GPs vote for "contractus interruptus"

Zosia Kmietowicz *London*

General practitioners voted to delay a ballot on whether to accept their new contract last week and demanded the renegotiation of key "flaws" that many doctors believe could ruin the profession.

At the special conference convened by the BMA to debate the new contract, announced in February, local medical committee chiefs voted by 139 to 127 for delaying the ballot by up to six months if necessary. However, a rider to the motion gave the General Practitioners Committee authority to hold a ballot sooner if members felt that GPs' concerns had been appropriately addressed.

Contract negotiators warned that the ballot had to take place by 13 June for it to be included in the government's current legislative programme. If the contract missed the deadline, GPs could have to wait up to two years to reap the benefits of the new deal, which include being able to abandon out of hours responsibilities and adopt flexible working. They also risk losing most of this year's 12% pay rise, and GPs working in Scotland, England, Northern Ireland, and Wales could all face separate deals.

Negotiators also warned that if the new deal is delayed the money allocated to fund it could be used to back other initiatives, especially in Scotland and Northern Ireland.

GP representatives were particularly concerned about the way their income will be calculated under the new deal using what is known as the Carr-Hill formula, which would drive down the income of up to 70% of GPs. The minimum practice income guarantee (MPIG) that was subsequently introduced to protect those doctors who would lose out under the Carr-Hill formula would "divide practices into winners and losers," said Birmingham GP Dr Fay Wilson, who proposed the motion to delay the ballot.

"What we must not do is be stampeded into something we don't want," she told the conference. "This product is not good enough. We are not going to be bullied into accepting something that will ruin our profession." Dr Wilson was backed by Dr Gillian Braunold from north London, who encouraged the audience to "vote for contractus interruptus."

For the contract to be introduced in April 2004, a "yes" result would be needed by 23 June, said

Dr John Chisholm: For the contract to start in 2004, a "yes" vote is needed by 23 June

Dr John Chisholm, chairman of the BMA's General Practitioners Committee. The contract negotiators have given themselves two weeks in which to address the 32 motions passed at conference. They will present the amended package to the GPs committee on 29 May, and the committee will decide whether the contract is ready to put to a ballot.

Unlike the consultant contract, which the health secretary, Alan Milburn, has refused to negotiate further after three quarters of hospital doctors rejected it, the lines of communications with the health department remain open. (See p 1097.) □

Hospital consultants are to get 3% pay rise

Lynn Eaton *BMJ*

The Doctors and Dentists Review Body has recommended that hospital consultants in England and Wales—who last year rejected a new three year pay deal worth 19%—be given a salary increase of 3.2%.

The recommendations, announced on 19 May and accepted by the government, met with disappointment from the BMA.

Dr Ian Bogle, the association's chairman, said that it fell short of the 5% that the BMA believed was necessary.

"The UK is desperately short of doctors, and the demand for their services continues to outstrip supply. Offering improved levels of remuneration would have made a significant contribution to alleviating the workforce shortages."

He also argued that it represented a further deterioration in pay levels compared with other professions.

The pay deal covers hospital and community based consultants. It brings the starting salary for a junior house officer up from £18 585 (\$30 360; €26 000) to £19 185. A consultant would, if they stayed on the current contract rather than accept the new contract on offer, start on £54 340. The new contract would have meant they started on about £65 000 a year.

In a controversial decision, which flew in the face of BMA advice, consultants refused to accept the new contract because they feared it would mean too much management interference and that they could be forced to work longer hours (*BMJ* 2002;325:1053)

The government has set aside £133m for the new consultant contract, which could have come on stream from this April. The money for it is still in trust budgets, and trusts have been told they can implement the new contract locally if the consultants will agree. But the BMA is resisting this. (See p 1097.) □

Patients prefer "medical labels" to lay language, study finds

Roger Dobson *Abergavenny*

GPs need to watch their language when they are diagnosing what's wrong with a patient. Although health professionals are being encouraged to use lay language to improve communication in consultations, patients may actually prefer medical terminology, a new study says.

Patients see a medical label such as gastroenteritis as an assurance that their problem has been taken more seriously, while the equivalent lay label, stomach upset, is seen as implying that

patients can take care of themselves, says the study (*Family Practice* 2003;20:248-53).

In the research the authors carried out a questionnaire survey among 900 consecutive patients attending nine general practices across England. A total of 740 questionnaires were completed, and each patient rated a series of statements involving either a lay or a medical term.

The research, by a team from the Department of General Practice at Guy's, King's College, and St Thomas's Hospitals Schools of Medicine and Dentistry, examined patients' views on the impact of lay and medical terminology of diagnoses for stomach and throat problems. The authors say that the sample of patients is likely to be similar to that of most UK general practices.

The authors say that the

patients associated the medical terms with a sense of professionalism and saw them as giving the doctor a clearer role in the consultation. In contrast they saw the lay labels as more blaming of the patient.

"Patients rated the medical label (gastroenteritis/tonsillitis) as indicating that the problem had been taken more seriously, that the patient would be allowed time off work, that the problem had a definite cause, that the patient would feel more confident in the doctor [and] be more satisfied with their visit to the doctor," says the report.

"In contrast, the use of a lay label (stomach upset/sore throat) was seen to imply that the patient could take care of themselves, that the problem would not last very long and that it had been brought on by the patient." □