

timetable. At present the service provided is largely an emergency one, based on the GP. The new service should be a preventive one based on the patient. In this scheme one GP would be attached to a group of paramedical staff for referral of patients presenting with special problems. In this way the MRCGP would be made to mean something, as the GP would then be a truly specialist general medical practitioner.

IAN F M SAINT-YVES

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Productivity bonuses

SIR,—In a recent speech Mr Healey drew attention to the fact that industrial productivity and wages were both lower in this country in comparison with our overseas competitors.

Consultant salaries in the United Kingdom show an even greater disparity in comparison with those in other western countries, but here the similarity ends. When one visits *x*-ray departments overseas it becomes apparent that the productivity of the British radiologist, as judged by staffing ratios and the individual work load performed, is considerably higher than that of his much better paid overseas colleagues.

I venture to suggest that there is therefore ample justification for the Review Body to award a substantial productivity bonus in their forthcoming report without having to break the Government's pay guidelines.

GEORGE ANSELL

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The Safety Net and preregistration posts

SIR,—In June 1977 the Preregistration House Officer Working Group, which was established by the Department of Health and Social Security to advise on how to ensure sufficient posts for the growing output of doctors, accepted that there would be enough posts to meet the demand in the summer of that year. As the margin was expected to be small the Council for Postgraduate Medical Education in England and Wales was asked to supplement the steps taken by medical schools to help new graduates in finding posts.

The council established the Safety Net, which came into operation towards the end of July 1977, to augment but not to replace existing local arrangements. It collected information from employing authorities about unallocated posts and distributed this to regional postgraduate deans or to those nominated by the deans as being concerned with placing graduates. Although sufficient posts were found in August, four doctors elected to delay starting because they could not find posts where they wanted them.

The working group now accepts that sufficient posts will be available in 1978 and in subsequent years if the target set for each region is met. The problems for students in locating posts may nevertheless be greater in the next few years than they were in 1977 and the Chief Medical Officer, on the advice of the working group, has invited the council to continue to run the Safety Net and to consider how it can be improved.

The council has accepted this invitation and will run an improved Safety Net during 1978. Already lists of unallocated posts reported to

the Safety Net are being circulated to postgraduate deans or their nominees; students seeking posts should therefore apply to their own medical school or postgraduate dean rather than to the Safety Net.

The Safety Net is there to help students to find preregistration posts after all local arrangements have been exhausted and it is important that these local arrangements should be completed by about the end of April so as to allow sufficient time for the Safety Net to operate.

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SIR,—My Department and I are aware of the growing fear among medical students of a shortage of preregistration posts this summer and in future years. I believe these fears to be ill-founded and write to allay anxieties in this important matter. May I set out the current position?

In May 1976 the Department organised a conference at Church House, Westminster, to consider how to handle the growing output from our medical schools; the outcome was the setting up of a working group to advise the Secretary of State what should be done. This group, whose members are drawn from medical schools and health authorities, met four times over a period of 18 months. During the same period the Department has been collecting detailed figures on precisely how many posts will be required to meet output from the medical schools, taking into account the increasing number of graduates and changes in the length of the undergraduate course at certain medical schools.

The working group advised that each region should be set an annual target for the number of posts it should make available and that these targets should include a 5% surplus to provide some measure of choice for graduates and consultants alike. The Secretary of State accepted this advice, and during November 1977 the Department wrote to all regional health authorities setting targets for each year up to 1982. I am glad to say that all have accepted the need for high priority in reaching these targets, and most have already identified new posts and allocated the funds for them—so many, in fact, that I am confident that there are already sufficient posts for this year's graduates. The majority of these posts will be linked with particular medical schools, and therefore most graduates will be able to find posts through their own school.

Despite this achievement a few graduates will not be able to find preregistration posts near their own medical school; because of the uneven geographical distribution of medical schools it will be necessary—as it always has been—for them to move to other regions. The working group discussed what needs to be done about this, and the Council for Postgraduate Medical Education in England and Wales has undertaken to provide a "safety net" for graduates who fail to obtain posts through local arrangements. Employing authorities will notify unallocated posts to the council, who will in turn pass the information to those in touch with unplaced graduates. I would stress again that there will be sufficient preregistration posts in Great Britain for all the doctors who require them.

I am aware also of concern that the creation

of some of the new preregistration posts, by regrading existing senior house officer posts, will in turn lead to a shortage of the latter. I do not believe this is a serious risk for the following reasons. The number of additional preregistration posts required over the next 10 years in Great Britain is less than 600. Even if all of these were obtained by regrading SHO posts (which is very unlikely) it would still leave well over 8000 SHO posts available; this is more than enough to provide posts at this level for all doctors who require them as part of their training, whether for hospital medicine, general practice, or some other field of medicine.

I hope that this letter will reassure medical students and others concerned that the supply of preregistration posts in future years will meet their needs.

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Chief Medical Officer

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National Health Service planning

SIR,—In connection with health services development the establishment in December 1977 of a joint National Health Service/Department of Health and Social Security standing group on NHS planning has been reported in a recent health notice (NH(77)185) (21 January, p 194).

Though the group has been formed to identify problems calling for new and revised guidance on planning matters, a decision has already been taken about revised guidance in health circular HC(77)19 before the results of initial guidance, requested in health service circular HSC(1S)126, have been evaluated and indeed before a review of existing health services has been completed.

It is, in my opinion, wrong to seek professional advice after pre-empting decisions on some important matters to which the advice may apply. Such examples of the Minister's so-called discretion make a mockery of the consultation process. Such action is a waste of the taxpayers' money, a waste of the participants' time, and most important of all it is prejudicial to the interest of patients which the NHS purports to serve. The planning process may go from an unwarranted assumption (*Priorities for Health*¹) to a foregone conclusion (HN(77)19), but it will not do so with endorsement under the guise of consultation. The NHS has suffered too long from political interference. If there is to be political constraint it must be seen to be so. The purpose of this letter is to make it clear that such constraint does not have the support of all members of the standing group on NHS planning.

JOHN S S STEWART

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¹ Department of Health and Social Security, *Priorities for Health and Personal Social Services in England*. London, HMSO, 1976.

Correction

Dental caries and between-meal snacks

We regret that owing to a typographical error in the letter from Dr Adrian J Salter and Professor John Yudkin (4 March, p 577) Dr Salter's first name was incorrectly spelt.