## Proposed academy of medicine

### Profession is already more united than ever before

EDITOR,—There is a strange and mistaken view that nothing has been done to bring the medical profession together. Richard Smith refers to the conference on core values in November 1994,[1] which I convened on behalf of a steering committee representing every part of the profession; it was the first medical summit for over 30 years since the Porritt committee. This was not a free standing event but the beginning of a process of combined activity designed to ensure that the profession sings in harmony, if not in unison, in representing the concerns of all doctors and making the profession fit for the future. The steering committee remains in being to guide this programme, which includes forum group discussions to ascertain the views of young doctors and surveys to obtain vital information about the needs and problems of both established and newly qualified practitioners.

As a byproduct of this, leaders of the main professional bodies—the royal colleges, the Joint Consultants Committee, the General Medical Council, the deans, and the BMA itself—meet informally on a frequent and regular basis to discuss policy and to establish an agreed position to pursue in a parallel programme of informal meetings with the secretary of state and his colleagues, including the chief medical officer.

I see these processes as providing a fundamental foundation on which we can together articulate a clear voice for a profession that is already more united than it has ever been.

A W MACARA
Chairman of council

BMA,
London WC1H 9JP

1 Smith R. Does Britain need an academy of medicine? *BMJ* 1996;312:1374-5. (1 June.)

### An academy would be inappropriate

EDITOR,—Richard Smith discusses recent proposals to form an academy of medicine in Britain,[1] which are set out in a consultation paper (a leaflet) included in the same issue of the *BMJ*. The matter is both complex and important. I am surprised that the two articles could contemplate such an exercise in the representation of the profession without making any reference to the possible role of the BMA. I do not, however, believe that pique should prevent the BMA from considering the underlying concept. I have long argued that better communication is needed between the main bodies that represent our profession—in particular, the General Medical Council, the Conference of Medical Royal Colleges, and the BMA.[2]

I understand that after publication of an editorial that I wrote about the profession's need to speak with one voice[2] and the subsequent major conference on medicine's core values in 1994 the problem was acknowledged. Since then, regular informal meetings have been held between the leaders of the profession, at which issues of mutual concern are discussed. The latest proposals for a new academy recognise, and reinforce, the need for such an arrangement.

The outline of the proposals in the consultation paper, however, gives rise to concern since almost all of the "needs" identified are already clearly recognised and generally handled competently by the appropriate bodies. The paper contains several proposals, some of which are clear while others are unclear. My view is that those that are unclear should be clarified. Those, however, that are clear are inappropriate (for reasons too numerous to mention in detail but that can be summarised as potential political ineffectiveness, together with damage to existing institutions).

I continue to believe that there is an urgent need for better communication and better relationships within the profession, and I hope that this latest exercise will encourage and stimulate our leaders to develop further (and faster) the arrangements they have already put in place. Finally, and most importantly, I would argue that the creation of bigger and better bodies to represent the profession is no substitute for the exercise (in alphabetical order) of courage, determination, independence of spirit, loyalty, and political skill—qualities that have not always characterised the profession's dealings with the government. If we were to construct a "wet," unrepresentative, or divided academy the last state would undoubtedly be very much worse than the first.

A H GRABHAM
Past chairman of BMA council

Rothesay House,
56 Headlands,
Kettering NN15 6DG

1 Smith R. Does Britain need an academy of medicine? *BMJ* 1996;312:1374-5. (1 June.)
2 Grabham AH. Divided we fall (yet again). *BMJ* 1994;309:1100-1.

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## Physicians clarify their proposal for a National Council for Health Care Priorities

EDITOR,—The main challenge facing the NHS is the need to maintain the expected standards of care while at the same time containing costs. Priorities must therefore be selected, and it will be vital to have the public's support and understanding if this is to be done fairly. The Royal College of Physicians' proposal for a National Council for Health Care Priorities has received much support but also some criticism, on the mistaken grounds that a national council would interfere with local decision making. This confusion may have arisen because of the different ways in which national councils operate in other countries. We would therefore like to clarify the detailed proposals that our working party has formulated.

One of the themes of the college's report was that priorities are often considered on the basis of ill defined concepts of need, appropriateness, effectiveness, and efficiency.[1] There is a need to clarify these concepts and to find ways of dealing with the underlying tension between doing the best for an individual patient and doing the best for the community as a whole, given the available resources. Central decisions on the allocation of funds are usually based on principles of social justice or the need for equity, which are not easy to apply to specific groups of people or to individual cases.

The council that the college proposes would be charged with considering and developing the principles that should guide both national and local health authorities in setting priorities. It would be advisory, not prescriptive, and would have a monitoring role, but it would not provide a forum for considering individual services or specific local decisions. It would also advise on issues concerning quality.

All of these issues are ethical and involve human values and judgments. It is therefore necessary to be more open and explicit. When principles are being formulated it is important to involve non-medical people, since the purpose is to make these principles acceptable and applicable generally. We propose that the problems should first be analysed by an expert council considering solid, practical, state of the art information; this should be followed by the deliberate generation of public awareness and debate, a way of recommending improvements in policy, and a mechanism for monitoring how the principles are being applied at national and local levels.

The national council would therefore need to:

- advise on the framework for use in making decisions on health care priorities and the protection of quality
- develop methods of consultation involving appropriate groups
- develop educational strategies and methods of making its findings public
- define what information is needed to monitor the application of these principles
- decide how to report the results of monitoring and how to improve the principles for decision making in the light of experience.

If there is to be a balanced public debate on these issues it will need to be informed by knowledge of

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When deciding which letters to publish we favour originality, assertions supported by data or by citation, and a clear prose style. Wit, passion, and personal experience also have their place.

Letters should have fewer than 400 words (please give a word count) and no more than five references (including one to the BMJ article to which they relate); references should be in the Vancouver style. We welcome pictures.

Letters should be typed and signed by each author, and each author's current appointment and address should be stated. We encourage you to declare any conflict of interest.

Please enclose a stamped addressed envelope if you would like to know whether your letter has been accepted or rejected.

Letters will be edited and may be shortened.