Thirdly, the legal situation with regard to the use of consultants' cars is confused and individual consultants should be wary of withdrawing the use of their cars for NHS services if this results in the cancellation of clinics, since they can be held in breach of contract. This is a "grey area" which has never been tested in law. Generally, consultants in regional services who travel outside their base area are in more difficulty than consultants whose commitments are local. I have no doubt that it is time that this silly nonsense was put right. It can only be done with the co-operation of the consultant body nationally. My own view is that a national withdrawal of the use of motor cars for a few weeks would be much more effective than regional efforts and would also sidestep the legal problems. Readers must be aware that the DHSS and the Treasury will only bow to strong measures, since a change in the system of remuneration for motoring costs will require a great deal of money, and it is money which is the stumbling block.

R D H RYALL

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Tenure of registrar posts

SIR,—I am sure that many of my colleagues who are provincial consultants will share with me the problem of employing a registrar for a period of two years, finding his services are perfectly adequate, and then having to argue with a postgraduate federation that only in exceptional circumstances can his appointment be renewed. In neurosurgery, as in all specialties, a registrar is only beginning to become qualified for the sort of work expected of a senior registrar at the end of two years. Our foreign (Commonwealth) registrars have no opportunity to become senior registrars in this country and therefore their training always remains incomplete. We have had two occasions in Sussex recently where such a registrar has been unable to continue his training because the Postgraduate Medical Federation has refused to continue his training with us.

A satisfactory registrar is of considerable value, when trained for two years, to patients. I know that there is a criticism in some quarters of consultants tending to use such registrars for more senior work so that they may devote more time to private practice but I think this is only a minority problem. So I would like to plead that, since it is impossible to upgrade our posts to that of senior registrar, we may be permitted to continue the training of registrars beyond the two-year period without having to argue exhaustively with a postgraduate federation. The postgraduate deans tend to be settled into the more metropolitan teaching hospital areas and have no idea at all about provincial work. They are much more concerned that we are not enlarging the field of postgraduate training by taking on new registrars. Such registrars may well return to their countries having our blessing in the form of references that they are capable of a certain amount of work in the specialty they have chosen, but they have never had that exhaustive cover which our own English senior registrars have. Therefore the registrar suffers and so do our patients. I have repeatedly requested more consideration of this problem by our postgraduate deans but they are an exclusive breed. They offer to come

down to visit our hospitals but never arrive, and, being immured in the ivory towers of academic medicine, have no conception of provincial life. I wonder therefore if readers may find a solution to this problem.

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Complaints against GPs

SIR,—It is not true, as Scrutator claims (8 October, p 967), that clinical decisions are excluded from Service Committee investigations—paragraph 3 of the Terms of Service specifies a standard of judgment. If a patient complains that the general practitioner failed to examine him properly, he has made an allegation, and the allegation has to be investigated. He may really be complaining about the doctor's clinical judgment, but paragraph 3 will ultimately protect the doctor from any perfectionist retrospective judgment.

I think what Scrutator's colleagues were grumbling about was having to answer complaints of this kind. They are worrying (especially when the diagnosis did turn out to be wrong); they are frustrating (the patient may appeal even when the service committee report has put the event into perspective); and they can be an immense waste of time. If anyone can think of a better way of disposing of complaints with motivations ranging from understandable concern to simple revenge, I, for one, would want to try it. But most of us do try hard to settle complaints informally, and the great majority of all complaints are settled without a hearing.

I enjoy Scrutator's column. Please do not think I dispute his right to have a bash at bureaucrats when he feels like it.

J GYVES

Administrator,
Family Practitioner Committee

Lambeth, Southwark and
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Authority,
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Junior doctors' salaries

SIR,—Although junior doctors and the DHSS jointly presented evidence to the Review Body that juniors' salaries should relate only to the standard 10-UMT week, the Review Body insists that a moiety of the basic salary goes to pay for UMTs worked out with the standard week.^{1 2} The consequences are clear, though not yet appreciated by juniors. In any future review of juniors' salaries much or all of any proposed increase will go to reducing the moiety. As the Review Body consistently refuses to quantify the moiety—the threat to juniors' salaries would be so great that industrial action would be precipitated—I have attempted to do so in order that juniors realise the value put on their salaries by the Review Body.

'A' UMTs should be paid at rates comparable to overtime rates earned by other groups and should not be less than 100% of the standard rate. The 70% difference between what is and what should be paid must be due to the moiety. As the average junior works 87.9 hours per week³ the Review Body must regard his salary as covering the standard 40 hours and 70% of the extra 47.9 hours,

namely, 73.53 hours per week, and believe that his salary for the standard 40-hour week should be 40/73.53 of the published rate.

Grade	Present salaries	Review Body salaries
SHO	£3663-4152	£1993-2259
Registrar	£4152-5109	£2259-2779
Senior registrar	£4818-6279	£2621-3416

These scales could not be introduced immediately—but they will be implemented. Juniors' salaries will be held down in coming years until inflation reduces their real value to the Review Body level. Consultants can take no consolation: their new contract will be priced in a similar fashion. The present global sum for consultants' salaries (with perhaps 10% under phase 3) will be used not for their basic week with extra work being paid in addition—it will be stretched to cover *all* work done. In other words the long-awaited new contract will leave them at best 10%, better off than now. Consultants and juniors must ensure that the Review Body accepts the view (held by the profession and the DHSS) that the moiety should not exist. Failing this the Review Body must be abolished.

T MCFARLANE

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¹ Review Body on Doctors' and Dentists' Remuneration. 6th report, 1976. Para 20.

² Review Body on Doctors' and Dentists' Remuneration. 7th report, 1977. Para 30.

³ Ibid. Para 26.

GPs' ancillary staff

SIR,—If the article in *Pulse*¹ is correct the BMA are to be congratulated in producing more detailed opposition than the DHSS expected in connection with presenting evidence in relation to prescriptions in general practice. I think our spokesmen would agree that if one backs up one's argument with statistics Government departments are usually swayed. If this premise is correct, then the BMA, which has been fighting so hard for justice for related ancillary staff for the last nine years, must have presented facts and figures in relation to hours worked, numbers employed, and jobs carried out to the DHSS. Would it be unfair to say that if our spokesmen have not been presenting any statistical evidence to the DHSS then they have not been trying as hard as they say they have been doing? If our BMA spokesmen will publish statistical evidence that they used to support the cause for payment to related staff to their members, then I would certainly feel obliged to ask the BMA if they would kindly accept me back into the fold. Can I be fairer than that?

MICHAEL GLANVILL

Chard,
Somerset

¹ *Pulse*, 1977, 35, No 12, 1.

*.*The Secretary writes: "There has never been any dispute between the BMA and DHSS about the fact that there are many doctors' wives and their other relatives acting as ancillary staff in general practice. The sole problem has been to try to persuade the Government ministers that a scheme of payments in respect of related ancillary staff would not be abused."—Ed, *BMJ*.