would depend on the individual practice, as happens with doctors working as clinical assistants in hospitals.

This scheme would give the young and able a high salary and would allow the older doctor to work more realistic hours. I submit that a 45-hour-week contract should not be associated with any fall in the present salary.

J D NICHOLAS

Swindon, Wilts

Clothier Report and the dispensing doctor

SIR,—It is understandable but none the less regrettable that the Clothier Committee has in its report¹ failed to answer the basic question as to who should have the right to dispense for patients.

The original NHS regulations have certainly become outdated and fail to account for the packaging of most medicines and the excellent and improving record of general practitioner dispensing. The little existing justification for the "one-mile rule" has been overstated forcefully by the pharmacists in their bid to maintain an often unnecessary, inconvenient, but lucrative service. If indeed the man in a country lane was asked where he would most easily get his medicine he would undoubtedly say, "at the same place and time that I get my prescription," and that would obviously not be the local chemist.

The abolition of the one-mile rule would allow doctors who so wish to dispense for patients who may wish them to, and a natural balance of supply and demand would result. In the past year the profession has witnessed unjustified attacks on the right and ability of doctors to dispense or to write prescriptions. It has even been officially suggested that the pharmacist should be the first-line assessor of illness and should monitor and modify the treatment of patients. This highly prejudiced attack on the role and ability of our profession has led the Clothier Committee now to recommend the setting up of no less than a Statutory National Joint Committee and the maintenance of the status quo of the present imperfect system whereby patients are denied the chance to obtain their NHS medicines on the premises where they are seen by their doctor.

For as long as large, powerful pressure groups meet to conceal the true nature of dispute there can be nothing but small concessions and postponement of issues and little genuine improvement in the Health Service.

ADRIAN ROGERS

Stratford-on-Avon, Warwicks

¹ Report of the National Joint Committee of the Medical and Pharmaceutical Professions on the Dispensing of NHS Prescriptions in Rural Areas. London, DHSS, 1977.

New consultant contract

SIR,—I confess I do not understand Dr J M Cundy's letter (24-31 December, p 1675) in that I am not clear as to what is meant by "slush money" or to whom it is supposed to be paid. However, the innuendo is not lost and seems calculated to be offensive. If this represents the attitude of a "whole-time" member of our negotiating committee, then the fears and anxieties of "whole-timers" as

expressed in recent letters to the *BMJ* would seem to be fully justified.

ALASTAIR H B MASSON

Edinburgh

SIR,—One of the CCHMS contract negotiators, Mr R Booth, is on record (10 December, p 1556) as saying that "the NHS [is] about patients and doctors—everyone else [is] a hanger-on, in the nicest possible way." Is this his view, I wonder, of his own operating theatre staff? The CCHMS negotiators and the BMA are fond of posing as spokesmen for "patients" rather than for the "NHS." It seems incredible that they should choose to refer to other staff who care for patients, and whose expertise is equally important, in these despicable terms. Mr Booth's statement will increase the fears of those of us who think that the CCHMS wants to convert the consultants into the "hangers-on" of the rest of the NHS, and I give thanks that Mr Ennals has averted this danger at the eleventh hour.

J L T BIRLEY

Institute of Psychiatry,
London SE5

SIR,—It is quite apparent that "our" representatives are obsessed with private practice and opposed to the full-time commitment. For varying reasons there are many who have strong objections both to private practice and to the proposed 10-session contract which is designed solely to increase the earnings of those consultants involved in private practice without the saving grace of offering anything new in return. No responsible government, Labour or Conservative, could possibly accept the terms of this one-sided contract.

However, those favouring this type of contract are free to do so and free to negotiate, not dictate, accordingly. Surely full-time consultants have the same right to negotiate without interference from "our" representatives, who are not only acting to the detriment of full-timers but also hope to destroy the principle of the full-time commitment.

Future negotiations with the Minister on the full-time contract should be carried out by representatives of full-time consultants *only* and by no one else. These representatives should be elected by ballot of full-time consultants, thus ensuring that they will not be exclusive to those belonging to the hierarchy of the BMA.

D ADLER

Ilford, Essex

SIR,—Two things are puzzling about the negotiations. Firstly, there is a heavy insistence on consultants being allowed to do what they like with their free time, as if this were some new idea. It has always been the case. In 40 years of whole-time clinical practice as hospital resident, wartime Army specialist, senior registrar, and consultant no one dictated what I should do with my free time or denied my wishes in the matter. If I had wanted to practise private medicine I could have done so and opted for the appropriate contract.

Secondly, Mr D E Bolt's exposition of the contract (10 December, p 1558) and other statements about its contents are not clear. It seems to be intended that whole-timers should gain two or more NHDs over part-timers by negotiation with their employers.

What guarantee would they have that these would be forthcoming? There are several financial and bureaucratic reasons why they would probably be difficult to obtain. The suggested arrangement offers much less security to whole-timers than the present 11-session contract and should be unacceptable to them.

The BMA's statements about the use of free time imply an emphasis on private practice amounting to an obsession that obscures the interests of whole-timers. The fact that half of all consultants are now whole-time indicates that whole-time hospital work appeals to increasing numbers of consultants who, whatever else they wish to do with their free time, do not want to engage in private practice.

Those whole-timers in district general hospitals who want to spend time in research and are interested in helping their hospitals to run better, together with all clinical academics, should be particularly chary of accepting the present BMA proposals. If they go through all these doctors would find themselves at a greater disadvantage compared with part-timers than is the case now.

The BMA's proposals fail to take account of two facts: firstly, a great many consultants believe in a whole-time commitment to the NHS which deserves financial recognition as heretofore; and, secondly, there is little or no private practice in some parts of the country and for some specialities.

NELSON COGHILL

London W5

SIR,—I would like to take this opportunity to let you know that as a full-time consultant radiologist I support the suggestion of Mr David Ennals or the alternative proposal of Dr Grey-Turner (10 December, p 1557) for two extra NHDs for those consultants who would be prepared not to engage in private medicine or charge for their services to private patients who needed special diagnostic investigations or treatment. Their free time would otherwise be available to pursue their own interests like everyone else.

I am very appreciative of the efforts of Mr A H Grabham and Mr D E Bolt and his negotiating committee on our behalf but am concerned that the voice of the full-time consultant is either not being heard or not being listened to.

The chairmen of the regional health authorities have expressed concern regarding the cost of the new contract in relation to other services. The chairmen must get their priorities right. A properly motivated medical profession would give the public a good service despite inadequate facilities. On the other hand, a disgruntled profession would provide an indifferent service no matter how many thousands of pounds were spent on hospitals and equipment.

P WARD

Hallamshire Hospital,
Sheffield

SIR,—It was with interest that I read the letter from Dr J M Cundy (24-31 December, p 1675). He has assured the full-time consultants that the negotiating committee "is very aware of the need to improve the situation of the whole-timer" and that the negotiators are not "only acting on behalf of part-timers." But I have my doubts whether the majority of whole-timers are absolutely convinced by his assurance, especially the whole-time consul-