

has been no significant change in the duties and responsibilities of the posts and where posts were currently graded consultant. . . . There will be a right of appeal . . . against a board's decision to down-grade a post."

Status and Title

Senior hospital medical officers not holding an allowance when the new grading structure becomes effective will retain on a personal basis their existing scales and conditions of service at the date of introduction of the new intermediate grade. They may also retain the title of senior hospital medical officer. Boards are asked to submit proposals for the regrading of these posts in the intermediate grades.

Senior hospital medical officers who retain on a personal basis their existing salary scales (with or without allowances) and conditions of service will, when their posts are regraded as medical assistants, have the opportunity of transferring to the scale and conditions of service of the medical assistant grade if and when that scale overtakes their protected salary.

Senior Casualty Officers

All senior casualty officer appointments are to be in the new intermediate grade. When the new grade is introduced existing senior casualty officers can retain their current salary scales and conditions of service on a personal basis until their appointments expire.

Junior Hospital Medical Officers

With the introduction of the medical assistant grade no more junior hospital medical officers are to be appointed. They may compete for medical assistant posts. Junior hospital medical officers occupying whole-time posts converted into medical assistant posts of unlimited tenure may continue in the post and be transferred to the new grade.

Medical Assistant Grade

The official date of introduction of the new intermediate (medical assistant) grade is 1 November 1964. The nature of the grade, the responsibilities of medical assistants, and the sort of doctors whom it is expected might become medical assistants are described in the circular in the same terms as the Ministry's previous statement (*B.M.J.*, 15 August, p. 438).

The salary scale of the grade is £1,650 × £90 (14)–£2,910. Medical assistant posts will be open to doctors who have served in the hospital service for at least three years since full registration, including normally at least two years in the registrar grade or equivalent experience. The conditions of service are set out in an appendix to the circular.

No provision for part-time posts has yet been made.

The Minister will exercise control over appointments to the medical assistant grade, and in considering boards' proposals (to be submitted by 28 February 1965) he will in every case seek the advice of his Advisory Committee on Consultant Establishments.

Criteria to be Observed

When considering their needs for medical assistant posts boards are asked to have particular regard for the views expressed by the Platt Committee:

- (i) about the adequacy of consultant staffing;
- (ii) that the grade should be clearly distinguishable from the consultant grade in responsibility, status, and name; that the work in any specialty in which members of the grade might properly engage is work such as is allotted to the registrar grade; and that all members of the grade should work as assistants to named consultants or consultant firms and under their supervision;
- (iii) about the greater need for the grade in non-teaching hospitals (particularly those not designated for the training of senior registrars) than in teaching hospitals. Teaching hospitals might nevertheless sometimes find a staffing need that could best be met by using the new grade; an example is in the highly specialized departments where skilled assistants are required for long periods. There might be a place for both registrars and medical assistants in many hospitals, sometimes in the same department;
- (iv) about the need to restrict the number of posts in the new grade, so that there will continue to be a sufficient turnover of posts in the junior grades to allow all new entrants to the profession who desire to obtain additional hospital experience for one or two years after full registration to do so;
- (v) about the importance of regarding posts as a supplement, not an alternative, to measures (a) to encourage young doctors as a general rule to stay longer in hospital work; and (b) to provide opportunities for general practitioners to assist in hospital work.

Conversion of Existing Posts

In the first stages of the introduction of the new grade conversion of posts into medical assistant posts should be made mainly from existing senior hospital medical officer posts, junior hospital medical officer posts and posts occupied by senior registrars and registrars who have spent a long time in the grade.

Boards should submit to the Minister a list of posts at present graded as senior hospital medical officer which they propose to regrade as medical assistant posts. Senior hospital medical officers at present occupying these posts should continue in post.

Where boards propose to convert into medical assistant posts posts now graded as senior registrar, senior casualty officer, registrar, or junior hospital medical officer they should have regard to the following criteria:

- (i) the grounds on which it is considered at the time that (a) in the case of a junior hospital medical officer post, the post is appropriate for unlimited tenure; (b) in the case of a registrar post, the post is more suitable for unlimited tenure. Boards should select for registrar posts those which are suitable for training and which they are able to fill with suitable candidates and should select for medical assistant posts only those which they have consistently been unable to fill on a short-term basis and which are, in the judgment of the board, less suitable for training;
- (ii) the adequacy of consultant supervision;
- (iii) the training facilities with which the post is associated;
- (iv) the length of time taken to fill the post when it was last advertised and if the post was difficult to fill, the reasons;
- (v) the qualifications, and the date and place of their attainment, of the last (or present) holder of the post;

(vi) the outcome of consultation with hospital management committees and local professional interests (i.e., the medical staff of the hospital or hospital group concerned, and the appropriate regional consultants and specialists committee).

When submitting proposals boards are asked to furnish a detailed statement for each post giving information based on these criteria.

Creation of New Posts

Medical assistants will be employees of hospital boards, not management committees, and appointments to new posts (not converted posts) in the grade are to be recommended to the board by an advisory appointments committee. The criteria for creating new posts are similar to those for converting existing posts into medical assistant posts. Appointments will be for two years to begin with and renewable for an indefinite period. The probationary period will not apply in the case of conversion of existing posts in which the holder remains without having competed for it.

Numbers in the new grade will not be determined "on the lines of a series of more or less fixed establishments. It is essential that the grade should develop gradually with periodical reviews of its progress and equally so that recruitment to general practice should not be impaired. . . . Boards should review each post afresh as it becomes vacant to consider whether its continuation as a long-tenure post is appropriate. . . ."

Part-time medical assistant appointments will be made mainly from general practitioners and other doctors outside the hospital service (including married women) with registrar or equivalent experience in the specialty. Arrangements for the employment of general practitioners in the hospital service will be the subject of further guidance.

Junior Staff

The Minister, with the agreement of the Joint Consultants Committee, does not propose to make revised allocations of numbers of registrars, senior house officers, and house officers. In considering applications by regional hospital boards for additional registrar posts and by boards of governors for additional posts in all three grades he will have regard to the ratio of consultant to intermediate and junior staff, to the supply of medical manpower, and to the requirements of general practice and other branches of the profession.

Correction.—In speaking to the G.M.S. Committee on his memorandum on appointment systems in general practice, Dr. R. B. L. Ridge was reported (*Supplement*, 21 November, p. 186) as saying that under his terms of service a general practitioner had discretion in deciding whether to visit a patient but no discretion in deciding "whether" to see a patient who visited the surgery. He should have been recorded as saying "when" to see a patient who visited the surgery. Dr. Ridge also pointed to the urgent need to amend the Terms of Service to establish the principle that a doctor should have the discretion to decide *when* (not *whether*) a consultation was required.