What your union can do for you

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"BMA wins £20 000 and car for drug firm doctor." "GP saves £19 000 premises costs, thanks to BMA." "RHA bows to BMA on nine-session contract." "BMA gains £1110 in retrospective UMTs for registrar." Such might be the headlines in less learned publications than the *BMJ* to describe some recent successes for members achieved by the BMA's industrial relations officers.

Let me expand the headlines' shorthand to give readers an idea of the varied cases dealt with by our IROs. The £20 000 and a company car were obtained as compensation for a doctor in the pharmaceutical industry who was faced with the prospect of unfair dismissal. The GP was nearing retirement and we saved him expenditure of nearly £19 000 on improvements to premises—originally required by his family practitioner committee—on the grounds that he should not be expected to take on such a large financial commitment at a late stage in his career. The nine-session contracts were obtained for several consultants who had been arbitrarily and improperly refused this option, which is available under the revised contract arrangements, by a regional health authority. The registrar had been short changed on his UMTs for three years and the IRO negotiated a retrospective lump sum of more than £1100 for him.

Association successes like these are not new. But the establishment of a strong regional presence and the complexity of today's terms and conditions of service have greatly increased the scope of what the BMA can do for individual members. Some divisions have been apprehensive that the arrival of IROs and POWARs will make them redundant¹ but, as I mentioned in a previous article,² the functions are different and the successes described need skills and experience not generally available in the BMA's divisions or in its previous regional office network. The BMA has been and is still being criticised by doctors for not employing full-time professional negotiators.³ This criticism has really been misdirected at the BMA's central negotiating activities—which in any case are supported by full-time experts—since it is at the local level where such full-time staff can be most effectively deployed. The new regional-based industrial relations service fulfils this need, for its staff are chosen for their experience in handling the details of industrial relations legislation and of individual terms and conditions of service. Naturally it will take time to co-ordinate the work of BMA divisions and the new industrial relations service so as to overcome any fears that the new service—together with its "shop steward" system—will undermine the division's role as the local representative body of the profession.

It is a credit to divisions and BMA House that so much has been done since July 1978, when the ARM at Cardiff⁴ decisively supported Dr A A Clark's working party report on the functions and priorities of the Association.⁵ The Clark report proposed that a BMA "contact person" (now known as the place of work accredited representative (POWAR)) should be elected at each place of work, full-time specialist staff should be appointed at regional level to deal with the individual trade union problems of members, and a BMA unit should be identified in each

locality to correspond with the local health authority and speak on behalf of the profession as a whole. There are now 11 full-time industrial relations officers (assisting the existing team of national and provincial medical secretaries), and nearly 500 POWARs have been accredited by the BMA. Though the coverage given by the service is still somewhat uneven, there are now sufficient staff to service members throughout Great Britain. Members in Northern Ireland will soon be benefiting when an industrial relations officer is appointed in Belfast. The POWARs are mostly in the hospital service, where links between the BMA and its members have traditionally been at their weakest, although a few have been appointed in community medicine and general practice.

Is the new service needed?

The decision to develop this new service has not been universally acclaimed. Was not the whole idea rather infra dig for a professional association? What was so special about these new experts? Did doctors really have the type of problems which industrial relations officers might be expected to solve? How could these newly appointed staff be expected to cope with the subtle complexities of relations within the medical profession and its relation with other health staff? Experience so far indicates that these fears are largely groundless and there is widespread demand for the service. The IROs have been kept busy handling a wide variety of members' problems, and their work load is increasing as more members hear of the service and learn of its successes. In a typical day an IRO may negotiate a removal allowance for a junior doctor at a DGH, move on to help a medical assistant fight a redundancy threat, call in at a hospital to address a lunchtime mess meeting, visit a GP's surgery to advise on a contract for a new recruit to the ancillary staff, spend an hour after tea talking to medical students, and finish with a divisional meeting lasting late into the evening.

One doubt has been whether this service could offer anything to general practitioners. Certainly as originally conceived the emphasis was on providing workplace representation for salaried doctors, particularly in the hospital service. But, surprisingly, we have found that the service is also handling many GPs' problems and queries. Indeed, at one BMA regional office, where the pattern of members' inquiries has been closely monitored, over half of those dealt with by the regional staff originate from general practice. Like the salaried doctor, the general practitioner can meet various difficulties where the advice and assistance of BMA regional staff is needed. Queries about such matters as private practice fees, superannuation, employment of ancillary staff, part-time hospital appointments (clinical assistants and hospital practitioners), and partnership agreements are commonplace. For the GP the BMA therefore performs what must be a unique joint function of a trade union and employers' association—apart from its extensive professional and scientific activities.

In the past many individual doctors' problems arose from issues that were resolved by centralised negotiations between the profession and the Health Departments. Nowadays this is not so. More decisions are being forced downwards to local health service management. There are several reasons for this. Firstly, the devolution of the NHS as proposed in *Patients First* will result in around 200 independent health services, with considerable local autonomy. If the profession is to have

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an effective voice in these local health services the BMA divisions, which can speak for the whole profession locally, will need to monitor and influence the actions of their district authorities, while the new regional services can play an important part here in collecting information.

Secondly, the introduction of work-sensitive contracts for junior hospital doctors has shifted the emphasis to the local level. An individual contract has to be negotiated and agreed each time a junior doctor changes jobs (on average every nine months), and a recent survey has shown that junior doctors who try to do this on their own usually get it wrong. Consequently, many individual doctors lose hundreds of pounds of salary that is properly their due. Thus junior doctors must have ready access to specialist advice on these matters and this is available from the regional staff. The new consultant contract has already thrown up similar problems, and many consultants have found it helpful to discuss revisions to their contract with BMA regional staff. Finally, another development has added urgency to devolving BMA activities. The growth of trade unionism in the Health Service and the subsequent development of consultative and negotiating machinery means that the profession has to be represented alongside other groups in the Health Service. BMA POWARs are increasingly filling this role, and with further reorganisation looming it is imperative that a complete POWARs network is established to ensure that the BMA keeps in close touch with local changes.

For a comparative newcomer like myself it is surprising but understandable that the BMA has only recently decided to develop this local service to help the individual doctor. In the past a more centralised Health Service—without an active trade union presence or local industrial relations problems—together with nationally negotiated, open-ended contracts left little room or need for local initiative. The BMA was fortunate to have had an existing network of regional offices, some more

active than others. In particular, the success of the Midlands regional office, which aggressively "sold" its services to members in the Midlands, provided a pointer for a similar nationwide service. Now that doctors realise the value of prompt, expert, locally available advice there has been some understandable impatience among members while the BMA recruits new staff, appoints POWARs, and develops the full range of these services.

Much has already been done, but it will be some time before the services will be working at full throttle. Not least among the requirements for ensuring success for this important enterprise is resources. For any member prompted by the 1981 subscription rise to ask "What's in the BMA for me?" I can answer from personal experience: at least one vital service. That service provides skilled personal advice on your terms and conditions of service problems—be you an employee or an employer. How do you obtain this advice? As the POWAR scheme evolves the BMA representative will become a natural contact for questions, but it will be a little while before all our POWARs can take on this task. Meanwhile any member wanting help should in the first place contact his regional office (see below). I cannot promise every member with a problem a success like those I described in the opening paragraph. I can, however, assure them of prompt, sympathetic, and expert advice.

References

- ¹ Anonymous. *Br Med J* 1980;**281**:241.
- ² Ellis N. Is the BMA division really necessary? *Br Med J* 1980;**280**:1151-2.
- ³ Fox DH. Full-time negotiators for the medical profession? *Br Med J* 1980;**281**:946.
- ⁴ Anonymous. *Br Med J* 1978;iii:301.
- ⁵ British Medical Association. Report of the working party on the functions and priorities of the Association. *Br Med J* 1978;i:1001-3.

BMA national and regional offices

England

NORTHERN: BMA North of England Regional Office, 4 Eslington Road, Jesmond, Newcastle upon Tyne NE2 4RH (tel: 0632 81 3691)

NORTH-WESTERN: BMA North-western Regional Office, Boyd House, Upper Park Road, Victoria Park, Manchester (tel: 061 224 2382/3)

MERSEY: BMA Merseyside Regional Office, 126 Mount Pleasant, Liverpool L3 5SR (tel: 051 709 5660 or 051 708 6724)

EAST ANGLIA: BMA Cambridge Office, 90 Hills Road, Cambridge (tel: 0223 64539)

YORKSHIRE: BMA Leeds Regional Office, MIA House, High Court, Leeds LS2 7ES (tel: 0532 458745)

TRENT: BMA Sheffield Regional Office, Westminster House, 1/7 George Street, Sheffield S1 2PF (tel: 0742 21705)

WEST MIDLANDS: BMA Midland Regional Office, 36 Harborne Road, Edgbaston, Birmingham B15 3AJ (tel: 021 454 5261/4)

THAMES REGIONS: BMA London Regional Office, BMA House, Tavistock Square, London WC1H 9JP (tel: 01 387 4499)

WESSEX (EXCEPT BATH AND SWINDON), OXFORD, AND CHANNEL ISLANDS: BMA Southampton Regional Office, 10 College Place, London Road, Southampton SO1 2FD (tel: 0703 22636)

SOUTH-WESTERN (AND BATH AND SWINDON): BMA South-western Regional Office, 96C Whiteladies Road, Clifton, Bristol BS8 2QX (tel: 0272 36636)

Scotland

EDINBURGH: BMA Scottish House, 7 Drumsheugh Gardens, Edinburgh EH3 7QP (tel: 031 225 7184)

GLASGOW: BMA Glasgow Regional Office, 9 Lynedoch Crescent, Glasgow G3 6EL (tel: 041 332 1862)

Wales

BMA Welsh House, 195 Newport Road, Cardiff CF2 1UE (tel: 0222 485336)

Northern Ireland

Northern Ireland House, 609 Ormeau Road, Belfast BT7 3JD (tel: 0232 649065/7)