Letter from Westminster

Dr Vaughan against "casual medical labour"

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Dr Gerard Vaughan, the Health Minister, has set out his views on the provision of locums for junior hospital doctors on leave in a letter to Dr Roger Thomas, Labour MP for Carmarthen. The letter, sent last week after the BMA's "black box" warning to the Oxfordshire Area Health Authority, was in reply to one he had received last month from Dr Thomas urging him to act. Dr Thomas had also pointed out that the problem to which he was drawing attention was illustrated by the events in Oxfordshire. The BMA has warned the authority that it will be placed in the "black box" in the *BMJ* if it does not conform to national agreements including the employment of locums by 4 February.

Dr Thomas has been agitating for some time about the difficulties facing junior staff when AHAs realise they can save money if they avoid employing locums. Dr Vaughan's attitude is set out clearly in the letter. He said that in many cases the assessment of junior hospital doctors' contracts took account of the fact that they were expected to give cover for the annual and study leave of colleagues. In circumstances where it was not contracted for it was the employing authority's responsibility to engage locums or make alternative arrangements, so as to maintain an adequate service. He also pointed out that all patients were under the care of a consultant and it was for him to warn the authority if he considered the degree of cover to be insufficient, taking due account of his own availability.

Ideally, he said, employing authorities should allocate their medical work so as to minimise the need for the employment of locums. The Department of Health and Social Security encouraged them to keep rotas under review to minimise the burdens on doctors while, whenever practicable, arranging for prospective cover to be given. "This is not only because the cost of employing locums constitutes a drain on authorities' already overstretched resources, but also because these positions offer neither training opportunities nor career prospects," he added. "The development of a casual medical labour force is unacceptable. However, we have not placed any special financial or procedural restraints on employing authorities who consider it necessary to engage locum staff; and I should emphasise that we would consider it unacceptable for doctors to be expected to provide cover beyond their contractual obligations."

The forecasting game is always a risk. Sometimes the crystal ball clears, only to cloud over immediately the prediction has been made. It then clears only to deny what it said earlier. So it has proved with the Health Services (Miscellaneous Provisions) Bill, which the DHSS had on the stocks ready to be launched this spring on its Parliamentary passage. This will not now happen. Cabinet reshuffles have all sorts of undreamed of side effects, one of which has been that the new Leader of the House, Mr Francis Pym, cast a somewhat jaundiced eye on the legislative programme he inherited and set about pruning it. As a result, various departmental projects are to remain on the shelf, notably the DHSS's Bill. It would have tackled, among other things, the problem of tobacco additives and the question of sick pay for doctors temporarily suspended from practising through ill health. The decision to drop the Bill was taken in a hurry as part of Mr Pym's tidying-up exercise. The DHSS is now looking at the implications of the decision, and it will be up to ministers to decide whether to wait until the new session, when the Bill

could be reintroduced, or to try some other means of achieving its objectives.

The Bill was also to have been the chosen vehicle for back-bench amendments to give Mr Patrick Jenkin, the Social Services Secretary, powers to make orders controlling cigarette advertising. These would have taken effect after the present voluntary agreement expires next summer. That opportunity has now gone, and there seems to be no other channel through which the necessary legislation could be introduced this session. All the MPs lucky in the ballot for time for private members' legislation have chosen their subjects, and all that is left is the ten-minute rule procedure. Mr Laurie Pavitt, Labour MP for Brent South, does have a Bill ready, but the procedure is more a means of making a propaganda point than of setting legislation on its way through Parliament. The issue is one for a free vote, and it seems unlikely that the DHSS would take it up in legislation next session. The pressure will, however, be there for someone lucky in the ballot to act.

Review bodies and Government policy

Back in November I suggested that the Government was getting concerned about the effects the findings of the various pay review bodies might have on wage settlements and was wondering how to tackle the problem. The point is that the three bodies—the Doctors' and Dentists' Review Body, the Top Salaries Review Body, and the Armed Forces Review Body—are independent and should not be subjected to political interference. How then to tackle them? The DHSS always submits written evidence to the DDRB, and this time round Mr Jenkin was considering doing so in person. He is, however, not the only minister with a pay review body to worry about. Lord Soames, the Civil Services minister, is also concerned, and the two apparently came up with the idea that since they were appointed by the Prime Minister it was perfectly appropriate that she summon the chairmen in for a friendly chat.

The process started shortly before Christmas when Mrs Thatcher had the whole of the TSRB for lunch at No 10 Downing Street. That was followed last week with a visit from Lord Plowden, deputy chairman of the TSRB, standing in for Lord Boyle, who is indisposed. Next on the list was Sir Robert Clark, chairman of the DDRB—Mr Jenkin attended that meeting—followed by Sir Harold Atcherly, chairman of the armed Forces group. Mrs Thatcher's task was to make sure they all understood that the 6% policy on cash limits being imposed on other public sector areas is what the Government can afford in pay and should be the yardstick for the review bodies. Ministers believe that the mood of the medical profession is such that it does not expect the DDRB to come up with a massive award when it reports in April—in other words, what is reasonable for the profession will also seem reasonable to the Government.

February looks like being one of the busiest months for the DHSS since the Government took office—a whole spate of consultation and policy documents is planned. They include the consultation document on the functions of community health councils; the long-awaited strategy document for the new district health authorities, which will urge them to switch resources from acute care into the "cinderella services," such as geriatric care and mental health; and a White Paper on the elderly.