

Authors' reply

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We are sympathetic with Plaut's concerns expressed in response to our article on the management of breast disease.¹ Unfortunately, the diagnosis of breast cancer is not always straightforward, and diagnoses are missed both in primary and secondary care. There are also practical constraints in that specialist breast clinics could not cope with the demand if all women with breast symptoms were referred to them. In a companion study in general practice, we have shown that GPs in Sheffield refer approximately one-third of their women presenting with breast symptoms.² They are content to manage the remaining proportion of women, although it is assumed that they will subsequently make a referral if the woman's symptoms remain a source of concern either to the doctor or to the woman herself. Indeed, the study showed that our sample of GPs indicated 'patient pressure' as a strong indication for a referral, and we would strongly advocate referral under these circumstances.

REFERENCES

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Letter to the Editor

Council election

A Richard Maw

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During the last two years, the 'single transferable vote system' has been used for Council elections. I

have been informed that, had the old 'first past the post' system been used, I would have been elected to Council in the recent election; but, following transfer of votes, I was not elected.

I appreciate that the College has attempted to ensure that the numerically smaller specialties are appropriately represented on Council. However, it appears that the single transferable voting system discriminates against smaller specialties. In all elections to Council there will be more candidates from the larger specialties such as surgery and orthopaedics. As a consequence, more votes will be cast for candidates in these specialties. As the transfer of votes takes place, these will benefit progressively while smaller specialties will be disadvantaged.

Otolaryngology remains under-represented on Council and it appears that at a stroke with this change in the voting system, Council has undone all of their efforts to ensure appropriate representation for smaller specialties.

May I through your columns request that Council give consideration to a review of this electoral system? Whilst it may be intrinsically fair to some, it has on this occasion not only prevented my election to Council, but it has maintained the under-representation of my specialty. I feel personally saddened, but considerably more aggrieved for otolaryngology.

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Response

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Mr Maw's point is well taken. As one of the people on Council who championed the concept of the single transferable vote, I would, however, suggest that this is not the reason for the under-representation of smaller specialties.

For some years, the splitting of the votes for a small number of prominent and popular urologists resulted in their being no urologist on Council after the retirement of Prof. Blandy. Careful research conducted with the help of the Electoral Reform Society led us to believe that the single transferable vote (STV) was the best way of avoiding such anomalies. With the 'first past the post' system, the splitting of the vote of a small group between two or three popular candidates often means that none of those can compete with a strong candidate from the larger specialties. The general idea with STV is