Comparison of the views of junior doctors, consultants and managers on work and training

ABSTRACT – Objective: To determine the views of junior hospital doctors on their working conditions, NHS reforms and training, and to compare their views with those of consultants and managers.

Subjects: A questionnaire was distributed to 52 junior doctors, 19 consultants and 14 middle or senior grade managers in an acute NHS trust.

Conclusions: Junior doctors had strong feelings about several areas covered in the questionnaire; in particular, more structured training without the requirement to undertake a higher degree would be welcomed. Shift systems are unpopular and the reduction of ‘non-medical’ tasks with a reduction in work intensity is perceived to be more important than further reductions in hours available for work.

Recent changes in the NHS have had major effects on junior hospital doctors and, at the time of writing, the full impact of the Calman report is awaited. The success or failure of many of these reforms will critically depend on their acceptance by junior doctors, as alluded to in the Audit Commission’s The doctor’s tale. So far, apart from anecdote, there is little information on what junior doctors actually think about these changes; much is based on the assumptions of health care experts with little experience of working on the ‘shop-floor’.

This survey was designed to determine what junior doctors feel strongly about, how they have reacted to the changes that have occurred in the NHS and to the proposed changes in training, and to compare junior doctors’ views with the views of consultants and managers.

Methods

During the second half of 1995 a questionnaire was devised to assess views on four principal areas of interest: the job itself (morale, hours of work, work patterns, pay); NHS reforms (generally and how they may affect doctors); training; and quality of life. All junior doctors in general medicine and medical specialties in an inner-city acute teaching hospital trust and a small district general hospital within the same trust were questioned; for comparison, consultants and managers of senior ward manager level or above were also questioned.

Questionnaires were sent to 52 junior hospital doctors, of whom 41 (79%) responded (11 house officers, 15 senior house officers, 9 registrars and 6 senior registrars). Questionnaires were also sent to 19 consultant physicians, of whom 11 responded (58%), and 14 middle grade or senior managers, of whom 10 responded (71%).

Most questions were framed to allow semiquantitative evaluation (Likert 5 point scale: 5 = strongly agree, 4 = agree, 3 = undecided, 2 = disagree, 1 = strongly disagree). The numbers of individuals responding as 5 (strongly agree) or 4 (agree) were expressed as a percentage of total respondents (junior doctors, n = 41; consultants, n = 11; managers, n = 10). A semiquantitative score for the Likert response was derived and scored as follows: strongly agree = +2, agree = +1, undecided = 0, disagree = -1, strongly disagree = -2. The individual scores were then added to give a total score for each question. If all junior doctor respondents strongly agreed, the total score would have been +82 (41 respondents each scoring +2). Similarly, if all consultant respondents strongly disagreed, the total score would have been -22 (11 respondents each scoring -2). To allow for comparison between junior doctors, consultants and managers, the scores for each question were then expressed as a percentage of the maximum possible score for each group, i.e., 82, 22, and 20, respectively.

Respondents were also asked to rank which of the four factors – fewer ‘non-medical’ tasks, shorter hours, better pay, better training – they considered most important for junior doctors (1 being the most important). These scores were then totalled and averaged. Hence the lowest score indicates the factor considered to be the most important.

A separate section of the questionnaire asked respondents to name:

- the three most inappropriate ‘non-medical’ tasks junior doctors are regularly expected to perform
- three ways in which junior doctors’ jobs could be improved
- three ways in which NHS reforms have been beneficial
- three ways in which NHS reforms have been detrimental
- three ways in which they would like to see the training of junior doctors improved.

Finally, an abbreviated quality of life questionnaire was circulated. Respondents were asked whether certain factors produced stress or were frequently encountered, by ranking from 1 (none) to 5 (very much). The scores were totalled and averaged. Hence a low score indicates little stress or frequency for that question. For the purposes of discussion, this paper highlights those average scores above 3.0 or where there was more than a full 1.0 difference between groups.
Results

The job (Table 1)

Morale – There was a significant difference of opinion amongst junior doctors about morale, but a small majority (Likert +6%) felt that it was satisfactory. Consultants tended to be more pessimistic in their views of junior staff morale and managers were uncertain. In contrast, both junior doctors and consultants stated that they had enjoyed the jobs they had done within the NHS, and so did managers (≥90% of all three groups agree/strongly agree). Although there was some difference of opinion, many junior doctors and consultants would recommend choosing medicine as a career, but managers would not.

Whilst a small majority of junior doctors felt that conditions had improved over the last five years, consultants did not agree; any improvement was perceived to be confined to house officer posts, whereas other posts were felt to be worse. Consultants tended to hold a more negative view of trends in junior doctors’ working conditions than the junior staff themselves. Managers, by contrast, thought that working conditions were improving for all grades of medical staff, even though, paradoxically, they would not recommend medicine as a career.

Juniors and consultants felt very strongly that as consultants they should not be expected to be resident on call.

Hours of work – Junior doctors and consultants were equivocal when asked whether reducing hours of work had brought any real benefits, whereas managers had no doubt that this had been beneficial. Very few doctors, however, would like to work more hours a week, either to earn more or to increase their experience. All agreed that junior doctors should always work less than 72 hours a week. Several respondents commented that they were now working much

Table 1. Views of junior doctors (JD), consultants (C) and managers (M) on their work conditions.

|                                                | Agree/strongly agree (%) | Likert %* |
|------------------------------------------------|--------------------------|-----------|
| Morale amongst junior staff is satisfactory    | 44                       | 50        | +6       | -18      | +15       |
| I have enjoyed most of the jobs I have done in the NHS | 90                       | 100       | +48      | +50      | +60       |
| I would recommend medicine to those choosing a career | 39                       | 20        | +1       | +36      | -15       |
| Overall junior medical jobs are better now than 5 years ago | 71                       | 80        | +27      | -14      | +40       |
| Overall I feel that working conditions are improving for: (a) house officers | 83                       | 60        | +50      | -13      | +30       |
| (b) senior house officers                        | 41                       | 90        | -1       | -27      | +50       |
| (c) registrars                                   | 18                       | 70        | -21      | -23      | +40       |
| (d) senior registrars                            | 23                       | 70        | -7       | -32      | +40       |
| (e) consultants                                  | 5                        | 40        | -34      | -55      | +25       |
| As a consultant I will expect to be resident on call | 2                        | 50        | -83      | -91      | +25       |
| Reducing hours of work has benefited junior doctors | 44                       | 90        | +10      | 0        | +60       |
| I would like to work more hours per week to enable me to: (a) earn more | 22                       | 10        | -35      | -27      | -35       |
| (b) increase my experience                       | 12                       | 10        | -45      | -14      | -35       |
| Juniors should always work less than 72 hours per week | 73                       | 100       | +46      | +32      | +70       |
| I favour the introduction of a shift system for all juniors | 10                       | 80        | -40      | -50      | +55       |
| The average take home pay of junior doctors has increased in the past 5 years in real terms | 2                        | 40        | -51      | -9       | +15       |
| I feel that junior doctors are paid too little   | 70                       | 20        | +44      | +32      | 0         |
| Performance related pay would improve my work    | 5                        | 0         | -72      | -64      | -40       |
| Junior doctors perform too many ‘non-clinical’ tasks | 95                       | 30        | +68      | +68      | -5        |

*Denotes sum of Likert scores for each question expressed as a percentage of the maximum possible score for each group.
more intensively when on call, and that this detracted from any reduction in hours on duty, ie the amount of time spent working has not actually changed.

Shift systems – Only 10% of junior doctors were in favour of shifts, whereas managers were strongly in favour. Some juniors commented that in acute medical specialties, shift systems would lead to a deterioration in the quality of life for juniors and reduce the quality of patient care. Several indicated they would never apply for a job that operated a shift system. These responses support a study that indicated that psychological morbidity may be higher in HOs when a shift or partial shift system is introduced.

Pay – Most junior doctors felt that there had been a drop in the average take home pay of junior doctors in the last five years, primarily due to the reduction in the number of ADHs (additional duty hours; previously ‘units of medical time’) paid. Managers and consultants were divided on this issue. Junior doctors (unsurprisingly) and consultants felt that junior doctors are paid too little. All three groups rejected the introduction of performance related pay.

‘Non-clinical’ tasks – Similarly, doctors almost unanimously criticised the persistence of many tasks not perceived to be ‘medical’ (95% of juniors, 100% of consultants, but only 20% of managers, agreed/strongly agreed). It was acknowledged that there have been some improvements in this area in recent years, but there was a strong view that there is still a long way to go in reducing the number of ‘non-clinical’ and other repetitive tasks. Perhaps the fact that managers did not list the reduction of these tasks as a priority to improve juniors’ jobs accounts for the slow progress in this area.

When respondents were asked which of the tasks they are regularly asked to perform that they felt to be ‘non-clinical’, those most commonly mentioned were: filling in forms and collecting results; phlebotomy; and administration, such as organising waiting lists and beds, finding notes and x-rays, filing, and co-ordinating with social services. Consultants generally agreed that these were the main problems but managers very rarely mentioned these tasks specifically.

Improving juniors’ posts – Respondents were also asked to suggest ways in which junior doctors’ conditions could be improved. Junior doctors and consultants indicated that there should be fewer non-clinical jobs and more nurse specialists and ward clerks. Many junior doctors mentioned specifically that they felt that they should be better paid when on call because their work was increasingly more intensive. Consultants tended to agree with these issues but none were listed by managers.

NHS reforms (Table 2)

Junior doctors did not feel that NHS reforms have improved the quality of care in NHS hospitals or that they have helped junior doctors. Consultants were equivocal as to whether the changes had improved patient care but agreed that they had not helped junior doctors. Managers, however, thought differently. All respondents pointed to lack of funding as a major problem. Junior doctors were clearly of the opinion that quality of management was a problem – a view not held by managers. Junior doctors showed more antipathy to managers than did consultants.

Medical involvement in management – Many junior doctors wanted to become involved in management and the running of their department, and even more wanted to be consulted and have influence over management decisions. Junior doctors did not feel that they were aware of the aims of the trust, but despite this, considered the aims of the trust to have direct relevance to them.

Benefits of NHS reform – Respondents were asked specifically to list the benefits brought by any recent NHS reforms. All three groups indicated that there was more accountability and awareness of cost, and several respondents referred to shorter waiting times for patients.

Disadvantages of NHS reforms – The disadvantages listed were generally more numerous than the benefits. Junior doctors and consultants were against GPs being fund holders and all groups were against the purchaser/provider split. Junior doctors and consultants disliked the greater bureaucracy and felt that there might have been a decline in management quality in association with quasi-commercial complexities. Junior doctors and consultants felt that the reforms had diminished doctors’ autonomy, which was a disadvantage. All three groups felt that reductions in the number of beds had been a problem.

Training (Table 3)

Junior doctors did not consider their training to be adequate; training and continuing medical education were improving only for HOs. Managers believed that training was improving for all junior doctors.

Calman report – Junior doctors thought that when its recommendations were implemented, the Calman report would improve training and education, but would also make careers in hospital medicine more competitive and put consultants under greater pressure. It was not felt that this would improve standards and quality of care. Consultants, although uncertain as to whether the report would result in better training and education, agreed that there would be more competitiveness in hospital medicine, that consultants would be working harder but that improvements in standards and quality of care would not necessarily follow. These results reflect those of a 1995 survey by Mather and Elkeles, who expressed considerable concern about the implications of the Calman report with respect to consultant duties and the effect on the service. In contrast, managers thought that training and education would improve and that standards in quality of care would rise.
Table 2. Views of junior doctors (JD), consultants (C) and managers (M) on NHS reforms.

| | Agree/strongly agree (%) | Likert %* |
|---|--------------------------|-----------|
| | JD | C | M | JD | C | M |
| The reforms of the NHS have improved the quality of patient care | 10 | 45 | 60 | -34 | -5 | +30 |
| The reforms of the NHS have improved the management of hospitals | 15 | 45 | 100 | -26 | +14 | +65 |
| The reforms of the NHS have helped junior doctors | 15 | 27 | 60 | -40 | -36 | +30 |
| The principal problem with the NHS is lack of funding | 59 | 64 | 50 | +32 | +36 | +10 |
| The principal problem with the NHS is bad management | 56 | 27 | 20 | +26 | 0 | -50 |
| Doctors are hampered in carrying out their clinical work by: | | | |
| (a) incompetent managers | 61 | 45 | 30 | +30 | +14 | -35 |
| (b) lack of resources | 76 | 100 | 50 | +43 | +77 | +15 |
| (c) good managers but bad organisational structure | 49 | 73 | 40 | +22 | +41 | +10 |
| Junior doctors should become more involved in management | 61 | 73 | 80 | +16 | 9 | +25 |
| Consultants should expect to undertake management responsibilities | 76 | 91 | 90 | +40 | +50 | +50 |
| I would like to be more involved in the running of my department | 63 | 45 | 80 | +21 | +14 | +25 |
| Junior doctors should have influence on decision-making in the trust | 90 | 45 | 80 | +52 | +14 | +30 |
| The views of junior doctors should be canvassed by their: | | | |
| (a) consultants | 93 | 91 | 100 | +63 | +64 | +70 |
| (b) managers | 88 | 64 | 90 | +63 | +36 | +40 |
| I feel I am aware of the aims of the trust | 15 | 45 | 100 | -37 | +14 | +70 |
| The trust’s aims have no relevance to me | 22 | 9 | 0 | -24 | -54 | -80 |

* Denotes sum of Likert scores for each question expressed as a percentage of the maximum possible score for each group.

Research – Most junior doctors felt that some clinically-based research as part of their training was appropriate, but did not wish to do laboratory-based research and even less to write an MD or PhD thesis. Consultants did not feel that any of the three options was necessary.

Appraisal – Junior doctors and managers were in favour of a regular appraisal system for themselves and also for their senior colleagues. Consultants were less clear about this but were generally in favour of regular appraisal systems for junior doctors.

Improving training – Junior doctors laid great stress on the importance of planned training programmes, more consultant teaching, free study time, and study leave. There was some desire for career structuring and feedback. Managers preferred to leave training in the hands of doctors and were undecided about many of these issues.

Priorities (Table 4)

Junior doctors and consultants ranked better training and fewer non-medical tasks as the most important priorities; both groups felt that shorter hours and better pay were less important. Managers disagreed, feeling that shorter hours were much more important.

Quality of life questionnaire (Table 5)

All groups derived a lot of personal satisfaction from their jobs, and juniors and consultants also felt that there was a friendly atmosphere at work, more so than did managers. Stress was caused in all groups by work encroaching on their social life. Juniors and managers found significant stress from dealing with other health professionals and juniors, and consultants were particularly irritated by interruptions to their work. Juniors found their jobs somewhat less interesting than the other groups. Consultants and managers were stressed by too much work and felt under pressure. Managers also felt that they were not sufficiently appreciated by patients and others and that they were not consulted as often as they should be.

Discussion

Junior doctors are an important human resource in the NHS. Their working conditions and training have been scrutinised both in the lay and medical press over recent years. The total number of hours spent on call has been reduced. In addition, the environment in which they work has changed considerably with the introduction of NHS trusts, GP fund holders and general management. This
survey was undertaken prior to the implementation of the Calman report and further changes are likely to have occurred since then. It is therefore important to learn what junior doctors think about their work and training, and how their views compare with those of their senior medical colleagues and managers.

Whilst the respondents in this study were drawn from an acute medical service in a teaching hospital, the issues are applicable to all junior hospital doctors. To make the results of the survey generally relevant, most of the questions were phrased in general terms, not specific to one unit or specialty. The response rates were quite high, and areas where views were strongly held allow conclusions to be drawn and recommendations to be made that are relevant to teaching units as well as district general hospitals.

Overall, there was more unanimity between the views of consultants and juniors than between managers and juniors. This probably reflects the similar background and aspirations of juniors and consultants. Opinions converged least in the NHS reform section, perhaps because of the greater exposure of consultants and managers to these areas. Areas with major disagreements between groups are listed in Table 6.

An important conclusion to emerge from the survey is that juniors, whilst agreeing with reduction in hours of work to less than 72 per week, do not consider further

### Table 3. Views of junior doctors (JD), consultants (C) and managers (M) on training.

| Perception | JD | C | M | Agree/strongly agree (%) | Likert %* |
|------------|----|---|---|--------------------------|-----------|
| JR currently receive adequate training | 27 | 18 | 10 | -40 | -27 | -15 |
| The quantity of clinical material juniors see is adequate | 46 | 64 | 30 | +16 | +18 | +15 |
| Standards of training and continuing education are improving for: | | | | | |
| (a) house officers | 73 | 64 | 40 | +32 | +18 | +20 |
| (b) senior house officers | 21 | 64 | 30 | -27 | +18 | +15 |
| (c) registrars | 8 | 36 | 20 | -21 | -23 | +10 |
| (d) senior registrars | 3 | 27 | 20 | -21 | -18 | +10 |
| (e) consultants | 13 | 18 | 20 | -5 | -18 | +10 |
| If implemented, the Calman report will: | | | | | |
| (a) improve training and education | 56 | 45 | 60 | +23 | 0 | +20 |
| (b) make a career in hospital medicine even more competitive | 46 | 64 | 60 | +20 | +32 | +20 |
| (c) improve standards and quality of care | 22 | 18 | 40 | -13 | -14 | +20 |
| (d) make consultants work harder | 76 | 73 | 80 | +44 | +50 | +30 |
| All juniors should do some clinical research during training | 59 | 36 | 80 | +59 | -9 | +40 |
| All juniors should do some laboratory research during training | 22 | 9 | 70 | -23 | -41 | +25 |
| All juniors should complete an MD or PhD during training | 15 | 0 | 40 | -41 | -50 | +10 |
| Junior doctors get enough study leave | 22 | 45 | 60 | -43 | +18 | +25 |
| Junior doctors get enough expenses for courses/conferences | 5 | 0 | 50 | -66 | -36 | +35 |
| Increasing specialisation is a good thing for patients | 37 | 36 | 40 | -6 | -4 | -10 |
| Increasing specialisation is a good thing for doctors | 20 | 64 | 40 | -23 | +18 | +5 |
| Junior doctors should have a formal regular appraisal system | 80 | 64 | 100 | +48 | +18 | +70 |
| Junior doctors should have a formal regular appraisal system in which to give feedback on the performance of senior colleagues | 80 | 55 | 100 | +38 | 0 | +65 |

*Denotes sum of Likert scores for each question expressed as a percentage of the maximum possible score for each group.

### Table 4. Priorities of junior doctors (JD), consultants (C) and managers (M).

| Priority | JD | C | M |
|----------|----|---|---|
| Fewer ‘non-medical’ tasks | 2.1 | 1.8 | 2.9 |
| Shorter hours | 3.2 | 3.4 | 1.4 |
| Better pay | 3.3 | 2.7 | 4.1 |
| Better training | 1.4 | 2.1 | 1.6 |

*The lowest score indicates the item considered most important.*
reductions a priority. This may be because they felt that, in
the past, reductions in hours have not lessened their work-
loads. Indeed, most juniors felt that better training and
fewer ‘non-medical’ tasks should take priority. Shorter hours
received the same emphasis as better pay, though it may be
difficult to combine the two. Perhaps the type of work done
is more important than the total hours at work. Consultants
give shorter hours even less weighting. On this issue, then,
managers seem to be markedly at odds with doctors’
opinions.

The following recommendations can be made as a result
of this survey. More structured training schemes are
desirable and this may be partially fulfilled by specialist
registrar training schemes. Pressure to undertake a higher
degree (MD or PhD) should cease. Shift systems are un-
popular but consideration should be given to adequate
remuneration for those in high intensity on call rota. The
reduction in the number of ‘non-medical’ tasks remains an
urgent priority and imaginative ways of achieving this are
required.

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man of Regional Health Authorities. Hospital medical staffing:
achieving a balance. London: HMSO, 1987.

Table 5. Quality of life questionnaire.

| How much stress or worry have you had lately with: | Average score on a scale of 1 to 5 (1 = none, 5 = very much) |
|---------------------------------------------------|---------------------------------------------------------------|
| • Demands of the job on social life?              | JD 3.3 C 3.5 M 3.4                                           |
| • Disagreeing with other health professionals concerning the treatment of a patient? | 3.2 2.6 3.5 |
| • Keeping up with new developments in order to maintain professional competence? | 2.5 2.6 2.1 |
| • No appreciation of your work by patients?      | 2.2 2.1 3.6 |
| • Dealing with the terminally ill and their relatives? | 2.5 2.3 2.7 |
| • How often do you feel under pressure in your work? | 2.8 3.8 3.3 |
| • Is your work beyond your understanding or more complex than you can handle? | 1.6 1.9 1.6 |
| • Is your work less interesting than you would like? | 2.5 1.5 2.0 |
| • Do other team members, including your specialist, not consult you as often as you would like on matters that affect you? | 2.5 2.3 3.2 |
| • Do you get shown less appreciation than you would like to receive for good work? | 2.7 2.1 3.4 |

| Frequency of feelings about work situations:       |                                                            |
|---------------------------------------------------|---------------------------------------------------------------|
| • Do you feel irritated by interruptions to your work? | JD 3.9 C 3.3 M 2.8                                        |
| • Do you have a larger workload than you feel you can handle? | 1.7 3.1 3.0 |
| • How boring is your work?                         | JD 2.7 C 1.5 M 1.6                                        |
| • Do you have more responsibility than you feel you can cope with? | JD 1.3 C 1.9 M 1.4 |

| Frequency of feelings about your job:              |                                                            |
|---------------------------------------------------|---------------------------------------------------------------|
| • I have no say in decisions about my job and how I should do it. | JD 2.2 C 2.1 M 1.6                                        |
| • I get a lot of personal satisfaction from my work. | JD 3.8 C 4.3 M 3.7                                        |
| • There is a really friendly atmosphere at work.   | JD 3.4 C 4.1 M 2.7                                        |

| Hours:                                            |                                                            |
|---------------------------------------------------|---------------------------------------------------------------|
| • Average number of hours worked per week         | JD 69.6 C 62.5 M 52.5                                       |

Note: JD = junior doctors, C = consultants, M = managers.

Table 6. Areas of major disagreement between the groups.

| Areas of major disagreement between the groups.     |                                                            |
|---------------------------------------------------|---------------------------------------------------------------|
| • Managers alone feel that conditions are improving for doctors (other than HOs) |                                                            |
| • Managers alone feel confident that reducing hours has benefited juniors |                                                            |
| • Juniors and consultants are against a shift system for all juniors |                                                            |
| • Juniors and consultants feel that juniors still perform too many ‘non-medical’ tasks |                                                            |
| • Juniors and consultants feel juniors’ pay is too low, and juniors that take home pay has diminished in recent years |                                                            |
| • Juniors do not feel that the NHS reforms have improved patient care |                                                            |
| • Juniors do not feel aware of the aims of the trust |                                                            |
| • Juniors and consultants do not feel that training is adequate |                                                            |
| • Juniors and consultants do not feel that study leave and expenses for courses are sufficient |                                                            |
| • Juniors and consultants are strongly against consultants being resident |                                                            |
| • Whereas the principal cause of stress for juniors is interruptions, for consultants it is workload and for managers lack of appreciation |                                                            |
| • Juniors and consultants feel that the priority now is on reducing ‘non-medical’ tasks and improved training; managers consider shorter hours a greater priority |                                                            |
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