

# Doctor manpower planning in the United Kingdom: problems arising from myopia in policy making

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## Abstract

The cost of training doctors, both in terms of expenditure on medical education and in terms of the induced demand for NHS expenditure created by having more doctors initiating care and cure, are considerable. However, the forecasting of their number and the planning of their utilisation remain crude and deficient in the UK. This paper reviews doctor manpower planning in the UK in the recent past and criticises official practices. There has been a failure to consider the implications of alternative levels of funding for the performance of the NHS and the use of doctors. There has been a reluctance to analyse substitution possibilities e.g. to what extent could nurses be substituted for doctors in general

practice? Analysis of the relative "attractiveness" of general practice and hospital work for graduating doctors has been cursory but has important implications for career structures and the efficient use of scarce manpower. For instance, an increase in the size of the consultant grade at the expense of "juniors" has implications for night and weekend cover, for the review of medical practice and, if the labour market is to be kept flexible to avoid "surpluses" and "shortages", for the nature and duration of consultant and GP contracts i.e. short term contracts rather than "jobs for life" may be consistent with efficiency if inconsistent with professional "restrictive practices". These and other major issues need to be analysed by the UK Health Department's Medical Manpower Steering Group. This analysis needs to be informed by careful research of a fundamental nature which emphasises that doctors are merely one input into the processes by which health care is produced for patients. Furthermore, as two of the authors argued nearly a decade ago, this work needs to be part of a continuous public process of review so that scarce intelligent manpower is not diverted into inefficient uses.

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