grow fonder. Mr Ennals said he could not possibly blame the present Health Minister, Mr Kenneth Clarke, for what had happened, and praised the virtuoso performance he had put up when he had given evidence to the committee only days into his new job. "I can only blame his predecessor," Mr Ennals added. Just in case what he was saying escaped attention, Mrs Short followed on with—"He was a doctor and should have known better."

The report makes an issue of the fact that the UGC had agreed in evidence that some recommendation from it to the universities about protection for specific subjects would have been both proper and normal. "They have already had to step in to protect uncommon languages and small branches of science and could see no reason not to 'extend the advice to certain limited areas of medicine,'" the report states. "Guidance issued, for example, to universities whose medical schools have been particularly affected included recommendations to Aberdeen

on the more economical deployment of Norwegian studies and to Glasgow on continuation of courses in Czech, Polish, and Latin American studies. Sheffield were advised to protect undergraduate work in Japanese and Cambridge to protect inter alia Ancient Egyptian languages and Sanskrit."

Mrs Short thought it all somewhat "bizarre," especially Sanskrit. But what it looks like is that those members of the UGC, who might have stood up for the shortage specialties in medicine and ensured that mention was made—as was done about these minority subjects—of the need for protection, failed to do so. Advice did come in due course from Sir Henry Yellowlees, Chief Medical Officer at the DHSS, but the committee believes from the letters it received from the universities and the Committee of Vice-chancellors and Principals that this advice was not heeded. "Too little and too late," the report remarks.

"The absence of any guidance from the DHSS and the UGC on the possibility of protection for particular areas of clinical medicine must have been read by some universities as a tacit encouragement to 'have a smack' at medical education."

As to why big is not necessarily better, if the position in Scotland is less serious despite the severity of the cuts, it is because the communications among the universities are better, and because the departmental and ministerial authority is closer at hand. The SHHD was able to assess what was likely to happen, and to act on it. The committee says that bodies like the British Medical Association, the University Hospitals Association, and the National Association of Health Authorities did at least try, as it did itself, but it is not satisfied that the DHSS made equally strenuous efforts. "We have had no great difficulty in identifying problems in individual universities and estimating the scale of the problem nationwide," it says firmly. Nobody at Westminster would deny that the committee has come up once more with a powerfully argued report.

#### Self-certification from 14 June

Starting on 14 June doctors will no longer have to provide patients with sick notes for the first week off work, a change that relieves general practitioners of a chore that they have long wanted to get rid of. The intention is that patients will be able to collect forms from doctors' surgeries, social security offices, and hospitals. The Social Security Advisory Committee, chaired by Sir Arthur Armitage, which examined the draft regulations making the change, accepted that for such transient illnesses that affect people who need up to a week off work the present medical certificate merely adds a professional rubber stamp to what might already be in practice a system of self-certification. Doctors often had to rely on a patient's word about the nature and severity of the illness, or even about whether there had been any ill health at all, the committee said. The dilemma was how to reassure employers that there would not be massive absenteeism without imposing on general practitioners a task they did not want to do, and it now seems to have been satisfactorily resolved all round.

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