

will undermine move towards high quality NHS

Juniors take on specialist duties

Increasing numbers of doctors without relevant specialist qualifications or expertise are being asked to act as unsupervised specialist registrars and consultants, the Audit Commission's report on medical staffing shows.

The number of non-consultant career grade (NCCG) doctors employed in acute trusts in England and Wales has increased fourfold in the 10 years to 2001, a period when the total number of doctors increased by 44%.

The commission says that these doctors take on "considerable responsibility," such as seeing outpatients and performing emergency operations out of normal hours without supervision.

But the report adds: "It is inappropriate that a single grade should encompass such a wide range of qualifications and minimum standards should be set for their specialist qualifications and skills."

The commission states: "There are no standard qualifications required nor the training they might expect nor the competencies that they should be able to demonstrate." These doctors carry out the duties of specialist registrars and can often be on call overnight for a specialty.

A quarter of NCCG doctors were more senior associate specialists, many of whom had considerable responsibility and shared an on-call rota with a consultant.

Just 18% of trusts reported that all their staff grade doctors had postgraduate specialist qualifications, and 5% of trusts admitted that none of their staff grade doctors had.

The commission recommends that NCCG grades be aligned more closely with career grades to ensure easy movement between the two.

Dr Jonathan Boyce, associate director at the commission, said "There is nothing wrong in principle with these posts," Dr Boyce added. "The problem is that you can't easily get back into training once you are in them." □

Hospitals in London employ twice as many doctors

The Audit Commission found a huge variation in the number of doctors employed by trusts across England and Wales, with some hospitals employing twice as many doctors as others.

London undergraduate teaching trusts have approximately twice as many doctors per admission as a typical district general hospital. Across England and Wales the ratio varies fivefold, from 2.6 to 14.1 (median 4.7).

When these variations are explored by grade, the difference is greatest for specialist registrars, where the London undergraduate teaching trusts have three

times more doctors per admission than the average. Although doctors in teaching hospitals do contribute to care of patients, the extra numbers may be justified by research or a more complex case mix. However, the commission says there is insufficient evidence to resolve the issue.

Dr Jonathan Boyce, associate director at the commission, said, "When we say we don't understand why you have got twice as many doctors in some district general hospitals as in others, the implication is that the variation is too wide and shouldn't be. But how much less than twofold the variation should be, I can't tell you."

"The government needs to consider this as medical schools expand and funding increases," he says. "What we would like to see is the places at the bottom end with fewer doctors per 1000 patients getting the new posts." □



"We are very experienced"

The difficult position faced by the growing number of non-consultant career grade doctors is highlighted in the Audit Commission report on medical staffing. These doctors do not hold relevant UK specialist qualifications, but usually have considerable experience. Mr Rifaat Abo-Leyah, aged 47 (pictured above), is an associate specialist in obstetrics and gynaecology at Calderdale Royal Hospital in Lancashire and came to the United Kingdom in 1990 on a sponsorship scheme. He previously spent four years as a registrar in Saudi Arabia in a job recognised by the Royal College of Obstetricians and Gynaecologists.

His experiences typify some of the Audit Commission findings. He said: "We [NCCG doctors] are very experienced. We fill in for consultants' clinics and theatre lists and all the services done by senior colleagues. At the same time, they ask us to fill junior gaps as well. It is humiliating and demoralising. Every now and then I feel depressed and unhappy at work—I am affected mentally more than physically, but because we are doing a lot of the juniors' work we start to feel it physically. We are not fit for the job."

"Two years ago the government made it clear that staff grades and associate specialists were seen as senior staff, but this is not what most trusts can practically apply when they have these other pressures. We want proper recognition and the potential to progress. We also want trusts to recognise our seniority in terms of experience and age."

Mr Abo-Leyah, a Palestinian, gained membership of the Royal College of Obstetricians and Gynaecologists in 1993 and spent four years trying to get on to training posts without success owing to visa problems. "After that I went for a non-career post. I had been doing locum consultant work, but it's not good when you have a young family because you are moving from place to place."

In 1997, four years after the Calman report, which created the specialist registrar post, Mr Abo-Leyah applied to become a specialist registrar. "I had support from the senior consultants, who said I fulfilled the criteria because I have done more than four and a half years in a recognised registrar training post. But I received a standard letter from the Royal College of Obstetricians and Gynaecologists without reference to these documents, saying that I still needed two years' training. I appealed, but they sent me more or less the same reply."

● The BMA's Staff-grade and Associate Specialist Committee, has its inaugural meeting on 21 September.