In brief

Number of people in care in UK falls: For the fourth year in succession the number of elderly and physically disabled people living in residential care in the United Kingdom has fallen, according to *Care of Elderly People Market Survey 1999*, a new report by Laing and Buisson, market analysts. In April 1999 there were 480 000 residents compared with 512 000 in 1995; the fall is the result of the assessment procedures set up under the 1993 community care reforms and tight eligibility criteria.

UK health unions reject pay offer: Unions representing 230 000 ambulance staff, porters, and other NHS staff have decided to reject a 3% pay offer and are threatening a ballot for industrial action unless they receive a better offer. The offer was turned down by a majority of 10 to one in a ballot by the 30 000 members of GMB, and Unison has also rejected the offer on behalf of its 200 000 members.

UK sets up expert group on cloning: The chief medical officer for England, Professor Liam Donaldson, will chair a group to consider the pros and cons of therapeutic cloning. The group, which includes experts in genetics, ethics, reproductive biology, and law, will assess the anticipated benefits of research, the potential risk, and any alternative approaches.

Heads of CHIMP announced: Dame Deirdre Hine, chief medical officer for Wales until 1997, and Peter Homa, responsible since 1998 for shortening NHS waiting lists, have been appointed chairwoman and director respectively of the Commission for Health Improvement. The commission will begin work on 1 November and will work closely with the National Institute for Clinical Excellence to ensure high standards in the NHS in England and Wales.

News **extra**

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Canadian doctors' threatened walk out averted

David Spurgeon *Quebec*

A threatened shutdown of the accident and emergency department room of Montreal's Royal Victoria Hospital was averted after the board of the provincial government's healthcare scheme withdrew charges of overbilling against all the 19 doctors in the department, who had handed in their resignations in protest. But three of the 19 had already accepted posts outside Quebec, and the hospital has called for a full review of the way the government pays emergency doctors.

Earlier this year the doctors were charged with conducting too many "major complete" examinations (each costing \$C38 (£15.70; \$25), instead of using the less expensive "complete" examinations at \$C21 each. The authorities also challenged a total of \$C1.5m worth of examinations, making the doctors potentially personally liable for repayment of \$C250 000 in fees.

The investigation was closed after an independent peer review committee issued a report favouring the doctors. But Dr Hugh Scott, executive director of the McGill University Health Centre, which includes the Royal Victoria Hospital, the Montreal General Hospital, and the Children's Hospital, said that the incident highlighted the fact that the current system of payment for emergency doctors was

out of date. He added that to be able to operate the emergency department at full capacity, the hospital would have to recruit doctors to fill the posts left vacant.

The Royal Victoria Hospital's emergency department, one of the busiest in Montreal, is unusual in that a majority of the doctors are fellows of the Royal College of Physicians and Surgeons of Canada who teach emergency medicine.

The resignation threats were just one of a series of problems faced by the government's healthcare scheme this summer. Others were overcrowding of emergency departments throughout Quebec province, a month long strike by nurses (17 July, p 144), a work to rule by ambulance drivers, and a threatened strike by hospital pharmacists. □

Junior doctors step up campaign over pay

Linda Beecham *BMJ*

The BMA is stepping up its campaign to persuade the UK government to improve the pay and working conditions of junior hospital doctors.

In June representatives of the United Kingdom's 35 000 junior doctors voted unanimously in favour of balloting members of the BMA on industrial action unless negotiations with the Department of Health resolve the issue of out of hours pay and working conditions (12 June, p 1573). The juniors have the full support of the BMA (10 July, p 74), and a decision about a ballot will be made by the council executive on 8 September.

Over 200 meetings have been

arranged throughout the United Kingdom to seek juniors' support for taking industrial action if negotiations break down. The campaign—"Situation critical"—is the biggest of its kind since junior doctors took industrial action in 1975. Badges, car stickers, leaflets, and posters have been issued to raise awareness of the campaign.

The junior doctors' leaders are disappointed that progress has been slow. Mr Andrew Hobart, chairman of the Junior Doctors Committee, said, "We have had some meetings, but the government hasn't put anything constructive to us. We will obviously stop the ballot if the government comes forward with

some sensible proposals, but the threat of industrial action is now closer than ever. The government must wake up and listen. This is a critical situation, and junior doctors will take action if they have to."

Only the 30 000 junior hospital doctors who are members of the BMA would be balloted, and a recent survey showed that 95% would back industrial action short of a strike, including, for example, a work to rule, refusal to carry out administrative duties, participate in waiting list initiatives, or act as porters. Such action could start almost immediately.

A spokeswoman for the Department of Health said, "We are aware of the need to act quickly, and we are more than willing to arrange further meetings." A meeting on pay was held in July, and further talks are scheduled.

Mr Frank Dobson, the secretary of state for health, said last week that he wanted to end junior doctors' dependence on overtime pay—most are paid at 50% of the standard hourly rate after the first 40 hours of work—and other supplements and to substitute a professional contract. "What I am determined to do," he said, "is change their contract entirely. They have a very archaic system in which a third of their pay is determined by 'plussages' and bits of overtime." □