MPs say NHS consultants should not do private work

Linda Beecham *BMJ*

The British government should make it a "long term objective" that consultants in the NHS should not practise privately, says a report of the House of Commons health committee's inquiry into consultants' contracts.

Of the 23 000 consultants in the NHS, 16 000 do some private practice. Those on whole time contracts (58% of all consultants) must not receive more than 10% of their NHS salary from private practice. Those with a maximum part time contract (24%) receive 10/11 of the NHS salary and have no limit on their private earnings.

The chairman of the committee, David Hinchliffe, acknowledged that this recommendation, which was opposed by the two Conservative members of the committee, could take anything up to 20 years to achieve. But most of the committee, he said, believed that it was indefensible that patients with similar clinical needs should receive different treatment purely because of their ability to pay. "The NHS was founded on the principle of equi-

ty," he said. "It should put that principle into practice."

The committee was surprised by the complexity of the consultant contract, and it recommended that one of the objectives of the current renegotiation should be to simplify it. There should be a more systematic collection of information about how consultants work and for how long.

The committee found a wide variation in the number of fixed sessions that consultants worked in the NHS, and it recommends that they should be increased. Consultants who consistently failed to meet their commitments, without adequate explanation, should be subject to disciplinary proceedings.

The MPs support the BMA's call for a return to national terms and conditions for consultants, and they say that if the principle of allowing NHS consultants to work in private practice is allowed to continue, any contractual arrangements should also be national.

The committee found it "astonishing" that job plans—a key tool in accountability—were not in place for all consultants or reviewed annually. □

Consultants' Contracts, a report from the House of Commons Select Committee on Health, is available from the Stationery Office, price £6.50.

Full story in News Extra at bmj.com

Collaboration between a stained glass artist, Carole Nunes, and Dr Jim Cohen, a research scientist at Guy's, King's and St Thomas's Hospital NHS Trust, London, has led to the creation of this stained glass window on the theme of evolution and developmental biology at St Thomas's Hospital. The "Window on Life" project, commissioned by Guy's and St Thomas's charitable trust, will be unveiled next week. It is designed to convey to the public the importance and relevance of recent research findings in developmental biology. The six outer panels show images inspired by research into developing embryos of species of increasing complexity: leech, fly, amphibian, fish, chick, and mouse.

No evidence of racism in GMC complaints procedures

Linda Beecham *BMJ*

Health authorities, NHS trusts, and other public bodies, including the police, in the United Kingdom refer proportionately more doctors who qualified overseas than in the United Kingdom to the General Medical Council (GMC), says a report from the Policy Studies Institute.

The report, a summary of which was considered by the council this week, says that this finding partly explains why doctors who qualified overseas are overrepresented in the GMC's fitness to practise procedures.

The institute found no evi-

dence of any overt or covert racial discrimination in the GMC, but it criticises some aspects of the council's processes, particularly on consistency and transparency.

When complaints from the general public and public bodies were taken together, doctors who qualified overseas were not overrepresented. But because reports from public bodies were more likely to be better documented—many complaints from the public are trivial and may not even mention a doctor's name—the screeners referred a much higher

proportion of these complaints to the next stage, the preliminary proceedings committee.

The institute says that this does not explain why relatively more doctors who qualified overseas were referred on from the preliminary proceedings committee to the professional conduct committee. The report speculates that the complaints against these doctors might simply have been more serious.

The director of the GMC's fitness to practise department, Isabel Nisbet, said, "There is no suggestion that any of the overseas qualified doctors who were referred should not have been."

The chairman of the GMC's racial equality group, Lord Patel, said that he could only speculate on the reasons. It might be that a greater proportion of doctors

who qualified overseas were doing temporary or locum work, perhaps as singlehanded GPs, and were less supervised. Other possibilities were that it could be a cultural issue, or there could be institutional discrimination. Discussions were already taking place with medical directors to ensure that those referring cases to the GMC did so evenhandedly.

The council has agreed to address all the institute's recommendations as a matter of urgency. Some changes have already been made. In 1997 a screeners' handbook was produced, which set out how complaints were handled. □

The report can be accessed at www.gmc-uk.org/council/200007/5%20psi%20report.doc