the Review Body still enjoys their confidence also.

Dr. Stevenson's Letter to the Prime Minister dated 14 November

I am writing to let you know that the Joint Evidence Committee has considered the exchange of letters between yourself and the members of the Review Body on Doctors' and Dentists' Remuneration, following Lord Halsbury's resignation from the chairmanship.

I am enclosing a copy of a letter which I have today sent to Mr. Alastair Down and

his colleagues which I hope makes the position between the members of the Review Body and the profession quite clear.

Dr. Stevenson's Letter to the Review Body dated 14 November

I am writing to let you know that the Joint Evidence Committee has now considered the exchange of letters between you and your colleagues and the Prime Minister arising out of Lord Halsbury's decision to resign his chairmanship of the Review Body.

The Committee is most grateful to you and your colleagues for informing the Prime

Minister that you are all prepared to continue to serve as a group on the Review Body, and to learn that Mr. Wilson has confirmed that it is his wish that you should do so, and that so far as the Government is concerned the independence and status of the Review Body are unaffected by the recent events.

As our exchange of letters with Lord Halsbury show we have been concerned solely with the position of the Chairman and we have never held in question the impartiality of the Review Body itself.

It follows that I am happy to reassure you that you and your colleagues still have the confidence of the profession.

Towards a Better Contract

Dr. A. K. Thould, a consultant physician in Cornwall, has been a member of the Central Committee for Hospital Medical Services since 1970 and of the Joint Consultants Committee since 1972. He also served for a time on the Negotiating Subcommittee of the C.C.H.M.S. and he writes here on the consultant contract.

Expensive Licence

"Human life is everywhere a state in which much is to be endured, and little to be enjoyed." How appropriate Dr. Johnson's famous observation is to the present consultant contract, which has seen only one major change since 1948. In 1956 the consultant with a maximum part-time contract found himself committed "for substantially the whole of his time."¹ This unjust provision has become an increasingly burdensome one for it is hard to see why any doctor should be paid nine-elevenths of an agreed salary but be expected to do a full and very hard week's work in return. Two-elevenths of salary has seemed to too many consultants to be an expensive licence fee for their right to indulge in private practice.

But it is now, however, just this irksome condition which has made the present contract odious to many doctors. In how many other occupations can the work load be increased by the employer with no extra reward? Furthermore, the contract makes no allowance for time spent on teaching or administrative work, and research services are denied to consultants working outside the teaching hospitals. At a time when so many are seeking to cut their working week and raise their pay it is an anachronism to expect a professional body to allow its members to be exploited by the present unfair arrangements.

Medicine is one of the most satisfying, fascinating, and rewarding of careers. But the N.H.S. authorities have no right to trade on the doctors' genuine sense of vocation. Such exploitation has been an accepted part of the Health Service for too long. So it is not surprising that in the last few years hospital doctors have demanded—with rising militancy—a renegotiation of their contract to fit modern working conditions. While doctors are not clock watchers by habit or inclination they expect some leisure time. If this time must be intruded upon by the needs of the Service, then fair compensation is necessary.

Far Beyond the Spirit of Contract

Traditionally, consultants have given up

their spare time in order to teach. Which of us has not spent many evening hours in committees or working parties so that the Health Service can function smoothly? We have worked far beyond the spirit of our present contract, and this has gone unrewarded. Consultants' earnings have fallen sharply relative to the national average wage and to cost of living rises, and this has engendered in them a strong sense of injustice. A fair but hard week's work must in future be reflected in a fair and just reward, which can be done only by ending the present open-ended contract.

We need a realistically priced, closed contract. A questionnaire sent to consultants in my own region this summer showed that 93% of them were dissatisfied about pay. Most saw their services as seriously undervalued and over two-thirds of the respondents were unhappy with their contracts. More than half wanted a 10-session contract and around one-third supported an item-of-service one. Such was the strength of feeling that 78% were prepared to invoke sanctions of some sort in support of negotiations for a new contract. My impression is that this attitude prevails throughout the country.

C.C.H.M.S.'s 1972 Proposals

The 10-session contract proposals prepared in 1972 by a C.C.H.M.S. working party, chaired by Dr. R. Mayon-White, though criticized initially by some consultants, has attracted growing support (16 November, p. 419). Unhappily, however, discussions with the Health Departments on our proposals made little real progress and consultants became more and more impatient—an impatience that was fuelled by the seemingly quicker progress that our junior colleagues were making on renegotiating their contract. The calls for militant action grew and finally the British Medical Association proposed to Sir Keith Joseph that the present arrangements should be thoroughly reviewed by a working party. When Mrs. Barbara Castle took his place she accepted this idea and set up a joint professional/departmental working party chaired by one of her junior ministers, Dr. David Owen.

The working party started work on 22

April and the profession submitted its proposals—which had the backing of the National Conference of Hospital Medical Staffs²—for a 10-session week with its basic commitment that would allow for time spent not only on ward rounds, laboratory and diagnostic work, and in outpatients, but also for research and study time. All consultants would be entitled to engage in private practice in their spare time if they so wished, outside their contractual obligations to the Health Service. These seemed to the C.C.H.M.S. reasonable and fair proposals. The Government, however, had different ideas.

The effect of Mrs. Castle's announcement about phasing out pay beds has been well publicized (*B.M.J.*, 9 November, p. 354). What annoyed consultants as much as anything was the blatant pre-emption of the Owen Working Party's deliberations. In the wake of Mrs. Castle's Parliamentary gaffe came the Health Departments' ideas on how consultants should be employed by the N.H.S. (*B.M.J.*, 16 November, p. 421). These startled the staff side of Owen because the profession's proposals, though previously discussed in the working party, appeared to have been ignored. A confrontation seemed inevitable but after meeting Mrs. Castle the profession gave her three weeks to produce a contract acceptable in principle to doctors (*B.M.J.*, 16 November, p. 416). Nevertheless, as a guide book to the Government's thinking its paper on a remuneration structure for consultants deserves careful study.

Health Departments' Philosophy

The Health Departments agree that the basic contract should be on a 10-session, five-day week. This basic commitment would cover outpatient work, ward rounds, operating sessions and laboratory work, and diagnostic and therapeutic procedures. Teaching of junior doctors, administrative work, and travel would also be included.

So far so good. The crunch comes with the next proposal. Consultants should, in return for their continuous responsibility to their patients, be paid a "complete commitment allowance" priced at a level of at least

two-elevenths of the present remuneration. This would *not* be payable to those who wish to engage in any private practice. Doctors wanting to do private work could only do a guaranteed eight sessions per week and would be forbidden the use of Health Service facilities for their private patients. So pay beds would be abolished and the door firmly closed to private patients on N.H.S. diagnostic facilities.

Where the exigencies of the Service required extra sessions would be worked over and above the basic 10 sessions. These would attract extra pay, but whole-time consultants would be offered such sessions preferentially before any part-timers were allowed to compete for them. Emergency visits to hospital and domiciliary consultations would be paid for by an item-of-service payment in each case for either type of contract. Other administrative work would be paid for by an extra fee also, with either contract, as would extra teaching.

Merit awards would be replaced by career structure supplements. The criteria for these payments have not been defined but only full-time consultants would be eligible for them.

Essential Difference

Here lies the essential difference then between the Health Departments' proposals, and the profession's. The Government seeks to offer a "bribe" (that could be very large) to the consultant prepared to work full time for the N.H.S. Except perhaps in a large centre with a flourishing source of private practice, the financial penalty for a part-time contract would be well nigh prohibitive. The differential between the earnings from the State of a 10-session and an eight-session doctor could amount to as much as 100%, and preliminary calculations by the C.C.H.M.S. suggest a minimum differential between the two of about 38%.

Strategic Policy Switch

This is no tactical manoeuvre to obtain quick agreement with the profession: it is a strategic policy switch and must be recognized as such by doctors. It has implications, too, for doctors in training and for general practitioners. What might happen, for instance, to general practitioners wishing to do insurance or pre-employment examinations in health centres?

Despite the option to continue with their present 9/11ths contracts such changes would be unfair to thousands of part-time colleagues. Their whole life style would change radically at short notice, and this would bear hardly on the younger men and also on junior hospital staff who had planned their careers on the basis of mixed practice in the N.H.S. Substantial changes are needed, of course, but they must not be imposed and must be phased in gradually. All consultants, whether full- or part-time, stand or fall together on this issue. Their representatives will need their full support in negotiating a fair and equitable change.

The advantage of the profession's proposals is that consultants can do what they like with their spare time, be it gardening, sailing, reading, research, or private practice. If the Government's proposals were to be

Round-up

• **Radiologists Group Committee.**—At its first meeting of the 1974-5 session on 11 October the Radiologists Group Committee re-elected Dr. J. L. Cole as Chairman. The Committee heard that a further meeting had been held between representatives of the C.C.H.M.S. Negotiating Subcommittee, and of the pathologists and radiologists when categories I and II fees had been discussed (*Fees from Part-time Medical Services Section 3*). It had been agreed that a request should be made for a special subgroup of the Owen Working Party to be set up to consider these fees, and the Group Committee endorsed this proposal. The Group Committee wanted a fee payable for all pre-employment examinations but suggested that there should be a schedule of those groups for which no charge could be made for routine examinations—mainly staff in contact with groups of children. It also agreed that all Employment Medical Advisory Services work should be paid for. On mass miniature x-ray services the Group Council reaffirmed its view that the units should not be used for routine pre-employment examinations and that students should have their pre-entry chest radiographs carried out in hospital x-ray departments (*Supplement*, 1 December 1973, p. 63).

• **University Liaison Committees.**—Health Service Circular HSC(IS) 85 gives guidance on the functions and establishment of regional and area university liaison committees. These committees will advise health authorities and universities on N.H.S. support for university teaching of medical and dental students, and associated research. Postgraduate training of N.H.S. doctors and dentists will continue to be the province of the regional postgraduate medical education committees. From 1975-6 allowance will be made in the annual financial allocation to R.H.A.s for the extra costs to the N.H.S. in connexion with university teaching and research. R.H.A.s are asked to liaise with universities on the establishment of regional university liaison committees. The R.U.L.C.s will advise R.H.A.s on the needs of the university, the adequacy of regional plans to meet those needs, and on possible new areas of collaboration. Area university liaison committees may be needed in teaching areas. Health authorities are advised that the membership of the committees should be kept small and that a balance must be kept between the representation of the health authorities and the universities. Some

cross-membership between regional and any area university liaison committee(s) would be desirable.

• **National Association of Health Authorities.**—A National Association of Health Authorities in England and Wales is being set up by regional and area health authorities, family practitioner committees, and boards of governors in England and Wales. The objects of the association are, "(a) To provide a forum for the exchange of views and information and for discussions of common concern between member authorities and to express views on such matters, when appropriate, to the Department of Health and Social Security, the Welsh Office or other bodies. (b) To perform such other functions as it thinks fit for or on behalf of member authorities." The acting secretary of the association is Mr. Stephen C. Merivale, and its temporary address is c/o the Nursing and Hospital Careers Information Centre, 121-23 Edgware Road, London W2 2HX (tel. 01-402 4929).

• **Photocopying of Medical Records by Insurance Companies.**—The B.M.A. has reminded general practitioners that they should not send original medical documents to insurance companies, especially those from hospital consultants. Insurance companies commonly photocopy medical records. Because of this when a G.P. sends a company an original document the contents may not remain confidential. So the B.M.A. advises that relevant information should be extracted from the original medical report and used as part of the doctor's own report to the insurance company. The relevant paragraph in the 1971 agreement with the Life Offices' Association is as follows: "Hospital and Consultants' Reports.—It should be remembered that hospital and consultants' reports are confidential in nature. General practitioners are nevertheless free to pass on material contained in these reports if they can avoid sending copies of original documents and in particular of personal letters intended by hospital specialists for the general practitioner himself.... In certain circumstances general practitioners have found it more convenient to send these reports to offices in their original form, especially where a long medical history is involved. The B.M.A. does not approve of this practice but does not feel able to prevent it."

accepted I foresee that in most areas consultants will be forced by financial considerations to become full time. Thus we shall become members of a full-time salaried service, beholden to the State, and at its mercy. We shall have given up what independence we have managed to preserve since 1948. The loss of this sensible compromise between individual professional freedom and the needs of the community will put us in the unenviable position of being a monopolized employee of a monopoly employer.

Confrontation Difficult

Regrettably, confrontation with authority seems to be the order of the day and this means that in any future dispute hospital doctors would be faced with using the only sanction available to them—withdrawal from the Service. Negotiations with the State as an employer are in any case far from easy, as I can vouch for. Even with the Review Body system to act as an independent umpire over pay, doctors and dentists have had

their problems. I think a total State monopoly of hospital medicine—and I see the possible growth of private hospitals and nursing homes as marginal to this problem—will in the long run worsen the doctors' position. Though in the short term consultants might benefit substantially—some tempting figures have been bandied about in the press—I am not convinced that as inflation erodes the initial bonanza we shall not be back to grinding a few per cent. here and a few per cent. there out of future recalcitrant Governments. The G.P.s deservedly did well in 1966 but the last two years have adversely affected their standard of living. With the State as our sole employer we have to accept its terms, or emigrate, or indulge in the agony of confrontation. Sadly, our patients would suffer whichever course was adopted.

No doctor wishes to harm his patients and it is in everyone's interest for the profession to work in harmony with the Health Service and with the State as its employer. I for one freely acknowledge my dedication to the concept of the National Health Service.

Surely, however, this must mean that we have a fair contract freely negotiated with our employers, where our wishes and interests receive consideration as well as those doctrinaire views of some politicians. Our services should be given gladly to our patients, which is perfectly possible given a satisfactory contract. Let us hope, therefore, that before it is too late an agreement can be achieved that satisfies the profession while fulfilling its obligations to the N.H.S. The Health Departments' present proposals are divisive and will drive a wedge between the full-time consultant and his part-time colleague. They also spell danger for other doctors in the N.H.S. Even the Government should welcome a united profession whose members are happy to work together because all are receiving a fair and just return for what for most of us is a long and hard—albeit satisfying—week. But, to quote Vegetius, *Qui desidera pacem, praeparet bellum*: "Let him who desires peace, prepare for war."

¹ *British Medical Journal*, 1955, 1, 220.

² *British Medical Journal*, 1973, 2, 64.

Central Committee for Hospital Medical Services

A special meeting of the C.C.H.M.S. was held on 9 November with Dr. C. E. Astley in the chair. The Committee discussed the consultant contract, pay beds, and recent developments in the Owen Working Party as well as Lord Halsbury's reported interview in Pulse. A resolution declaring no confidence in Lord Halsbury was passed by a large majority. A statement supporting the action of the staff side of the Owen Working Party in giving the Government three weeks in which to produce a contract in principle acceptable to consultants was approved unanimously. This statement was published in the B.M.J. of 16 November, p. 416. A report on the Committee's proceedings is published here. (Since this meeting was held the announcement was made of Lord Halsbury's resignation as Chairman of the Review Body, see p. 479.)

Chairman's Report

Dr. ASTLEY recalled that the General Election on 10 October had disturbed the work of the Owen Working Party and he thought it had been significant that the first meeting called after the election on 24 October had been the Private Practice Panel—the first time that private practice had been discussed in the Owen Working Party.

The Government's philosophy on private practice had then been disclosed, he said, together with its arguments that it was really bad that there should be pay beds and private practice within the N.H.S. One of the Government's arguments had been that N.H.S. workers had to be considered, and nurses and paramedical workers did not like private practice and pay beds. At the end of the meeting of the Private Practice Panel, Dr. David Owen had stated that before the next meeting he would present the Government's proposals for phasing out pay beds.

On 1 November the Secretary of State had announced in the House of Commons that the Government was resolved to phase out pay beds without, apparently, waiting for the report of the Owen Working Party (9 November, p. 305).

That had immediately provoked an angry reaction from the B.M.A. Dr. Stevenson, the Secretary, had made it clear that such a move would cause a serious conflict, and almost immediately some con-

sultants' started unofficial "industrial action."

On the day after Mrs. Castle had made her announcement the staff side of the Joint Working Party had received the Government's proposals for a contract (16 November, p. 421) and those were found unacceptable, Dr. Astley declared. It was clear that here was a gross bribe to persuade consultants to move into full-time practice. It represented a differential of a minimum of 38% between full time and the 8/10 part-time. Furthermore, there was a substantial differential to add to that if the proposed career supplement payments were to be given only to full-time consultants.

On 5 November the Government's proposals for phasing out of pay beds had been received, and it had become clear that there was a packaged deal to bring about a whole-time salaried hospital service. It could be done by a system of inducements and persuasion, making it almost impossible for all but a few consultants to retain a part-time commitment. At a later date, argued Dr. Astley, it would be easy if only a small number of consultants had a part-time commitment for the Government to abolish the option altogether.

When the staff side had met Mrs. Barbara Castle in the Owen Working Party it had been pointed out that if discussions were to continue the Government must restore the original unprejudiced conditions for further negotiation. "For that to be possible," said

Dr. Astley, "the negotiators insisted upon the following assurances: (1) that Government will make no move to introduce a whole-time salaried service, by inducement, compulsion, or any other means; (2) that Government agrees that the choice of new contracts offered to the professions must be the professions' 10-session contract and their item-of-service contract; (3) that no steps be taken to phase out pay beds (or other facilities for private practice) from the N.H.S. until the Working Party has fully discussed arrangements for private practice, and made its report."

MRS. CASTLE MAKES CONCESSIONS

Mrs. Castle had agreed that the Government would make no move to introduce a full-time salaried service by compulsion, but did not accept "by inducement, or any other means." While not agreeing to give the assurance asked for in (2) she had agreed that if the Working Party continued it would endeavour to agree in principle the professions' measures by the end of November. The Secretary of State had accepted (3), subject to the phrase "within a reasonable time" being incorporated, reported Dr. Astley.

The Staff Side had said that it was prepared to continue with discussions in the Working Party to see how far the Government was prepared to meet the professions' point of view, but unless agreement in principle was reached within the Working Party by the end of November, the staff side would reserve its position and advise the professions accordingly. In the meantime, an undertaking had been given that no industrial action would be recommended or supported.

Dr. Astley explained that though the issue had come to a head over the pay bed announcement, the main issue, as the doctors and dentists saw it, was the defence of freedom for British medicine. The Government's contract proposals were, in the negotiators'