TALKING POINT

Do research posts pose a threat to medical manpower planning?

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In most medical specialties there is an imbalance between the number of trainees at all levels and the expected number of consultant vacancies. The position is likely to get worse if the latest cuts in National Health Service expenditure slow the rate of consultant expansion as the proportion of junior posts filled by British graduates planning their lifetime career in the NHS steadily increases.

The main obstructions to promotion are now at entry to the senior house officer, registrar, and senior registrar grades, but most attention has been focused on the bottleneck between senior registrar and consultant as little lateral movement is possible once a doctor has become a senior registrar. Many, including the Short committee,¹ have recommended controlling the number of senior registrars to match the opportunities in the consultant grade. There has been much debate about the effect of honorary senior registrar appointments in thwarting this regulation of the senior registrar grade, with particular reference to the medical specialties that have a higher proportion of honorary senior registrars than any other branch of medicine. A wide divergence of opinion emerged when this issue was debated in the Joint Consultants Committee.²

The latest proposal from the JCC, cryptically reported in the *British Medical Journal*,³ is a compromise. Honorary senior registrar status will be offered to appropriate trainees holding research appointments funded by bodies like the Medical Research Council and the Wellcome Trust, for whose funds competition is stiff, but will normally be withheld from those employed on softer money under more local control. These proposals are based on a belief that honorary senior registrar status provides a major alternative pathway through which trainees reach the consultant grade without ever having to compete for an established senior registrar post or lectureship. To test this belief we sent a questionnaire to consultants in the medical specialties who were appointed to posts in the Northern region during the years 1977-83.

Methods and results

The questionnaire asked for simple details such as years of initial and postgraduate qualification and time spent in NHS registrar and senior registrar posts, university lectureships, and research posts. Those who had held research posts were asked about the honorary status obtained, the source of funding, and whether it was obtained on secondment from an established post. Finally, we asked from which post the first consultant appointment was obtained.

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Seventy seven consultants had been appointed in the Northern region during the period in question. With the help of one written and two telephone reminders we obtained replies from 69 (90%) with the following results.

Registrar appointments—Sixty two (90%) of the 69 respondents had held a registrar appointment in the NHS.

Established senior registrar appointments—Fifty two (75%) of the 69 had held NHS senior registrar appointments, in four cases additional to a lectureship, and a further nine had held university lectureships with honorary senior registrar status. Sixty one (88%) of the 69 had held an established senior registrar or honorary senior registrar post before becoming consultant. Of the eight who had bypassed this grade, one had been a senior clinical medical officer, one had been a general practitioner and clinical assistant, two had been specialists in the Royal Army Medical Corps, one had held a research fellowship abroad, two had held career posts in the Medical Research Council, and one had held a research senior registrarship funded by a pharmaceutical company.

University lectureships—Eighteen (26%) had been a university lecturer at some point, including the nine who had held lectureships as their only senior registrar appointment.

Research appointments—Forty three (62%) of the 69 had held a research appointment at some point in their career. The sources of funding of the fellowships were: National Health Service (19)—Exchequer funds (14) and endowments and special funds (five); university and medical school (seven); Medical Research Council (six); British Heart Foundation (two); Kennedy Institute (one); Leukaemia Fund (one); Canadian Heart Foundation (one); United States sources (one); and pharmaceutical companies (five). Twenty (47%) had enjoyed senior registrar status and 23 (53%) registrar status during their research appointments. Nine (21%) held their research posts on secondment from established appointments and 34 (79%) held them between other appointments.

Discussion

Our survey shows that recently in the Northern region research appointments held on soft money have not been major alternative pathways to consultant status. Two of the 69 consultants had been appointed directly from research fellowships; only one of these was in the "soft money" category from which the JCC would like to withhold senior registrar status. The largest single source of research fellowships was the NHS. In this respect the Northern Regional Health Authority may be exceptional in that it has an enlightened policy of providing six research fellowships, three at registrar and three at senior registrar level, each year; these are competed for by trainees in all branches of medicine. Our questionnaire did not ask in what region junior posts had been held, but we know that many of the consultants trained in other regions; another recent local survey showed that only 101 out of 237 consultants appointed by the regional health authority in all specialties in the period January 1979 to July 1983 had received their higher professional training in the Northern region.

We suspect, therefore, that the NHS, which paid for half of the fellowships in this survey, is a more important source of honorary senior registrar appointments than has yet been recognised. We assume that the NHS will usually award appropriate status to those whom it appoints to fellowships that it funds and that a similar policy will usually be adopted when a post is funded directly by the local university or medical school. If we accept the Medical Research Council and British Heart Foundation, at least, as being reputable bodies more than three quarters of all research appointments shown by this inquiry would have been eligible for honorary senior registrar status under the present JCC proposals.

Perhaps the Northern region is not typical of the country as a whole. It is one of the few regions with a medical school that does not train enough doctors to fill its own posts. It is also low in the league of senior registrars per hundred thousand population in medical specialties.⁴ We hope that this article will stimulate others to carry out similar inquiries in contrasting regions, such as the Thames regions, to see whether our findings are representative of British experience.

IMPORTANCE OF ALTERNATIVE PATHWAYS

Flexibility is the most revered word in the blue book published by the Joint Committee on Higher Medical Training. Some say it is honoured more in the breach than the observance, but it is still possible for doctors to be appointed to a consultant post from such diverse backgrounds as general practice, the armed services, the Medical Research Council, and service abroad. This freedom is important; alternative pathways to a consultant post should not be restrained unless they pose an important threat to manpower planning. Does restricting senior registrar status to research fellows meet this criterion? We think not.

If our survey reflects British experience the number of doctors bypassing the established senior registrar/lecturer grade through research posts is small (3%). It has been argued that by shortening the time spent in established posts research appointments expand the senior registrar pool, but this reasoning is false. As the Short committee argued,¹ both established senior registrars and research fellows come from the same total output of the medical schools. Now that senior registrars are rarely dismissed at the end of their training the number leaving established senior registrar posts is determined solely by the number of consultant and other career post vacancies. If doctors occupy other posts on the way to established senior registrar/lecturer posts, regardless of the status they enjoy, the only effect is to lengthen their training period.

We applaud the original concept that seven years of post-registration training is sufficient before consultant appointment, but few doctors will achieve this as quickly in the foreseeable future. In medical specialties competition for senior registrar posts is intense. The last one advertised in this region was in

chest and general medicine, until recently an undersubscribed specialty. It attracted 32 applications, 31 from graduates of British universities. All had completed general professional training and had the membership of the Royal College of Physicians; most had registrar experience in the specialty and a creditable list of publications. Most doctors will have to "mark time" for a few years, gaining extra clinical or research experience before they obtain a senior registrar post.

At present they have two main choices: they can spend an extra year or more as registrar in general medicine or their specialty or they can take a research appointment. All proposals for the future of the registrar grade envisage a substantial reduction in the number of these posts in popular specialties and restriction of the time that can be spent in them. The number wishing to take "a research year or two" is therefore likely to increase. Although there are some valuable alternatives, such as service abroad, they are much less accessible to the typical British graduate with a working wife or husband and often a young family.

At present those taking up a research appointment may apply for honorary senior registrar status; it is guarded jealously, at least in this region. The senior registrar committee vets the curriculum vitae and compares it with those of established senior registrars recently appointed in the same specialty. Denying this privilege to some research fellows will not decrease the growing demand for research fellowships and will have little effect on the career of the doctors concerned. In most medical specialties they can obtain retrospective recognition for one year of general medicine and one of special interest for post-MRCP registrar or research appointments, regardless of the honorary status that the latter enjoyed. Most senior registrars in future will be accredited long before they obtain consultant appointments.

The only effect of a restriction on honorary senior registrar status would be to reduce the salary of these doctors when they obtain an established senior registrar post, which may, in turn, affect their salaries on appointment to a consultant post. This policy would save the NHS a few thousand pounds at the expense of the trainee, which was probably not the intention of those who proposed it. We hope that its protagonists will think again.

References

- ¹ Social Services Committee. Fourth report. *Medical education with special reference to the number of doctors and the career structure in hospitals*. London: HMSO, 1981. (Short report.)
- ² Anonymous. Staffing structure: consultant expansion emphasised. *Br Med J* 1983;286:1368-9.
- ³ Anonymous. Further discussion on hospital medical staffing structure. *Br Med J* 1983;287:438.
- ⁴ Department of Health and Social Security. *Hospital medical staff, England and Wales. Regional whole time equivalent table. Statistics and research division*. London: DHSS, 1983.

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