General Practitioners and the State—An Unequal Struggle?*

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Introduction

Though the State has been interested in health matters since the Middle Ages it was not until 1918 that Mr. David Lloyd George was able to introduce a Ministry of Health Bill, the Ministry following a year later. The organization of the medical profession was also a slow process. The Provincial Medical and Surgical Society was established in 1832, becoming the British Medical Association a few years later. The B.M.A. began to fight for medical reform, considering the problem of contract practice and criticizing the methods by which the poor received medical attention. It wanted medical services performed on behalf of the State paid for by the State, and adequate medical representation on committees set up to control medical assistance.

National Insurance Act

In 1911 Lloyd George introduced a National Insurance Bill into Parliament without consulting the profession. The Bill was welcomed by the press and the public, but it brought about a change in the relationship among doctors, the State, and the community. The B.M.A. called a Special Representative Meeting to consider the Bill and Lloyd George invited himself to address the meeting.

The S.R.M. enunciated six cardinal points, including an income limit of £2 a week and free choice of doctor by patient. Medical services were to be administered by local health committees and not by friendly societies. Medical remuneration was to be adequate and the method of remuneration negotiated locally. Finally, there should be adequate representation of doctors among the insurance commissioners and on the advisory committees, and there should be a statutory local medical committee representative of the profession in the district of each health committee.

The Government conceded everything except the income limit, which would have made the Liberals unpopular, and local medical committees were established. The clause which did this, and 17 other clauses concerning the service, were sneaked through the House of Commons on a closure resolution and the entire Conservative opposition walked out. So consensus politics, particularly on sensitive issues, do not last very long.

The B.M.A. did not consider that the Government had gone far enough and asked doctors to send "pledges"—forms of resignation from their contract practices—to local medical committees; 33 000 were collected, which was the first time the threat of resignation by doctors from an existing contract was used as a bargaining counter. The newspapers published lists showing where doctors had voted to join the "panels" service under the Act and where not and threats were made that sufficient doctors would be introduced as whole-time employees to provide "some sort of service."

The situation in London was quite different. The members of the B.M.A. Council who represented London constituencies

*Based on the Pfizer Lecture given at the North and West London Faculty of the Royal College of General Practitioners on 19 March.

David Lloyd George, Chancellor of the Exchequer, who introduced the National Insurance Bill in 1911 (Reproduced by courtesy of the National Portrait Gallery).

initiated a campaign for "contracting out," and many doctors were induced to remain loyal to their pledges. But when the Representative Body met in January 1913 it resolved "That this Representative Meeting, recognizing the force of present circumstance, and consulting the best interests of the Association and the unity of the profession, now releases all practitioners from their pledge."

Conference of L.M.C.s

Following the B.M.A.'s decision, most local medical committees applied for statutory recognition. They formed a conference under the aegis of the B.M.A. which still exists and is a crucial part of the representative machinery for general practitioners working in the State system.

In some areas, such as London, the L.M.C. consisted of non-panel doctors whose declared intention was to make the workings of the Act as difficult as possible. Three months after the system started London still had no statutory local medical committee and so the politicians outsmarted the doctors by producing an amending Act, with a panel committee elected only by those doctors who had signed on the panel.

The first splinter group appeared when the Medico-political Association was created from a conference of panel associations. In 1918 this became the Medico-Political Union, then the Medical Practitioners' Union, and now it is part of A.S.T.M.S. In the twenties it claimed 4000 members—it still does.

First Dispute

There is never a good time to give doctors an increase in pay and the first request was made in 1917 when the war was going badly. The general practitioners claimed a 10s a year capitation fee—which would have given them a rise of about £3 a week. The Insurance Acts Committee of the B.M.A. prepared a reasoned case, called the first special conference, met the Chancellor of the Exchequer, who spoke to them "with frankness and sincerity" and convinced them that the national interest was at stake. The politicians knew their opponents.

Doctors being responsible, and mainly middle-class, responded to an appeal for responsibility and national interest. The Government did offer a cost of living bonus to doctors with small incomes, in the same way as they treated civil servants with less than £500 a year, and the conference accepted it. We should remember this analogy.

First Arbitration

In 1920 the conference demanded a capitation fee of 13s. 6d. a year while the approved societies* claimed they could only afford 10s. The Minister and the B.M.A. agreed to a formal arbitration and a board was set up. The Association's written evidence was published and it took the arbitrators just three days to agree that the Government's interim award of 11s. was in fact the right sum.

In 1921, when the country was threatened with bankruptcy, a capitation fee of 13s. 6d. was asked for but the Minister of Health decided that 9s. 6d. was the most he was prepared to pay, and the profession accepted this "on the grounds of citizenship."

First Confrontation

A saving of £75m a year, including £2½m on health expenditure, was proposed in 1922 by the Geddes Committee on National Expenditure. The Minister wanted to make the approved societies meet part of the expenditure previously met by the Government. The societies did not like this and wanted a say in the negotiations. But the profession would not tolerate this. It said so and got its way with the Minister. Once more the press saw the sales value of stories about doctors. A violent campaign against the panel system was conducted by the Rothermere press, especially the *Daily Sketch*, which in fact was forced to retract some of its more vile allegations against the doctors.

Questions were asked in the House about the possibility of a strike. This antagonized the doctors, who emphasized their intention of providing medical services to the workers for the appropriate private fees. The Government flatly refused arbitration. The special conference in October 1923 threw out the Minister's offer and the Insurance Act Committee asked panel practitioners to send in their resignations. By the end of the month 95% had done so. Militancy appeared to pay. The Minister offered an interim payment, a court of inquiry, and a Royal Commission.

A General Medical Service for the Nation

In 1929 the B.M.A. issued its "Proposals for a General Medical Service for the Nation." It suggested that the medical benefits of National Health Insurance should be extended to include workers' dependants and that the service should include everything considered necessary for the prevention and cure of disease and for the promotion of mental and physical efficiency. The A.R.M. adopted the scheme but the State could not afford it and declined to discuss the details. The profession still cannot convince the public, even the informed public, that the initiative for a National Health Service came largely from the doctors. The politicians make sure these facts are lost in mythology.

Two years later the May Committee recommended further cuts in national expenditure including a cut in the capitation fee, and general practitioners accepted a proposed 10% cut as a temporary measure. This gave great satisfaction to the then Minister of Health, Neville Chamberlain. Unfortunately, he failed to learn that there is a difference between doctors and madmen and that appeasement and patriotism are not synonymous.

*Mainly the friendly societies, who had previously provided voluntary insurance to the working class on a system of capitation contracts with doctors and were empowered to administer the N.H.I. Act. The large collecting insurance companies and the trade unions were also allowed to act as "approved societies."

The National Health Service

Only general practitioners had been involved in the panel service but other doctors had been employed by local authorities and had been in dispute with them. Negotiations on the proposed National Health Service changed the situation. A negotiating committee was set up of 16 members from the B.M.A. and 14 from the colleges and corporations, medical officers of health, and the Medical Women's Federation. When the N.H.S. Bill was published the negotiating committee adopted its seven principles—shades of the six cardinal points. Bevan refused to use the word "negotiations" in his dealings with the profession; he insisted on "consulting it" on the Government's proposals. This showed his political expertise and the doctors' lack of it.

In November 1946 a plebiscite showed that an overwhelming majority of the profession were against continuing negotiations, but a few weeks later the Presidents of the three Royal Colleges intervened. They wrote to Aneurin Bevan suggesting that negotiations should continue and that he should make concessions. He accepted gratefully. The Council and the Representative Body of the B.M.A. had no option but to agree to continue negotiations. A plebiscite in 1947 showed a drastic change in the number of G.P.s opposed to the scheme—well below the minimum of 13 000 set by the Council.

Discontent

It soon became obvious that doctors were dissatisfied with their financial position and general practitioners complained that their status had fallen. The B.M.A., being a limited company forbidden by its articles from acting as a trade union, needed a device to improve its ability to protect doctors' interests and formed the British Medical Guild in 1949. The Government refused to consider seriously the general practitioners' case for an increase in pay and so, in June 1950, the Conference instructed the G.M.S.C. to prepare for the termination of contracts and set a deadline. Mr. Justice Danckwerts was appointed independent adjudicator, and applied a betterment factor of 85%. The *Times* commented that "the award showed that the family doctor has been underpaid by the State ever since the Health Service was launched."

Both the Government and the profession accepted the Royal Commission's report which appeared in 1962 as part of a "package deal"; and the most important object in the package was an independent Review Body, giving hopes for an end to the constant bickering over doctors' pay claims. The B.M.A., the Joint Consultants Committee, and the British Dental Association set up a Joint Evidence Committee to give evidence to the Review Body. Its first report gave 14% to the profession and was accepted by the Government, but owing to the complexities of the pool system of payment general practitioners appeared to receive only 6%.

The fifth report of the Review Body recommended that the pool should be increased by £5½m, a large part of which should be used to start the proposed schemes for the direct reimbursement of the cost of premises and part of the cost of ancillary help. This would, in effect, have reduced the £5½m to between £½m and £1½m, and caused great displeasure within the profession. The major issue was not money but the terms and conditions of service, and a manifesto was drawn up by the G.M.S. Committee setting out the basic principles of a new contract for general practitioners. General practitioners were asked to submit their undated resignations, and they poured in. As a result of this pressure the Minister suggested, and the Review Body agreed, that the £5½m awarded could be credited unconditionally to the pool. The general practitioners' pay was to be based on the new contract and the pool was to be abolished.

In its next report the Review Body recommended a 43% increase for junior housemen and 10% rise for consultants. These the Government accepted, but they balked at £24m for general practitioners and decided to "phase" the award. This was against the spirit of the Royal Commission's recommenda-

tions that doctors' pay should not be used as an economic regulator. Nevertheless, the Conference, once more "in view of the economic situation," acceded to the phasing and immediately the Prime Minister announced a six months' pay freeze. "As responsible citizens" the profession accepted that too. This led to the formation of yet another splinter group—the Junior Hospital Doctors Association.

Doctors and Politicians

Both doctors and politicians wish to improve the health of the people. But their motivations and their expectations differ. The State is interested in providing the lowest acceptable standard of medical care as cheaply as possible. The doctor is interested in providing the highest possible standard of care that medicine can achieve. Lloyd George realized that State health care was vote catching, though he wanted doctors as guardians of the sick fund, not as healers. He and his successors have promised the

public good health at bargain prices. Doctors want to be left alone to get on with doctoring, but like others they need to eat and desire a reasonable standard of living. Yet there is never a right time to raise their pay, and as soon as they complain the politicians and their journalist allies label them as "money grabbers" with no interest in the patients.

Doctors also know that any really tough action on their part against the State might damage their patients' interests. This professional spirit is ruthlessly exploited by the politicians, who almost at the drop of a hat will set up a court of inquiry, a Royal Commission, or any other device which will mollify the profession temporarily. The Government, politicians, and the civil servants are united by outside stresses. But, as we have seen, since 1911 the profession fragments into conflicting groups, and the politicians exploit these weaknesses.

There is a struggle and it has been unequal. Perhaps one day the politicians and the public will realize that the most important element in a national health service is a contented work force and the need for struggle would then go.

Proceedings of Council

The Council, under the chairmanship of Mr. Walpole Lewin, met on 2 April and after hearing an explanation from the Treasurer of the Association's probable financial deficit in 1975 and 1976 agreed that the Representative Body should be asked to increase the standard rate of subscription from £30 to £40.

The Board of Science asked the Council to support the campaign by the Advisory Council on the Misuse of Drugs to reduce the prescribing of barbiturates.

A deputation from the Elizabeth Garrett Anderson Hospital attended the meeting to explain the fears about the future siting and functioning of the hospital and to ask for support.

A proposal to establish a forum of professional bodies in Britain was accepted in principle.

Chairman's Report

Mr. LEWIN said that at the Council meeting of the World Medical Association in Paris, which he had attended, the statement by the B.M.A. on the medical aspects of interrogation and artificial feeding had been well received. On the consultant contract the Chairman reminded the Council that the profession had been anxious from the outset to negotiate and to solve the present unhappy situation as quickly as possible. A further letter had been sent to the Secretary of State for Social Services pointing out the various problems still unresolved (22 March, p. 690), and Mrs. Castle's reply would be welcomed as being more conciliatory (29 March, p. 749).

Turning to the Review Body Mr. Lewin reported that early in March the Health Departments had submitted further evidence and, thinking that certain matters of principle were involved, the negotiators had been to see the Review Body. They took the opportunity to table the revised contract for hospital junior staff, and as soon as the present review was out of the way, he said, there would be formal negotiations on the contract. Mrs. Castle had undertaken to let the profession know when the Prime Minister received the report (5 April, p. 50), and had given an assurance that the Government would reach its conclusions as quickly as possible. The Review Body had completed its report, which had been on the Prime Minister's desk on 1 April. He said he was confident that the Government's decision would be made known this month. Mr. M. J. GILKES was concerned at the Chairman's reference to "this month."

The profession, he said, expected an announcement within the next day or two.

Dr. R. A. KEABLE-ELLIOTT, Chairman G.M.S. Committee, recalled that the Government had expressed its intention earlier in the year to have the report published very early in April. He reminded the Council that general practitioners had a special conference scheduled for 23 April to consider the submission of dated resignations. More than 16 000 undated resignations had already been received. It was vital that the Review Body's report should be published and any award implemented before the Budget (15 April), and a letter should be sent immediately to the Prime Minister pressing for that to be done, concluded Dr. Keable-Elliott.

Dr. C. E. ASTLEY, Chairman, C.C.H.M.S., agreed and said that the profession must not be subjected to the delaying tactics experienced at the time of the "nil" interim claim in 1974. More open diplomacy was needed, suggested Dr. H. L. LEAMING. The profession and the public should know that the resignations of general practitioners were in, and that they would be coming in from hospital doctors unless something was done promptly.

The Chairman said that a letter would be sent to the Prime Minister urging him to take action as quickly as possible (p. 102), and a press statement would be issued.

European Economic Community

Dr. A. J. ROWE, Chairman, E.E.C. Committee, drew attention to a recommendation, which the Council adopted, that there should be a representative of the Full-time Medical Teachers and Research Workers Committee on his committee.

Dr. Rowe said that in the light of the views of the standing committees his committee would like to recommend that the Council should set up an E.E.C. Working Group, which would report direct to the Council, "to consider, in conjunction with the standing committees of the Association, the medicopolitical implications of E.E.C. membership with a view to the formation and correlation of B.M.A. policy, and to report to the Council when necessary." The group would meet whenever possible on the same day as the existing committee. The Council adopted the recommendation and agreed to a membership of the four chief officers, the head of the U.K. delegation to the Standing Committee of Doctors of the E.E.C., the Chairman of the Committee on the E.E.C., and one appointed by the major committees of the B.M.A.