

Scrapping CEAs could lead to academic brain drain

SCRAPPING EXCELLENCE awards would destroy future clinical leadership, and inflict 'terminal damage' on cutting edge care.

This is the warning from the Medical Schools Council in its submission to the review of merit awards being carried out by the Doctors and Dentists Review Body.

The council says withdrawing the awards would lead to a 'brain drain' of clinical academics, which would have 'a disastrous impact' on research, devel-

opment, innovation and the economy.

Its submission says merit awards are of 'central importance' to the integration of service provision, education and research that 'underpins the success of the UK's centres of clinical excellence'.

The BMA submission says clinical academics' core functions are at the heart of the policy objectives encouraged by the schemes, which help make academic careers attractive to doctors.



NAME GAME: doctors are being encouraged to mark International Migrants Day today by signing a petition calling for access to healthcare for undocumented migrants. The petition is supported by the Standing Committee of European Doctors, to which the BMA belongs. See www.huma-network.org

Medical director says reforms risk creating quality vacuum

EXCLUSIVE BY
GRAHAM CLEWS

AN EXODUS of experienced PCT medical directors resulting from the government's NHS reforms could have serious consequences for workforce quality, one of their ranks has warned.

London medical director Douglas Russell, who resigned recently, also said that the NHS shake-up could hamper the roll-out of revalidation.

Each PCT is expected to appoint a responsible officer — most of whom are likely to be medical directors — to oversee revalidation by January 2011. But PCTs are due to be abolished by 2012. It is an issue the BMA has raised on a number of occasions.

Dr Russell, who has been NHS Tower Hamlets medical director for the past seven years, said there must be agreement on the responsible officer role if it is to perform its 'pastoral' duties.

He said: 'There is a lot of uncertainty, and some medical directors are leaving.'

'Chief executives need to understand how important a high-quality GP workforce is, and they need to capture that high-quality workforce by whatever means they can.'

Dr Russell is leaving his post under the mutually agreed resignation scheme designed to help the NHS manage costs and the workforce implications of service redesign.

He said a lack of information about the transfer of the

responsible officer role after the abolition of PCTs was adding to difficulties facing medical directors.

He said: 'It's been very quiet on the transfer of responsible officers, which has led to uncertainty, and that breeds gossip and rumour, and that can't be helpful.'

Dr Russell said responsible officers should be able to provide 'anticipatory care' for GPs when problems were identified during revalidation. He added that effective performance management would depend on local knowledge.

'Consortia have to take ownership of the quality of their GP workforce, both as commissioners and providers,' he said.

Dr Russell said he was pleased NHS Tower Hamlets had developed a national reputation for improving the capacity and quality of general practice.

He plans to continue working some GP clinical sessions, acting as a Royal College of GPs clinical commissioning champion, and possibly providing consultancy services to consortia.

DH policy to shape GMC responsible officer advice

THE GMC is awaiting government decisions on how the NHS will be restructured before making recommendations on responsible officers for GPs.

GMC chief executive Niall Dickson said every doctor in England would need to relate to a responsible officer for revalidation. He added that the people appointed responsible officers would need to be at a senior level and be able to oversee the system of clinical governance.

After last week's GMC council meeting, Mr Dickson said: 'The government has not yet set out what system it is going to put in place. We will have a look when that's in place.'

He paid tribute to the recent work of PCT medical directors in securing 'significant improvements to the performance management of general practice'. He added: 'Our message to the government is that [the NHS] needs a clear system that doctors can identify with.'

Mr Dickson said he would be concerned if disruption affected performance management locally.

Vacancies exacerbate pressure for juniors

JUNIOR DOCTORS have described the pressure they are facing because of large numbers of vacancies.

The BMA has calculated that 274 junior and staff and associate specialist grade posts are vacant in Wales.

A third of those vacancies are in north Wales. Across the country, the biggest shortages are in medicine,

surgery, paediatrics and psychiatry.

The figures were revealed as it emerged the Welsh Assembly government has rejected a BMA Cymru Wales idea to introduce a New Zealand-style bonding scheme to encourage junior doctor recruitment.

Juniors would have received payments towards

student debts in return for a commitment to the NHS.

Cardiff foundation doctor 1 Naomi Potter said: 'On-call is the biggest problem for us, as there are gaps on the rotas and we don't have the medical registrar cover. The next doctor down is expected to fill the job of the registrar.'

'Doctors have been asked to hold the bleep far beyond

the level of their expertise. The loss of seniors has a knock-on effect, as juniors feel the support has been lost and it compromises safety.'

BMA deputy Welsh secretary Stephen Jones said vacancies had an impact on juniors doctor training, which could have a negative effect on Wales's ability to recruit junior doctors.

DH policy statements imminent

The government was due to publish its response to the consultation on the white paper *Equity and Excellence: Liberating the NHS* this week. The 2011/12 NHS operating framework, with the first indications of the budgets GPs can expect to take over commissioning responsibilities, was also due to be published. A BMA briefing paper, *Shaping Change: BMA's Position on the Future Development of the Proposed NHS Reforms*, published ahead of the consultation response, is available at www.bma.org.uk/nhswhitepaper

BMA seeks research grant bids

The online application process is now open for 13 BMA research grants that will be awarded next year. For more information and to submit applications for any of the grants, visit www.bma.org.uk/researchgrants. The deadline for applications is 5pm, March 11, 2011. If you have any queries, please contact the research grants team on (020) 7383 6755 or email info.sciencegrants@bma.org.uk

Ex-college head joins BMJ board

Former Royal College of Physicians of London president Professor Sir Ian Gilmore has been appointed a non-executive director of the BMJ Group board. He is a Liverpool consultant physician and gastroenterologist with a particular interest in liver disease, and chairs the Alcohol Health Alliance UK. Sir Ian said: 'I look forward to the opportunity to help shape the future ways in which doctors are supported in having the right information in the right place at the right time to deliver the best-quality care.'

Celebrities join smoking campaign

Celebrities have signed a charity's petition demanding a ban on smoking in cars carrying children. The British Lung Foundation launched its call for the ban in June, and hopes to collect 50,000 signatures by early next year. Actress Dame Judi Dench added her name to the petition last week. Other signatories include television presenter Chris Tarrant, GP and author Carol Cooper and singer Lemar. Smoking in vehicles carrying children is illegal in parts of Australia, Canada, the USA and Cyprus. Smoking in all cars is banned in Mauritius. See www.lunguk.org/lungsareforlife

Trade watchdog to review healthcare

The OFT (Office of Fair Trading) is to launch a study of the private healthcare market. Ahead of the formal launch of the study next spring, the OFT is seeking views on its proposed scope. It is considering four possible areas of concern, including the existence of any restrictions on the ability of medical professionals to practise. It will also look at barriers preventing private healthcare providers from entering or expanding in the market. The BMA has repeatedly highlighted the disadvantages of applying market forces to the NHS. The OFT is seeking views by February 1. See www.of.gov.uk/OFTwork/markets-work/

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