three cases where excellent prospective candidates refrained from visiting the hospital concerned, wrongly supposing that this would disqualify them. In at least one of these cases the motive was misunderstood, and certainly one of the members of the appointments committee felt that it would be wrong to appoint someone who had shown "so little interest."

I would like to urge that where it is decided to be necessary to mention in writing that direct canvassing would disqualify, it would be helpful if an added phrase were included indicating the person with whom candidates may get in touch to see over the hospital and facilities.

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PPP plan for BMA members

SIR,—I take Dr S G Bayliss's point that £80 outpatient benefit is still relatively low compared to that of other PPP plans on offer (24 March, p 826), although this plan is a bargain considering the inpatient benefits it offers.

From the point of view of operating a health insurance fund, it should be cost-effective to substitute lower outpatient expense for higher inpatient expense, all things being equal. This year we will test this hypothesis by removing outpatient benefit restrictions on those PPP plans where companies pay the subscriptions of large numbers of employees. This experience will, in due course, be related as appropriate to other PPP plans, including the BMA-PPP Plan.

Now, let us assume that PPP is satisfied in due course with the results of this experiment and progressively lifts outpatient benefit restrictions, and that this development creates a demand for private diagnostic investigation facilities. From where are these facilities to be forthcoming and who will provide the capital to build these laboratories or centres? Does Dr Bayliss see a role here for private enterprise or provident associations, or both?

Would other members of the medical profession care to comment? We would welcome their suggestions.

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The new consultant contract

SIR,—I was as surprised as Mr David Bolt (24 March, p 824) to read the rather uninformed comments by Dr C C Booth and his colleagues from Northwick Park Hospital (17 March, p 755). Mr Bolt has replied in his usual lucid manner and in some detail to the criticisms made by Dr Booth and his colleagues and I hope that in view of these assurances the consultants at that hospital will begin to see the new contract proposals in a wholly better light.

Dr Booth states in his final paragraph that "the only thing wrong with our present contract is money," but this statement is not wholly true. It has to be recognised that the present contract fails because it does nothing to help those consultants who carry heavy burdens in the National Health Service, especially where there is a poor supporting

staff; and it follows that the new contract proposals will help these consultants most of all. It is surely only fair that this should be so, even though these new proposals should help all sensible consultants, often to an appreciable extent. At present we anxiously await the Review Body report, and there are many consultants who share my view that this report may be disappointing in its recommendations on pay levels for the new contract. I would urge all consultants to remember the struggle that we have had over the years since 1971 to persuade Government to accept that we should have any new contract along the proposed lines. It is not the closed contract some may think—the consultants' continued responsibility commitment for his patients is still there, as now; but it is surely a much more fair contract than the present one, and if we were to lose the principles embodied in this new contract at this stage simply because the initial pricing was disappointing it would be a complete tragedy. After all, the pricing can improve step by step in future years and I would guess that this will be the case.

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SIR,—Dr R B Payne and others from Leeds argue very eloquently (31 March, p 895) the case for paying certain NHDs in the proposed new consultant contract at premium rates, but unfortunately their reasoning is at fault.

The on-call NHD which will be included in the standard contract "will be allocated in recognition of the basic on-call commitment which derives from a consultant's continuing clinical responsibility for the care of the patients in his charge. . . ." That commitment will be exactly the same whether a consultant works 10 or 15 NHDs. The same reasoning lies behind the allocation of one NHD for a consultant's basic administrative duties.

Surely, it is only logical that a consultant with a limited-session contract should have his or her on-call and administrative NHDs reduced pro rata as this type of contract will be open only to those consultants who for personal reasons will not be able to offer the same commitment to the above duties as will those with the standard contract.

ALEXANDER P ROSS

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SIR,—Dr D E B Powell's critical letter of the introduction of emergency recall fees and the profession's negotiators results from a misunderstanding of the situation (24 March, p 825).

Emergency recall fees and improvements in telephone and motor car expenses were part of the package deal agreed with the then Secretary of State, Mrs Barbara Castle, in 1975 at the conclusion of the industrial dispute between the profession and Government. They are not therefore part of the recent contract negotiations although they will, of course, be available with it if the contract is accepted. Consultants who retain their existing contract will benefit from recall fees and any other improvements achieved in motor car and telephone expenses.

In the five years or so since this agreement was reached the negotiators have not been asked to ballot the profession over recall fees, although Dr Powell could have made his

views known through the Welsh Regional Committee for Hospital Medical Services had he wished. In contradistinction to Dr Powell's belief, the negotiators have never had to decide what is good for the profession, for they have followed the guidelines laid down for them by the generality of hospital consultants through their elected representatives on the CCHMS and, as a result, the new contract was accepted as a basis for pricing by the majority of the profession in the recent ballot. Whatever Dr Powell believes, the negotiators are the servants of the profession and in a democratic situation can be replaced at any time.

A great deal of misunderstanding exists as to the agreement between the profession and the DHSS over the role of the administration and the recall fees. A medically qualified administrator would be able to monitor the recall claims if it became obvious that the number of a consultant's claims exceeded those of consultants in the same specialty. We have not negotiated a deal which requires consultants to fill in a series of complicated forms, and consultants are advised that a reasonable form should only include details of the consultant's name, the patient's name and hospital number, the date and time of the commencement of the recall, and the time of its ending. Additionally, it was thought reasonable that consultants should have made some written record in the hospital notes or documents which would confirm the hospital visit at a later date. Surely these requirements are a small price to pay for a major improvement.

Dr Powell claims that recall fees are divisive, but he must recognise that only the basic salary of consultants is universal and that some specialties have always had extra money available. Pathologists make several thousand extra pounds a year for their medicolegal work carried out during normal working hours. Family planning may bring considerable sums of money to a relatively few consultants for work done during a normal day. Geriatricians, psychiatrists, general physicians, and surgeons attract considerable domiciliary payments. There has been no uproar that these payments are divisive, for the profession recognises that they are payments for work done. Dr Powell hopes that envy does not colour his views. Perhaps he could say what else it is that makes him object to payment to his colleagues for extra work carried out in unsocial hours when he is at peace at home.

It is frequently suggested that hospital doctors do not wish to have salaries made up of such payments—that everybody would prefer what is euphemistically described as a professional salary. Anybody who has taken any cognisance of the world we now live and work in must recognise that no open-ended contract will ever be satisfactorily financed by Government until the nation's wealth matches that of the oil-producing states. The present contract has failed miserably to maintain our salary in real terms. It is the negotiators' hope that recall fees will put money in consultants' pockets and go some way to overcoming the increasing reluctance of consultants to attend their hospitals in unsocial hours, so that the standards of patient care and junior staff supervision and training can be raised. It will be money well spent.

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