mission's recommendations have now been accepted by the Government. The profession has therefore now left it too late to reject the report and the attempt to do so would be a tragedy.

What, therefore, is to be done ? I suggest that the profession should accept the Godber proposals for what they were: a basis for discussion. The profession should argue that they imply an alteration in consultant work and hence that their implementation should be linked to a re-negotiation of the consultant contract. In the new contract consultant remuneration should be based upon a realistic fee for an item of service. In so far as new consultant work was dull and time-consuming, it would at least then be remunerative.—I am, etc.,

M. A. R. FREEMAN.

Department of Surgical Studies,
London Hospital,
London E.1.

REFERENCES

1 *The Responsibilities of the Consultant Grade*, 1969, Department of Health and Social Security, Department of Health for Scotland. London, H.M.S.O.
2 *Royal Commission on Medical Education*, 1968, Cmnd. 3569. London, H.M.S.O.
3 *Panel I. Final Report on the Negotiations Between the Health Departments and Representatives of the National Health Service Hospital Doctors and Dentists*, 1966–8. Appendix I.

SIR,—We are disturbed by the increasing volume of unfavourable and we believe misguided comment on the report on *The Responsibilities of the Consultant Grade*.[1] We believe that the principles set out in this report are admirable. For the first time an acceptable definition of consultant responsibility is given, proper equilibrium is proposed between staff in training and staff in career posts, and the lingering spectre of the sub-consultant career grade is exorcized.

The often expressed fear that with an increased establishment consultants will undertake "non-consultant work" is, we believe, groundless, since with the introduction of general professional training the total number of training posts is likely to increase rather than decrease, and a large number of these posts will certainly be in district hospitals.[2] In addition some increased contribution to hospital staffing, albeit as yet undefined, will probably be made by general practitioners in the future.

We consider that the report is fundamentally sound, and we urge early negotiations on its contents. May we point out, too, that a resolution to this effect has been adopted by the Hospital Junior Staffs Group Council (Scotland) ?—We are, etc.,

J. M. D. GALLOWAY, Chairman.
G. M. MCANDREW, Hon. Secretary.
I. G. GROVE-WHITE, Asst. Hon. Secretary.

ELIZABETH J. W. DUTHIE.
A. J. S. GARDINER.
N. J. B. HITCHCOCK.
ANDREW W. HUTCHEON.
A. B. MCEWAN.
R. J. MCILWAINE.
KENNETH MCLEOD.
JAMES C. PETRIE.
C. A. S. PEGG.
MICHAEL A. PRATT.
C. T. PRESHAW.
R. W. STRACHAN.
WILLIAM M. SMITH.
HAMISH SUTHERLAND.
A. A. TEMPLETON.

North-eastern Regional Hospital Junior Staffs Committee.
Aberdeen.

REFERENCES

1 *The Responsibilities of the Consultant Grade*, 1969, Department of Health and Social Security, Department of Health for Scotland. London, H.M.S.O.
2 *Royal Commission on Medical Education*, 1968, Cmnd. 3569. London, H.M.S.O.

SIR,—The Medical Advisory Committee of the Blackburn Hospital Group, having considered on several occasions the document relating to the responsibilities of the consultant grade,[1] recommends that this report should be rejected on the following grounds :

(1) The recommendations are unrealistic. We do not believe that peripheral hospitals can function satisfactorily merely with junior consultant trainees and general practitioners.

(2) The status of the consultant in the non-teaching hospitals will inevitably be diminished if he is doing the work of consultant plus registrar.

(3) The service provided to the patient is likely to be worse than it is at present.

(4) We do not feel that the committee dealing with this problem is well balanced, and, in particular, that it is by no means representative if the proportionate work-load between teaching and non-teaching hospitals is considered.

(5) It seems likely that the end results of this will be towards a greater division between the teaching and non-teaching hospitals than at present. It is therefore against all other trends, which are towards integration of the Health Service.

(6) It should be the right of a consultant in any hospital to carry out modest research and to publish his results. This is difficult enough in peripheral hospitals under the present system, and it would become even more difficult under the one proposed.

(7) In recent years a good deal of attention has been paid to bettering the lot of the general practitioners and hospital junior doctors. It is high time that some thought was given to the needs of the consultant in peripheral hospitals. On the whole he is overburdened and has inadequate medical and secretarial help. We cannot see that this report does anything at all to ease his burden.—I am, etc.,

J. A. DUNLOP,
Chairman,
Medical Advisory Committee.

Royal Infirmary,
Blackburn, Lancs.

REFERENCE

1 *The Responsibilities of the Consultant Grade*, 1969, Department of Health and Social Security, Department of Health for Scotland. London, H.M.S.O.

SIR,—It is clear that the long-term implications of the proposed specialist registration scheme, based upon the Todd report,[1] and the document: *The Responsibilities of the Consultant Grade*,[2] have not been clearly foreseen. This is partly due to the refusal of the royal colleges and other interested parties to look at the specialist proposals in terms of numbers involved.

For example, there are now 681 middle grade surgical registrars in Britain, and implementation of specialist registration even in the most optimistic terms would reduce this to something like 150 posts. In effect, this would remove the responsibilities for training surgical registrars entirely from the aegis of the regional hospitals ; other specialties can provide similar examples. The effect of this upon a hospital group such as ours, where over the years a keen and enthusiastic staff have built up both an excellent service for patients and an equally excellent training medium for would-be specialists, can only be disastrous.

It is our belief that implementation of specialist registration, without modification after further consultation with directly elected representatives from the regional consultants, will seriously erode the standards of a hospital such as this, and inevitably lead to a fall in the standards of care offered to our patients.—We are, etc.,

P. G. MANN.
J. KEVIN CRAIG.
H. T. JOHN.
G. S. WAKEFIELD.
K. R. GOUGH.
M. R. MCNULTY.
N. C. D. PIZEY.
T. L. SCHOFIELD.
A. H. YOUNG.
R. STEWART MCKIM.
P. M. YEOMAN.

Royal United Hospital,
Bath, Somerset.

REFERENCES

1 *Royal Commission on Medical Education*, Report 1968, Cmnd. 3569. London, H.M.S.O.
2 *The Responsibilities of the Consultant Grade*, 1969, Department of Health and Social Security, Department of Health for Scotland. London, H.M.S.O.

SIR,—The report of the working party on the *Responsibilities of the Consultant Grade*[1] has not been received with enthusiasm in some quarters. While readily agreeing that many district general hospitals do an excellent job and have a part to play in the training of future consultants, there are other hospitals where for too long the junior staff have been mere pairs of hands. Consultants in these hospitals will no doubt be all too ready to jump on the band wagon in support of the rejection of the report.

It is these same consultants who oppose the creation of further consultant posts in their areas, despite the obvious need, and who leave the bulk of the work and responsibility to junior staff while they spend a disproportionate amount of their time doing domiciliaries and private work.

The report must be seen as an honest attempt to solve some of the problems facing the hospital service. Those whose rejection of the report is motivated by their own self-interest should remove the blinkers and study it afresh.—I am, etc.,

A. B. MASTERS.

Whittingham Hospital,
Preston, Lancs.

REFERENCES

1 *The Responsibilities of the Consultant Grade*, Department of Health and Social Security, Department of Health for Scotland, 1969. London, H.M.S.O.

SIR,—The Medical Staff Committees of many hospitals have already expressed their dissatisfaction with the report of the working party on *The Responsibilities of the Consultant Grade*.[1] At a meeting of the consultant staff of the Herefordshire group of hospitals the report was again condemned on the grounds of its superficial appreciation of the work carried out in peripheral hospitals, and its unrealistic and probably harmful plans for the future. We of course recognize that many of the problems which the report seeks to solve do require urgent attention, but acceptable answers are unlikely to come from a working party so unrepresentative of those who work in hospitals.

We can add little to the well-stated comments of others except to speak for those peripheral groups which are responsible to large rural areas, and which have particularly