## Manpower problems in general surgery

SIR,—Since 1983 the Specialist Advisory Committee in General Surgery has listed and numbered all the higher surgical trainees (senior registrars and lecturers) in recognised training schemes in the United Kingdom. This has enabled the profession to control the overall numbers and throughput of trainees and compile accurate statistics of our manpower situation.

The first census of higher surgical trainees was taken at December 1983.[1] A second one taken at June 1985 is reported here and compared with that taken eighteen months ago. The present figures show a reduction in the total number of higher surgical trainees but this mainly affects Scotland. There has also been an encouraging reduction in the number of trainees accredited and time expired, especially those over five years in post. Once again, these time expired trainees are fairly evenly distributed throughout the country.

*Census of higher general surgical trainees at June 1985 (December 1983 figures in parentheses)*

| | Total No of senior registrars and lecturers | Accredited* | Time expired† | | | |
|---|---|---|---|---|---|---|
| | | | >4 years | >5 years | >6 years | Total |
| England and Wales | 197 (199) | 58 (95) | 18 (19) | 10 (18) | 13 (23) | 41 (60) |
| Scotland | 29 (37) | 11 (14) | 6 (7) | 1 (0) | 1 (2) | 8 (9) |
| Northern Ireland | 10 (10) | 0 (2) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| UK | 236 (245) | 69 (111) | 24 (26) | 11 (18) | 14 (25) | 49 (69) |

* Successful completion of a flexible programme of higher surgical training in Specialist Advisory Committee approved scheme.
† More than four years in a scheme as senior registrar or lecturer.

Although these figures show some improvement in the manpower structure in general surgery it is far from being solved and complacency cannot be afforded. Every effort must continue to be made to expand the consultant establishment, but even then some overmanning in this higher training grade may still exist and other measures may well have to be considered.

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1 Rothnie NG. Manpower problems in general surgery. *Br Med J* 1984;**288**:1764.

## Consultants' contractual commitments

SIR,—Even if all consultants follow the guidance prepared for the Central Committee for Hospital Medical Services (14 September, p 752), it is unlikely that health authorities will be happy with their responses. The arrangements for the provision of health services are now so complex and interrelated that consultants cannot and do not change their commitments on a week to week or even a month to month basis. It is commonplace for them to have their sessions for outpatients or theatre work at the same time, year after year. Indeed, details of outpatient sessions are often published for the information of general practitioners.

Why cannot health authorities be assured that consultants regard work at these times as being part of the way in which they fulfil their contracts? It is difficult to see how a consultant can work without such regular sessions. How can an authority be expected to satisfy itself that all employees undertake the work for which they are employed?

In 1980 the profession agreed amendments to the contracts of consultants and at the same time subscribed to a recommended form of job description. One element used in describing the job itself was "(*d*) weekly provisional timetable of duties. . . ." Why has this item now become unilaterally unacceptable?

There is another aspect of the guidance which needs to be questioned. It contains a clear, and presumably conscious, difference between the paragraph of the terms and conditions quoted and the suggested response from a consultant. Paragraph 61 (which, contrary to the implication in the guidance, does not apply to whole time contracts) requires the employing authority to decide on the quantum of work to be undertaken and then assess, in terms of notional half days and fractions thereof, the average time per week required by an average practitioner to perform the duties. The guidance, on the other hand, suggests that each consultant assesses the average time he or she actually spends in performing the duties. This is not the same. The contract is for work to be done and is not necessarily fulfilled by the passage of time.

Consultants must realise that members of authorities and staff in other disciplines are increasingly concerned at their reluctance to subscribe to even a framework of a timetable. A rigid timetable may not adequately cover all the duties but it is not surprising that the present attitude leads to the conclusion that there is something to hide. This is sad, because a more forthcoming attitude would reveal the true state of affairs.

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## Trident versus health

SIR,—Together with a growing number of doctors and others responsible for health care we find we are unable to separate our professional concern for patients from our political concern about the present pattern of government spending, in particular spending on nuclear weapons. Our daily experiences of working in widely differing backgrounds in hospital and community practice tell the same story: inadequate funding, cuts in facilities, lengthening waiting lists, strain on NHS staff trying bravely to meet increasing burdens with diminishing resources. Mr Fowler's recent attempt to deny this common experience with carefully chosen National Health Service statistics[1] has been thoroughly exposed.[2,3]

The NHS economic review of the National Association of Health Authorities[4] has pointed out that the real increase in government funding for the coming year (1%) would barely cover demographic pressures—let alone fund technological improvements. It would leave nothing to correct the underfunding which persists in several regions,[4] to provide resources for community care schemes, or make much needed improvements in NHS buildings.[5] It would leave nothing to provide services which would rightly justify national pride—adequate inner city general practice,[6] a comprehensive cervical screening programme,[7] an equitable level of treatment for chronic renal failure.[8] It would leave nothing to implement the neglected recommendations of the Black report, including its advice that the abolition of child poverty be adopted as the national goal for the 1980s.[9]

This situation contrasts sharply with that of defence expenditure, which has increased in real terms by more than 3% a year from 1979-80 to 1984-5.[10] The allocation of government public spending reflects the whole sense of priorities for our society, which can at present be expressed by noting that we are prepared to spend upwards of £9 billion on the Trident missile system while being unable to find £60 million to prevent unnecessary deaths from renal failure. We are witnessing a serious devaluation of the importance which we place on human life, which in turn reduces the true status of our society—and is the more disturbing when it is clear that Trident could play no part in any rational scheme of defence for the United Kingdom.

We therefore call on all those with a concern for the health of the British population to recognise that excessive spending on arms is likely to have an adverse effect on health and to campaign actively in support of the motion passed without opposition at this year's BMA annual representative meeting which called for "a major change in the balance of government spending" towards health and away from defence. Such campaigning will need to recognise the present government's unwillingness to support initiatives for arms limitation (the extent of which can be seen by examining voting records at recent sessions of the United Nations Assembly[11]). Pressure on the Government should be increased to complete the negotiation of a complete test ban treaty (which recent technological advances have made verifiable) as a first step towards a multilateral freeze on the testing and deployment of further nuclear weapon systems. We regard these steps as essential—not only for preventing nuclear war—but also as a first step towards good health and health services for all British people—and for many others around the world.

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