letters

TO THE EDITOR

Please submit letters for the Editor's consideration within three weeks of receipt of the Journal. Letters should ideally be limited to 350 words, and can be submitted on disk or sent by e-mail to: Thomas.Allum@rcplondon.ac.uk.

Women in hospital medicine

Editor – We would like to raise several points in reply to the editorial by Elisabeth Paice on women in hospital medicine (*Clin Med JRCPL*, September/October 2001, pp344–5). At present our department caters for three flexible training SpRs whose experience of these posts has been positive both in response from colleagues, and in enjoyment of our own work. The key to our success is teamwork: time for communication and handover is essential to maintain patient management, and to avoid isolation of the flexible trainee. Far from finding resentment from colleagues, we have found people happy to share workloads, in both the specialty and acute general medicine, with no resentment towards our pay. Full-time SpRs have been interested in the way we can direct our training towards our own objectives, and seem to use this positively towards their own career goals.

However, our jobs do create extra work for the educational supervisors, which is not recognised in their own workload. Also, clarification is needed from the Royal Colleges about the RITA system with flexible trainees. Often, the specialist training committee is not clear how much training has been done, and whether the work counts. It is frequently left to the trainee to spend considerable time checking on whether a job fulfils training criteria; a situation that favours the full time SpR for whom it is already worked out.

We agree that the new pay structure has created inequalities and certainly does not encourage trusts to employ supernumerary trainees. The *pro rata* band Fc, for jobs involving only daytime hours, appears a fair option, but care has to be taken that training in acute medicine is met. Funding for Fc banding is met centrally. Hardly surprising then, that trusts hesitate to employ trainees if a job involves out-of-hours work, thereby moving the trainee from Fc to Fb or Fa bands, where the trust pays. A few flexible SpRs are in Band 3 as they partake in an internal rota. Here the emphasis should be to change the rota as a whole to a less intense system, rather than the trust denying on-call experience to the flexible trainee. Finally, Fa and Fb banding for jobs with out-of-hours commitment are set payments, irrespective of how many sessions the trainer worked in daytime hours; surely a ridiculous situation compared to *pro rata* payments.

In the future, as more women choose flexible training, we agree with the author that trusts will wilt at paying for supernumerary posts, and more job shares should be encouraged. In a teaching hospital, which SpRs rotate into, fixed posts for flexible trainee sessions could be introduced into the popular or broad specialities such as general medicine.

Most importantly, we need to work with trusts to encourage them to employ flexible workers at SpR and consultant level, so that doctors are not lost to the profession. Flexible trainees are highly motivated workers, adept at juggling several issues at once and who have, through their own needs, become good at prioritising. All qualities demanded in the future consultant-led NHS service.

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Duplicate publication

Editor – We are writing to express our unease at what we believe is inappropriate censure imposed on our colleague Professor Corris (*Clin Med* JRCPL November/December 2001, p430 – see also *Thorax* 2002;57:6) concerning duplicate publications. Professor Corris was asked to write what was essentially a CME article for *Clinical Medicine* on a subject that he had recently reviewed in detail for *Thorax*. It was inevitable that there would be considerable duplication. The same papers and information were being discussed and there are limitations in the way complex arguments can be expressed. It is universally accepted that a degree of duplication in review articles is completely different from trying to pass off as a new study previously published, peer-reviewed papers containing original data.

It is commonplace for people with authoritative opinions to write similar articles in more than one journal as shown by the similarities between the Harveian Oration by Professor Warrell published in the same issue of *Clinical Medicine* (*Clin Med JRCPL*, November/ December 2001, pp485–94) and in the *Lancet* (2001;358: 1983–8).

We believe such duplication is entirely appropriate as surely it is our duty as educators to disseminate information to as wide an audience as possible. Fraud in any shape or form in science is to be wholly deplored, but let us not be so zealous in its pursuit that we smear the innocent to the detriment of us all.

At risk of another duplicate publication, we have also sent this letter to the editors of *Thorax*.

IAN D PAVORD
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RCP Consultant Questionnaire Survey

Editor – In their discussion of the third RCP consultant questionnaire, Mather and Connor infer that 'the acute medicine component is evidently less popular than non-acute duties, with 30% of physicians expressing a desire to opt out of the 'take' rota'[1]. As a respondent who expressed such a desire, I suggest that it may not be acute medicine *per se* that is the problem.

I enjoy being on call for acute medicine. The clinical challenges presented, including interpretation of history, physical signs and limited laboratory data often in difficult circumstances, are intellectually stimulating. The extraordinary diversity of