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British Medical Association

Proceedings of Council

The Council appointed an ad hoc working party from its membership to work out the practical details of applying "Chambers in principle" to the B.M.A.'s constitution.

A proposal from the Organization Committee that a questionnaire on the Chambers proposals be circulated to the profession after the working party had reported was debated at length. An amendment to hold a plebiscite among members and non-members was defeated and it was finally decided to leave the proposal for a questionnaire "on the table." (For distinction between a "referendum" and a "plebiscite" see p. 3.)

The Council agreed to send to all doctors a progress report on the reorganization of the N.H.S. It was decided to defer a decision about an S.R.M. to discuss N.H.S. reorganization until the Council's January meeting.

Dr. A. C. D. Brown of the Hospital Junior Staffs Group Council reported that its representatives had withdrawn from negotiations with the Government because it saw these as pointless while the Government refused to discuss during the period of the freeze any matters which had financial implications. The Chairman of the Group Council hoped that junior doctors would let the B.M.A. know about progress in improving their accommodation in the light of the Secretary of State's letter on the subject (B.M.J., 9 December, p. 621).

Sir Ronald Tunbridge, in his last appearance as Chairman of the Board of Science, reported that the W.H.O. had agreed to grant $7,200 for 1972 towards work with learning objectives carried out by the Audio-Visual Department's newly created Centre for Individual Learning Materials in Medical Education financed by a Nuffield Foundation grant and chaired by Sir Brynmor Jones. The centre will be designated a W.H.O. reference and training centre.

A proposal from the Organization Committee to introduce associate membership for medical students was accepted by the Council; this will now go to the R.B. for its approval. (See also p. 7.)

The Ethical Committee reported that it had reviewed and redrafted the International Code of Medical Ethics. Several Council members suggested amendments to the draft, and because it was discussed at the end of the day with few members present the Council decided to defer the matter to its next meeting.

A meeting of the Council was held on 20 December, with Mr. WALPOLE LEWIN in the chair.

Before proceeding to the business of the meeting, the CHAIRMAN spoke with great regret of the sudden and sad death of Lord Rosenheim.

B.M.A. Reorganization

The Council confirmed the appointment of members to a working party which would prepare, for consideration by the Council, a draft scheme for the reconstitution of the B.M.A. in the light of the S.R.M.'s decision that Sir Paul Chambers's report be accepted in principle. Dr. J. S. Noble, Chairman of the Representative Body; Mr. Walpole Lewin, Chairman of Council; Dr. J. E. Miller, Treasurer; Dr. C. C. Lutton, Chairman, Organization Committee; Dr. C. D. L. Lycett, Chairman, Public Health Committee; Dr. J. S. McCrae, Chairman, Scottish Council; Dr. R. Myles Gibson, Chairman, Armed Forces Committee; Dr. P. H. Wright, Chairman, Hospital Junior Staff Group Council (or nominee); and one general practitioner to be appointed by the G.M.S. Committee.

The Council agreed that every member of the working party must be a member of Council.

General Medical Council

The CHAIRMAN reported that an announcement concerning the Chairman of the inquiry into the regulation of the medical profession and the membership of the inquiry was expected to be made shortly [see *B.M.J.*, 30 December, p. 803].

The Council then appointed the following working parties, the first to prepare evidence for submission to the inquiry concerning disciplinary functions, and the second to prepare evidence in connexion with other functions.

Disciplinary functions: Dr. J. S. Happel, Chairman, Ethical Committee; Dr. E. R. S. Hooper; one junior doctor (to be appointed); together with the Association's Solicitor and representatives of the defence societies, with power to co-opt.

Functions other than disciplinary: Dr. H. Fidler; Dr. E. B. Lewis; Dr. J. H. Marks; Dr. S. Jane Richards; one junior doctor (to be appointed); and Dr. H. A. Burgess, with power to co-opt.

Joint Working Party on Driver Licensing

Dr. P. A. B. RAFFLE, chairman of the Association's specially appointed joint working party on driver licensing, in presenting his report recalled that in January 1971 the Council had adopted a recommendation supporting a proposal from the Secretary of State for the Environment to issue ordinary driving licences for life, with a statutory obligation on licence holders to report relevant disabilities when they became aware of them. In adopting the proposals the Council had recommended certain safeguards, among which were that at the time of any application for a lifetime licence there should be a declaration of health similar to that which a driver already made when a licence was issued or renewed. That was in order to pick up applicants suffering from the diseases which would bar them from driving. The other safeguard suggested was that when a licence holder reached the age of 70 a further declaration of health with specific reference to vision should be made at that age and periodically thereafter. Since then the Secretary of State had confirmed that a declaration of health would be required on applying for a lifetime licence, and he had announced that instead of driving licences being issued for life they would be renewed when drivers reached the age of 70 and every three years afterwards. On re-

newing their licences after the age of 70, drivers would then, as now, have to consider specially whether they were still fit to drive and make a declaration accordingly.

E.E.C. DRAFT DIRECTIVE

Subsequently, Dr. Raffle reported, a draft European Economic Community Directive on Harmonization of Driving Licences had been issued. Articles 6, 7, and 8 of that draft set out the medical proposals for driver licensing. Those conflicted fundamentally with the proposals in Great Britain on lifetime licensing. The working party had re-examined the evidence that medical examination of drivers reduced the risk of accident involvement and endorsed the view it held previously. That view had been that routine medical examinations of applicants for private driving licences and routine re-examination at certain ages would make no significant contribution to road safety but that selective medical screening either through a declaration of health, or a medical questionnaire, or an inquiry of the licence holder's own medical advisers, or a medical examination as appropriate to the disabilities revealed would be much more valuable.

Based on its previous recommendation, the working party had therefore recommended that medical surveillance of private car licence holders should consist of a health declaration at the time of application for the licence, at the age of 70, and routinely thereafter whenever a relevant disability had been disclosed under the proposed legislation or whenever a driver had been involved in repeated traffic violations or repeated traffic accidents involving personal injury. There should be further surveillance before the restoration of a licence following disqualification, and provision should be made for repeated surveillance of those driving a specially adapted vehicle, depending on whether their disability was static or deteriorating.

The draft directive proposed, among other things, a psychotechnical examination of applicants for driving licences, continued Dr. Raffle. The directive did not indicate what form that should take, and the working party was unaware of any practicable tests which would reliably predict an individual's increased risk of accident involvement. Similarly, though the working party could see merit in identifying recently qualified drivers so that other drivers could appreciate their inexperience, it did not think that on present evidence restriction of a first-year driver to certain maximum speeds was justified though it would like to see further evidence. The working party did not recommend any change in the existing requirements for P.S.V. and H.G.V. licences.

Dr. G. E. CRAWFORD said that he had found in a small pilot study he had done that 12% of the persons he examined under the Road Safety Act were unfit for police custody because of clinical conditions unknown by the individual concerned. In view of the present state of traffic, Dr. Crawford thought that the recommendations in the E.E.C. draft directive had some merit. He also thought it was a good idea to have a panel of doctors interested in the subject carrying out the medical examinations.

Dr. A. J. ROWE pointed out that no mention had been made of insurance. If an individual at certain intervals was known to have to undergo a medical examination for the purpose of obtaining insurance to drive, then he was more likely to be aware of disabilities from which he was suffering. He also drew attention to the implications of the draft directive in terms of the numbers of people required to carry out the work.

Dr. R. A. A. R. LAWRENCE commented that as a police surgeon he, too, had been struck forcibly by the number of cases he had examined who were suffering from medical disabilities of which they were totally unaware.

Dr. JEAN LAWRIE suggested that there were very few conditions which did not deteriorate as one became older. In her view at 50 all drivers of specially adapted vehicles should undergo regular medical examination, which should include advice about undue fatigue and driving too long.

Dr. RAFFLE, in reply, said that most careful studies made into the relationship between medical conditions and traffic accidents showed that somewhere between 1 and 2 per 1,000 of traffic accidents could be attributable to previously ascertainable medical conditions. Therefore, the yield from discovering those conditions was remarkably small compared with other things that could be done to reduce traffic accidents. Under the present system a person could legally have a licence on one day, become ill the following day, and still legally drive for three years. Under the proposed legislation such a person would be statutorily required to notify his condition immediately. Medical examination for insurance purposes would have the same limitations as those applying to medical examinations for licensing.

It was difficult, he said, to get an estimate of the number of examinations required under the E.E.C. proposals, but it was unlikely to be fewer than 3·5m. a year.

The comments of the working party on the draft E.E.C. directive on harmonization of driving licences were approved by the Council for transmission to the Department of the Environment.

N.H.S. Reorganization

The CHAIRMAN reported that shortly after the last Special Representative Meeting the N.H.S. Reorganization Bill was published, and it had already reached the Committee stage in the House of Lords. The Chief Officers had examined the Bill and prepared a list of amendments in line with policy decisions taken by the Representative Body on the several occasions on which the matter had been discussed. The Secretary of State had been advised of the amendments the B.M.A. was seeking and it was hoped that Government support would be obtained. A further meeting with the Secretary of State had been arranged for the second week in January to consider any further amendments which might come from the standing committees studying the Bill.

Referring to the management study (the grey book) (*B.M.J.*, 9 September, p. 601), the Chairman reported that he had been reassured by the Secretary of State that the grey book was for consultation only. There would not be a second edition and he believed that it would be greatly simplified. Some of its extremes—for instance, accountabilities and monitoring—would be given less emphasis in future.

The changes requiring Parliamentary regulations would in large part be administrative and there should not be many regulations. An undertaking had been given by the Department that the profession would be consulted on every regulation and every piece of administration and the profession could feed in information, advice, and comment as often as it liked.

The Council then agreed that a full explanatory report of the present situation should be sent to all members of the profession and that any decision to requisition a Special Representative Meeting should be deferred until the meeting of the Council in January.

Superannuation

Mr. R. D. ROWLANDS, Chairman of the Compensation and Superannuation Committee, presented its report saying that in May a meeting had been held with officers of the Health Departments on several outstanding superannuation matters of special concern to doctors which had not been resolved in the negotiations on the revision of the N.H.S. scheme. The committee greatly regretted that no progress had been made on those important questions. It deplored not only the Department's obdurate attitude but the great delay in replying to its submissions. Until the points had been met, the superannuation provisions for doctors could not be regarded as satisfactory and the committee fully intended to press them further as vigorously as possible.

Mr. Rowlands said the committee also regretted that the implementation of the new method of calculating general practitioners' pensions (dynamism) (*Supplement*, 1 July, p. 8) still awaited approval by the Inland Revenue so that it had not yet been possible to publish the details of the provisions.

Jointly with the G.M.S. Committee, the committee was engaged in discussions about the method of calculating pension entitlement in respect of services during the training period in hospital prior to general practice and also for part-time hospital appointments held concurrently with general practice.

On practice compensation, which had been outstanding since 1948, Mr. Rowlands reported that provision for payment was now in the N.H.S. Reorganization Bill and was likely to be effected early in 1973.

JUNIOR DOCTORS' RISKS

The committee fully supported the C.C.H.M.S. in the representations being made about the special position of junior hospital medical staffs who might be at the greatest risk of death or incapacity attributable to their N.H.S. employment when they were at the lower end of the salary scales for hospital medical staffs. The stage was being rapidly approached, continued Mr. Rowlands, when unless agreement could be reached with the Department on the matter, serious thought would have to be given to advising the doctors concerned not to take such risk unless there was adequate compensation agreed or adequate insurance arranged.

PENSIONS AND THE FREEZE

Mr. Rowlands referred in conclusion to an anomaly which could arise for all doctors if the wages freeze continued. At present

those who retired on pension would receive an automatic annual increase based on a rise in the cost of living. On 1 December all doctors who had retired before 1 October 1971 received a 10% increase. It was conceivable that a doctor who had retired on a date before the freeze would receive a pension which would then increase by Y%, possibly as much as 10%, because of a rise in the cost of living. But if that same doctor had remained in employment for a further year which included the freeze period then his pension would be less than it would have been had he retired a year earlier, which was clearly ridiculous. He had been in touch with the Department to make sure that it was aware of the anomaly and would do something about it. All doctors who were involved in negotiations regarding salaries might well have to accept a freeze, but Mr. Rowlands urged the Council most strongly to seek a no detriment clause included for pensioners who would retire in a freeze year.

In reply to Dr. W. P. Lambie, Mr. ROWLANDS said there was no abatement in pension for general practitioners over 65 who returned to general practice provided that they had not retired on pension before 65. In the case of hospital and public health doctors working beyond 65 there was abatement between 65 and 70. The situation had, however, been eased to some extent in that the abatement calculation allowed for betterment which had taken place in salary scales and earnings.

Dr. E. B. LEWIS asked when it was proposed to tackle by way of a press campaign the problem of the dilatory performance of the Department over pensions.

Dr. P. H. WRIGHT, Chairman, H.J.S. Group Council, said he was grateful to the Compensation and Superannuation Committee for the support it had given to hospital junior staff who might be at the greatest risk of attributable death or incapacity. As a member of a deputation which had seen the Secretary of State the day before, Dr. Wright said he had taken the opportunity of raising the matter with Sir Keith once more. The latter had replied that he had a proposal but that it was circulating among other Government departments and he could offer no hope of anything being published before February. That was after three years of negotiation, declared Dr. Wright, and an undertaking by the Secretary of State to reply by the end of 1972.

Dr. Wright reminded the Council that it had accepted a recommendation of the C.C.H.M.S. that the Chairman of that committee be authorized, at his discretion, to publish a letter in the medical and national press drawing attention to the delays that had occurred in the Government replying to the B.M.A.'s submissions about insurance against special risks for hospital doctors (*Supplement*, 28 October, p. 14). Dr. Wright said that he had asked the Chairman of the C.C.H.M.S. to publish that letter on 1 January 1973.

There was now another route open in that connexion, he concluded, in that the Prime Minister had recently announced a royal commission into civil injury and death benefits (*B.M.J.*, 30 December, p. 802).

Dr. C. E. ASTLEY, Chairman, C.C.H.M.S., said he thought it was his duty to publish the letter in January.

The report of the Compensation and Superannuation Committee was adopted.

B.M.J. Advertisements for Junior Staff

Dr. A. C. D. BROWN moved: "That all advertisements appearing in the *B.M.J.* for hospital junior staff be accepted only on condition that it be clearly stated whether the post is resident or non-resident. That permissive advertising of possible accommodation for hospital junior staff be no longer accepted in the *B.M.J.*"

He said the problem of residential accommodation fell into three main categories. The first was a shortage, and a solution had been sought to that problem with the Department. The second problem was the quality of the accommodation which already existed, and some progress had been made in that particular field after representations to the Secretary of State. The third problem was a tendency towards dishonest advertising of posts. Whether a post was resident or non-resident was of importance to the applicant, but there had been a growing practice for the status of a job to be blurred —he suspected deliberately—in the sense that no definition of the job appeared in the advertisement, that is, whether it was resident or not. If the applicant turned down the job because there was no residential accommodation then he lost his travelling expenses. There was also the advertisement bearing the words "Accommodation may be available." The applicant was given oral assurance at the interview that there would be accommodation but when he arrived to take up the post he found there was, in fact, no accommodation.

Dr. ASTLEY supported the motion.

Professor L. P. GARROD, Chairman, Journal Committee, asked for the matter to be referred to his committee, so that inquiries could be made into how many ambiguous advertisements appeared.

Council agreed that the matter be referred to the Journal Committee and to the C.C.H.M.S.

Organization Committee

Dr. C. C. LUTTON presented the report of the Organization Committee. He referred first to a recommendation that a new category of membership be introduced, to be known as Associate Membership open to medical students who were within three years of the date of expected qualification. Clearly defined benefits would accrue to an Associate Member, which it was proposed to set out in a personal letter to students eligible to participate in the scheme (*Supplement*, p. 7).

The Council unanimously approved the admission of Dr. G. Cormack of the North of England branch to the Roll of Fellows of the Association in 1973.

Dr. Lutton reported that the total membership of the Association to date was 68,081. Home membership was 52,025 and overseas membership 16,056.

QUESTIONNAIRE PROPOSED

The Council then considered a recommendation of the Organization Committee that a questionnaire be issued to all B.M.A. members in the United Kingdom—after the Council's working party set up to consider certain aspects of the Chambers Report had reported—and that the questions be drafted in the light of its conclusions. The inquiry would not be a formal plebiscite such as could be held under the provision of Article 43 of the Association's Articles and by-laws, said Dr. Lutton.

Dr. H. G. DOWLER said that though the outcome of the debate on the Chambers Report at the Special Representative Meeting

(*Continued on p. 4*)

"Referendum" and "Plebiscite"

The Articles of Association of the B.M.A. make provision in certain circumstances for the holding of both a referendum and a plebiscite among its members. Article 43(1) states that "As soon as reasonably practicable (and in any case within six months) after the passing of every resolution of a General Meeting or of the Representative Body . . . . the Council shall consider such resolution." (Certain types of resolution are exempted.) If in the Council's view a resolution does not properly represent the wishes of the Association it may arrange a referendum. If the Council makes no decision that a referendum is expedient it must take "all reasonable action to implement the resolution." The Council may also defer implementation of a R.B. resolution or call for a referendum or for a plebiscite on related matters if subsequently it decides that implementing a resolution would be "either untimely or undesirable in the interests of the Association or of its Members because of changed circumstances." A decision on any of these three courses of action may be taken only if not less than half of the members of the Council are present at the meeting and not less than two-thirds of those present vote in favour.

Article 44(1) states that if the Council decides on a referendum secretaries of all divisions are instructed to call a meeting of members and temporary members within four weeks of receipt of the instruction to consider the resolution. The requisition may be accompanied by "such observations on the subject of the resolution as the Council may direct." Each divisional secretary then advises the Council of the number of votes given at his division's meeting for and against the resolution. If the total number of votes in favour of the resolution at all the division meetings is bigger than the total number of votes against then the resolution is regarded as approved. Should the Council decide to hold a plebiscite then each member of the B.M.A. resident in the United Kingdom is sent a ballot paper—along with any observations the Council may wish to make—and the ballot papers have to be completed and returned to the B.M.A.'s headquarters within 23 days (from despatching date) "or in the case of great urgency such lesser period (not being less than seven days) as the Council may determine."

The above provisions do not bar the Council from sending out an "informal" questionnaire if it thought that the views of members or of the profession as a whole would be of help to it in deciding what action to take on a particular issue. The result, however, would not constitutionally be binding on either the Council or the Representative Body.

pleased him very much it had caused difficulty and he suggested there was now merit in using a provision within the Articles whereby it was possible to make absolutely sure that the membership really endorsed what the S.R.M. had decided. He suggested that a plebiscite should be held of the whole profession with one condition, namely, that when the results were received, the votes of members were shown separately from those of non-members.

The CHAIRMAN pointed out that the circumstances in which Council could properly inquire of the profession was either where it felt the vote taken did not properly express the views of the profession, or that since an R.B. decision, events had raised issues which, in the Council's view, should receive greater inquiry.

Dr. W. P. LAMBIE said it would not be sufficient to send out the working party's report to the membership and to expect a meaningful answer at the Representative Body's next meeting. It was necessary to ensure that the membership not only received the working party's report but also knew the implications of it and had an opportunity to indicate its wishes in the knowledge of those implications. Dr. H. FIDLER supported Dr. Dowler. When the working party's report was sent out, a questionnaire would have to take into account all the various points, he said. The principles of the Chambers Report were difficult to define, because Sir Paul himself had changed his mind between issuing his report and addressing the S.R.M. "Since the S.R.M. most of what we have heard has been breast beating about what will tear the profession apart," said Dr. Fidler. "We should now start talking about what will bring the profession together again, and I think that a questionnaire will do that."

Dr. P. H. WRIGHT suggested that the Council might await the working party's report and then decide whether there were questions which should be put to all members of the B.M.A.

Dr. R. A. A. R. LAWRENCE told the Council that at the meeting of the Organization Committee he had voted against the recommendation for a plebiscite. He thought that the correct way to obtain the opinion of members was for informed meetings to be held in divisions and branches, where the whole matter could be debated and members could get first hand information. After full debate in divisions and branches, representatives could be briefed on how they should vote at the Representative Body. In that way properly formed opinion could be obtained.

Dr. C. D. L. LYCETT, Chairman, Public Health Committee, said he had grave doubts about holding a plebiscite and, in any event, he did not think one should be held before the working party reported.

Dr. LUTTON maintained that a plebiscite could lead to a dangerous situation. "Let the working party consider the problem areas and think up some questions that might be asked, and immediately afterwards put them to the Council as the basis of a questionnaire," he said.

G.M.S. COMMITTEE'S VIEW

Dr. J. C. CAMERON, Chairman, G.M.S. Committee, drew the Council's attention to a resolution passed at the Special Conference of Representatives of L.M.C.s on 8 November, 1972, which read: "That this Conference reiterates its policy that there must be no alteration in the principle of L.M.C./Conference/G.M.S.C. structure." There was no doubt that during the last two years the Conference had held fast to that policy, he said.

The G.M.S. Committee had drawn up a report for consideration by a further Special Conference to be held on 14 February 1973 (*Supplement*, 23 December, p. 106). That report, which had been sent to all N.H.S. family doctors, contained the following recommendations:

(1) That it be reaffirmed that the system of representation of National Health Service general practitioners should continue in principle to consist of an L.M.C./Conference/G.M.S.C. structure.

(2) That this Conference requests the General Medical Services Committee to repeat the invitation of 60 years ago to the British Medical Association to provide for the structure to remain within its constitution.

(3) That this Conference considers that in the event of such invitation being refused, steps be taken to establish an independent organization representative of all N.H.S. general practitioners.

(4) That following this Conference all N.H.S. general practitioners be invited by postal referendum to record their views.

Referring to recommendation (3), Dr. Cameron said it would be a very sad outcome of the deliberations; nevertheless, the sheer logic of the situation demanded such a recommendation. Certain things had been achieved in the field of general practice since 1964 but the end of the road had by no means been reached. His considered view was that to dismantle the G.M.S. Committee and the whole structure that had grown up between the Committee and the Association would be the most disastrous and inept action which could ever be conceived, because the B.M.A. and the G.M.S. Committee were higher in standing in Government circles than they had ever been in their history. "Do you seriously believe that this would be a politically wise act?" asked Dr. Cameron. "I think it would be madness in the extreme," he added.

As to Recommendation (4), Dr. Cameron said his view was that it was a fruitless exercise to attack the decisions of the Representative Body on any grounds. It was a democratically elected body and its decisions must stand. No one had suggested that the decision of the Representative Body was so much at variance with the requirements of the B.M.A. that it had to be challenged by means of a plebiscite. If one were to be held, it ought to be at a time when every individual was well versed in the issues and could make a decision.

"War is the failure of diplomacy," concluded Dr. Cameron, "and in war there are no victors. At the end of the day, if we reach a situation that general practitioners do go it alone, it can only lead to the weakening of their cause and the weakening of the cause of the profession generally, which I believe, given reason, should remain firmly in the hands of the B.M.A."

Dr. J. S. HAPPEL wanted the working party to go about its work in a different way, and he referred to a suggestion by the Wessex branch that at this stage the Council should not take hasty action but should prepare advice to the profession of the stages necessary to achieve the object of the Representative Body resolution. A questionnaire at the present time was quite premature.

Dr. ASTLEY said that, if the recommendation of the Organization Committee was adopted, it followed that a questionnaire would be sent out to all members of the B.M.A.; but some 17,000 members would receive one from the G.M.S. Committee and one from the B.M.A., both headed "British Medical Association," and it would lead to confusion.

Dr. CAMERON pointed out that there was no guarantee whatever that the recomendations set out in the G.M.S. Committee report to family doctors would be accepted by the Conference of Representatives of L.M.C.s. It could not be assumed that there would be a referendum of N.H.S. general practitioners.

Dr. A. C. D. BROWN said that recommendations were being made by the G.M.S. Committee which were not in the interests of the profession as a whole, and he suggested it was exceeding their powers of autonomy. Such recommendations should not be headed "British Medical Association."

Dr. LAMBIE then asked whether the G.M.S. Committee was not an autonomous committee of the B.M.A. and entitled to issue literature under the heading of the B.M.A.

The CHAIRMAN replied that it was, provided that it did not conflict with other committees of the Association.

Dr. H. L. LEAMING said that the G.M.S. Committee had published under the heading "British Medical Association" views which were contrary to the policy of the Representative Body. "We expect the committee to use our name only when it is supporting our policy," he added.

Dr. M. G. F. CROWE suggested that a combined questionnaire might be sent out, approved by the Council and the G.M.S. Committee.

PLEBISCITE OF PROFESSION PROPOSED

Dr. DOWLER moved, and Dr. FIDLER seconded, that a plebiscite of the profession be held forthwith on the question whether the profession supported the Chambers proposals in principle, subject to the answers of members and non-members being differentiated when the results are published.

Dr. J. S. NOBLE, Chairman, Representative Body, said he saw it as right and proper at the present vital juncture to seek the views of the periphery on the resolution that was passed by the Special Representative Meeting accepting the Chambers Report in principle. If the Council decided to hold a plebiscite it would be for the Secretary and the Chief Officers to bring something before the Council's next meeting and then to send it out to the membership but not in any way trying to overturn the resolution of the R.B.

Dr. J. H. MARKS said he believed that the R.B. had taken a representative decision. The G.M.S. Committee was undertaking an exercise to ascertain what its own electorate wanted. That was why the G.M.S. Committee document must be sent out.

The amendment, moved by Dr. DOWLER and seconded by Dr. FIDLER, was lost.

Dr. HAPPEL moved, and Dr. R. E. W. FISHER seconded, that the recommendation of the Organization Committee be allowed to lie on the table.

Dr. LUTTON opposed the amendment. The recommendation as it stood was simple commonsense, he argued.

The amendment was carried.

Mr. G. E. MOLONEY drew attention to a letter he had sent to the Secretary in which he had suggested that at some stage the Council should debate what would happen to itself in the light of the Chambers Report and to give some guidance to the working party.

The Council agreed to refer Mr. Moloney's letter to the working party to consider.

Journal Committee

Professor GARROD presented the Journal Committee's report and informed the Council that the new monthly North American *B.M.J.* would appear in the new year (*B.M.J.*, 14 October, p. 64). Though it had not yet appeared it had already attracted 6,500 subscribers in the United States.

Board of Science and Education

Sir RONALD TUNBRIDGE presented the report of the Board of Science and Education. The CHAIRMAN pointed out that it was the last occasion on which Sir Ronald would present the report as he was retiring from the Chairmanship of the Board. On behalf of Council Mr. Lewin thanked Sir Ronald, and congratulated him on the work he had done as the foundation Chairman.

TEACHING AIDS IN MEDICAL EDUCATION

Sir RONALD TUNBRIDGE reported that earlier in the year a grant from the Nuffield Foundation had enabled the Department of Audio Visual Communication to establish a centre to provide facilities for the design, production, and evaluation of individual learning programmes in medical education. The centre would be advised and guided by an academic council under the chairmanship of Sir Brynmor Jones. Information about the centre had been sent to the deans of medical schools, postgraduate institutions, and to other interested bodies inviting their collaboration in the production of individual learning materials and the secondment of academic staff to the centre for short periods.

The World Health Organization had agreed to provide a grant of $7,200 for 1972 towards the centre's work. It would be designated a W.H.O. Reference and Training Centre, the only one in Europe.

The Board of Science wished to encourage interest in the new venture, especially among younger doctors and considered that it might be done by offering a small grant towards the payment of the expenses of a doctor seconded to the centre for a short period. It suggested that such money might be made available from the funds allocated by the B.M.A. for the miscellaneous research awards if the terms of those awards were widened somewhat.

The Council adopted recommendations by the Board to the above affect.

Finance Committee

Dr. J. E. MILLER, the Treasurer, presented the report, and informed the Council that the estimated surplus for 1972 was £49,668 and the actual surplus was £72,300, showing an increase of some £25,000. He said it had been mainly due to the income from membership subscriptions, which had exceeded the estimate.

In 1973—the second year of the four-year cycle arranged in 1971—there would be a deficit of some £16,000 or more. The reasons for that were, first, that the original departmental budget had been prepared for 1973 on the basis of an inflation figure of 8%, but extra costs would exceed that. Secondly, it had been necessary to budget for two Special Representative Meetings in 1973 at a cost of £15,000. Thirdly, it was likely that the B.M.A. would be asked to undertake to provide the Common Market secretariat in 1974. If that were the case, there would be a need for a sum of money as a run-up to taking over the secretariat at the beginning of 1974, and a figure of £10,000 had been budgeted for.

The fourth reason was that with the introduction of V.A.T. at a level of about 10% there was likely to be an increased financial commitment to the extent of £5,000 to £6,000. The fifth reason was there would be an increase in the level of corporation tax in April 1973, which would apply to the Association's rental income, and that would mean an increase in tax of about £9,000 for 1973.

The sixth reason was the cost of essential maintenance on B.M.A. House—about £8,000. Altogether there was likely to be a net increase in expenditure of some £90,000, which would mean a deficit of between £16,000 and £20,000.

Dr. Miller said he had not referred to the Chambers proposals, because any expenditure incurred under those proposals would probably fall into 1974.

He had also said nothing about membership. While he could not conceal his anxiety that there could well be an adverse effect on membership as the result of the Chambers proposals, a case could probably be made out for an improved membership. However, it was not possible at present to forecast what the effect of Chambers would be on membership.

Dr. NOBLE suggested that the Council might consider a reasonable pruning of some of the B.M.A. activities as a deficit had appeared so soon in the four-year cycle.

Dr. E. B. LEWIS congratulated the Finance Committee and the Treasurer on their report. He said it was no time to prune anything any further than had been done already, but he reminded the Council that whenever it called for a Special Representative Meeting it added £5,000 to the bill.

The budget was approved.

W.M.A. DELEGATION

Dr. MILLER recalled that at its meeting on 22 November 1972, the Council had adopted a recommendation of the Committee on Overseas Affairs, subject to report by the Finance Committee, to enlarge the B.M.A.'s delegation to attend the World Medical Association assembly in Munich in 1973. The Finance Committee was of the opinion that the extra cost of a bigger British delegation was not justified. It recommended to the Council that the British delegation to the W.M.A. should remain as at present, that is, four persons.

Dr. W. NORMAN TAYLOR, Chairman, Committee on Overseas Affairs, said that in recent years the B.M.A. had had a much greater influence in W.M.A. affairs and the British delegation had recently taken an active part in the business of the W.M.A. The B.M.A. had a role to play in world medical affairs and should be seen to be keen to play that role.

An amendment that the size of the British delegation to the W.M.A. be six was lost, and the recommendation of the Finance Committee was adopted.

Hospital Service

Dr. ASTLEY presented the report of the Central Committee for Hospital Medical Services. After referring to accommodation for hospital junior staff, Dr. A. C. D. BROWN said that the Hospital Junior Staff Group had decided to withdraw from negotiations with the Department. The Group Council's representatives had been negotiating since 1958 on the question of accommodation. They had endeavoured to negotiate on death and injury benefits for the past three years, and the Department had had in its possession the report on extra duty payments for some time. The junior doctors were now informed that, owing to the 90 days' freeze, no negotiations on any matter concerning terms and conditions of service could take place. In the light of that announcement, the H.J.S. Group Council had thought it dishonest to continue to waste the B.M.A.'s money on members travelling to London to negotiate with the Department. It had therefore decided to withdraw from the Joint Negotiating Committee.

Dr. ASTLEY said that at a meeting with the Secretary of State the previous day, Sir Keith had indicated that the sum of £1m. was to be allocated for the provision of residential accommodation, including that for hospital junior doctors and he had suggested that regions should get on with their plans.

Dr. P. H. WRIGHT said the Secretary of State had told representatives of the H.J.S. Group Council that an allocation had been made for one year. It was made clear that it was up to people in hospitals in the periphery to say if the quarters were up to standard and to submit a case for part of the money to be used for their hospitals. The H.J.S. Group Council would be grateful if juniors would let the B.M.A. know if it were done, so that the Group Council could keep its own check on the Department's check on how the money was spent.

It was accepted that if a large number of schemes were received which could not be implemented within the £1m. then those schemes left over would have to be reviewed, and it might be worthwhile for hospital management committees to consider drawing up schemes for the future—beyond 1973-4. Dr. Wright hoped that what he had reported would receive wide publicity and that hospital junior doctors would take advantage of the offer which the Group Council's representatives had managed to bring back from the Secretary of State.

REPRESENTATION OF REGIONAL HOSPITALS' CONSULTANTS AND SPECIALISTS ASSOCIATION

Dr. ASTLEY next reported that after a meeting with representatives of the Regional Hospitals' Consultants and Specialists Association on 23 November it had been agreed that the following proposals would be considered by both the C.C.H.M.S. and the Council of the R.H.C.S.A.:

(1) For a period of one year or until the reorganization of the B.M.A. (following the

Chambers Report) is completed, which ever is the sooner, and on condition that during that period the R.H.C.S.A. will not pursue the question of independent negotiating rights under the Industrial Relations Act:

(*a*) the Negotiating Subcommittee should co-opt one representative of the R.H.C.S.A., subject to that representative observing the same constraints as other members of the subcommittee and accepting the consensus views of the subcommittee.

(*b*) the R.H.C.S.A. should be invited to send an observer to meetings of the C.C.H.M.S. and the Research Panel of the Negotiating Subcommittee.

(*c*) the C.C.H.M.S. should be invited to send an observer to meetings of the Council of the R.H.C.S.A

(2) Independently of (1) above, consideration should also be given to the R.H.C.S.A. being offered a place by co-option on the J.C.C. or, alternatively, observer status.

He said that while the C.C.H.M.S. was prepared to agree to 1(*b*) and (*c*) and to support (2), it was not prepared to accept 1(*a*). It considered that the co-option of a representative to the Negotiating Subcommittee would create a dangerous precedent and that only observer status should be granted.

The C.C.H.M.'s views had been sent to the R.H.C.S.A. and no further action would be taken until a reply had been received by the B.M.A.

General Medical Services Committee

Dr. CAMERON presented the report of the G.M.S. Committee. He reported that several problems which had recently been considered by the Committee—community hospitals, responsibility for hospital outpatients and unnecessary visits to outpatients, responsibility for after-care of day patients, etc.—had a common factor, that of progressive patient care. The committee thought that if the concept of progressive patient care could be examined between the various disciplines and defined more closely, procedures governing the transfer of responsibility could be simplified. It therefore believed that it would be valuable for an interdisciplinary group to be established to discuss the subject, and recommended that an ad hoc working group be set up for that purpose.

The recommendation was adopted.

Dr. LEAMING moved that a paragraph in the G.M.S. Committee report dealing with the Chambers Report be referred back to the Committee. It was not logical, he suggested, for the Council to approve a report which included what might be described as propaganda or views which were expressly opposed to the policy of the Representative Body.

Dr. W. P. LAMBIE pointed out that Dr. Cameron had presented a factual report from a standing committee. The Council must be very careful before it referred the item back and gave the impression that there was a split in the profession.

Dr. W. J. APPLEYARD agreed with Dr. Leaming. If the G.M.S. Committee report was approved by the Council he claimed there was a danger of causing a split which would undoubtedly weaken both parties.

The CHAIRMAN reminded the Council that its own report was in conflict with the Representative Body as well. The Council was merely receiving a progress report from the G.M.S. Committee keeping it informed of what that committee was debating.

Dr. J. S. MCCRAE, Chairman, Scottish Council, pointed out that the G.M.S. Committee report was a true account of an exercise which the Council itself asked the committee to undertake.

Dr. CAMERON said if it embarrassed the Council he would be happy to withdraw the item.

Dr. LUTTON suggested that the Council was running away from reality. The rank and file of doctors in this country wanted a change of organization, he said, and in his view they would get a change of organization.

The report of the G.M.S. Committee, excluding the item dealing with the Chambers Report—which was received—was approved.

Private Practice Committee

Dr FIDLER presented the report of the Private Practice Committee, saying that it had considered the question of the publication in the fees booklet of minimum recommended fees payable to doctors working in deputizing services. The committee was reluctantly forced to the conclusion that there would be little point in doing so because fees for that work varied enormously from area to area and depended to a large extent on local factors. The committee had, therefore, recommended that members wanting information on rates payable to deputies in deputizing services should be advised to apply direct to the Secretary of the Association.

The recommendation was adopted.

Dr. FIDLER said he was pleased to report that the committee had successfully negotiated an increase of 16%, effective from 1 April 1972, in the fees payable to doctors undertaking part-time work for government departments (*Supplement*, p. 8). As agreement had been reached with the Civil Service Department before the Government's pay and prices standstill had been announced the increase was not effected by the freeze.

Family Doctor

Dr DOWLER presented the report of the Family Doctor Management Board. He said that Family Doctor publications had not yet made a loss since 1954, and that the aggregate total resulting from its activities was a profit after tax of £14,000, which had been placed in the accounts of the Association. It was felt, however, that the time had come to indicate the need to earmark a reserve fund for Family Doctor publications, and £5,000 was the suggested sum.

The Council agreed that £5,000 of the aggregate profit of £14,000 be earmarked as a reserve fund for Family Doctor publications.

Central Ethical Committee

Dr. J. S. HAPPEL presented the report of the Central Ethical Committee and drew the Council's attention to a recommendation that the International Code of Medical Ethics, as revised by the Committee, be approved and submitted to the World Medical Association for consideration.

Several amendments to the wording of the code were suggested but Dr. A. J. ROWE said that it was an important matter and he proposed that because of the lateness of the hour and the few Council members present the recommendation should be deferred until the next Council meeting. Though Dr. HAPPEL pointed out that there was some urgency in approving the draft code as it had to be sent to the W.M.A. the Council agreed to defer consideration of the draft until its January meeting.

The Council approved comments by the Committee on the Report of the Advisory on the Use of Fetuses and Fetal Material for Research, and agreed that they be forwarded to the Department of Health and Social Security.

Other Committee Reports

The Council also considered and approved the reports of the European Economic Community Committee, the General Purposes Committee, the Northern Ireland Council, the Occupational Health Committee, the Public Health Committee, and the Scottish and Welsh Councils.

On the motion of the CHAIRMAN, 29 candidates were elected as members of the Association, and the meeting ended at 7.30 p.m.

B.M.A. Nuffield Library

The library service is available to all members of the Association resident in Great Britain and Northern Ireland (and by special arrangements to members of the Irish Medical Association). A copy of the Library rules will be forwarded on application to the Librarian at B.M.A. House.

The following books have been added to the Library:

Balint, M., Ornstein, P. H., and Balint, E.: Focal Psychotherapy. 1972.

Carlsöö, S.: How Man Moves. 1972.

Catron, D. G.: The Anaesthesiologists Handbook. 1972.

Dick, W. C.: An Introduction to Clinical Rheumatology. 1972.

Ehrlich, P. R., and Ehrlich, A. H.: Population Resources Environment, 2nd edition. 1972.

Farr, A. D.: God, Blood, and Society. 1972.

Geddes, L. A.: Electrodes and the Measurement of Bioelectric Events. 1972.

Houston, J. C., Joiner, C. L., and Trounce, J. R.: A Short Textbook of Medicine, 4th edition. 1972.

Izak, G., and Lewis, S. M. (Editors): Modern Concepts in Hematology. 1972.

Kelman, G. R.: Physiology: a clinical approach. 1972.

Kirman, B. H.: The Mentally Handicapped Child. 1972.

Lancaster-Gaye, D. (Editor): Personal Relationships, the Handicapped and the Community. 1972.

Miller, M., and Miller, J. H.: Orthopaedics and Accidents. 1972.

Richardson, I. W., and Neergaard, E. B.: Physics for Biology and Medicine. 1972.

Yamamoto, T., and Sugano, H. (Editors): Experimental Leukemogenesis. 1972.

From the Committees

Organization Committee

A meeting of the Organization Committee was held on 7 December with Dr. C. C. Lutton in the chair.

Chambers Report

The Committee discussed the S.R.M.'s decision to adopt in principle the report by Sir Paul Chambers on the constitution of the Association (*Supplement*, 25 November, p. 55). After examining the various sections of the Chambers Report the Committee concluded that it contained the following fundamental principles:

(*a*) Junior members should have equality of representation throughout the Association (section V, paragraph 8).

(*b*) There must be differentiation between junior and senior doctors as regards representation (section VII, paragraph 6).

(*c*) The peripheral structure of the B.M.A. should be altered so as to match the reorganized Health Service (section VII, paragraph 2).

(*d*) Non-members should not be entitled to sit on area councils or Association committees (section VII, paragraph 7 and section VIII, paragraph 11).

(*e*) Area councils should consider the validity of motions to be submitted to the Representative Body by divisions (section VII, paragraph 14).

(*f*) Area councils will have a part to play in the election of members of the Representative Body. Probably about half the total will be elected on a craft basis from the members of all the area councils (section VII, paragraph 15).

(*g*) There should be a relatively large and democratically elected Representative Body to which the Central Executive and the committees will be answerable (section VIII, paragraphs 6 and 9).

(*h*) The Council should be established as a small executive (section VIII, paragraph 7).

(*i*) The two autonomous committees will cease to exist (section VIII, paragraph 8).

(*j*) The central committee structure should conform to the proposals in section VIII, paragraph 11.

(*k*) The chairman and deputy chairman of the Central Executive will be elected by the Representative Body as a whole (section IX, paragraph 17).

(*l*) The main committees referred to in section IX, paragraph 18, are those committees replacing the autonomous committees and the Public Health Committee. The other committees will need to be defined, for example, Armed Forces, Occupational Health, Organization, and so on. New main committees will be, Hospital Doctors Pay and Conditions Committee and General Practitioners Pay and Conditions Committee, Hospital Doctors Medical Services Committee and General Practitioners Medical Services Committee, Public Health Medical Services Committee and Public Health Pay and Conditions Committee.

(*m*) The Central Executive must be of a co-ordinating character and not become involved in detailed discussion (section IX, paragraph 37).

(*n*) Within its own sphere each central committee will make its own decisions and act accordingly (section IX, paragraph 38).

(*o*) Negotiating committees must be given a free hand to negotiate and if a settlement is reached to report back to the next A.R.M. (section IX, paragraph 42).

(*p*) Election of officers within the Association (including membership of committees) should be for three years in the first instance subject to eligibility for re-election for a similar period and in certain cases for yet a further three years (section X, paragraphs 4 and 5).

(*q*) The necessity for adequate representation of women doctors should be the subject of separate inquiry (section IX, paragraph 14).

(*r*) The abolition of the Junior Members Forum and the Hospital Junior Staffs Group (section IX, paragraph 34).

(*s*) Weekly publication of an enlarged *B.M.A. News* (section XII, paragraph 9).

Associate Membership for Students

The Committee discussed proposals to introduce the B.M.A. to medical students within three years of qualification and thus encourage their sense of belonging to the profession. The Committee decided to submit to the Council, for recommendation to the Representative Body, a proposal to introduce Associate Membership, open to medical students who were within three years of the date of expected qualification. Such associate membership would carry with it certain clearly defined benefits, including the use of the B.M.A. Career Service, participation in the B.M.A. Personal Accident Insurance Scheme and, for medical students within one year of the date of expected qualification, participation in a scheme for car purchase loans on favourable terms.

Other Matters

Among other matters dealt with by the Committee were the effect of N.H.S. reorganization on existing divisions and branches of the B.M.A., amendments to the scheme for sponsorship of candidates for election to the General Medical Council, and recruitment to the Association.

Scottish General Medical Services Committee

The Scottish General Medical Services Committee met on 14 December 1972 with Dr. W. K. DAVIDSON in the chair.

N.H.S. Reorganization

HEALTH EDUCATION

A Scottish Home and Health Department paper on health education in the reorganized N.H.S. was discussed by the Committee, which agreed that the Health Education Unit's policy of exhibiting posters in surgeries was not achieving the best results. The Scottish Council for Health Education, an independent body, working closely with area health boards, was needed but it should be adequately financed so that it could recruit good staff.

AREA HEALTH BOARD BOUNDARIES

The CHAIRMAN reported that strong representations had been made to the S.H.H.D. on the boundaries of the proposed area health boards, and that the suggestions made by the Scottish G.M.S. Committee and local general practitioners, including the point that boundaries could be crossed clinically, had been put to the Department.

Psychiatric Services

Papers prepared by Dr. J. B. Stevenson, Dr. D. Hendry, and Dr. C. C. Lutton on pyschiatric services in Scotland were discussed by the Committee. Dr. LUTTON said that general practitioners should have a limited training in the basic skills of psychiatry but Dr. W. W. FULTON suggested this could lead to the existence of pseudo specialists who might not recognize cases which should be referred to a consultant psychiatrist. Dr. Lutton had stated that the concept of progressive patient care was accepted in every department of medicine except psychiatry, and Dr. Fulton believed that hospitals should carry out the psychiatric work done by local authority hostels. Though Dr. H. F. V. RIDDLE agreed that there was a danger of psuedo specialists evolving he thought that general practitioners should specialize in various aspects of psychiatric medicine if they had had suitable training.

The Committee agreed that co-ordination of research and the expansion of services were necessary to meet the growing need for psychiatric help for young people and that G.P.s must have more psychiatric training.

In discussions on Dr. Stevenson's suggestion that more specialists were needed who could deal with alcoholism and drug addiction, Dr. A D. MITCHELL said that early work in psychiatric cases could better be done by consultants working in group practices. Dr. E. V. KUENSSBERG added that general practitioners were hampered in their work with children and youths by the inadequacy of educational psychological services and related services—including employment services. An integrated service was wanted.

In Dr. C. J. SWANSON's view there should be a close correlation between the psychiatrist and the general practitioner, and psychiatry should have a prominent place in the training of G.P.s. He also suggested that psychiatrists should spend some time in general practice before becoming consultants.

On the question of hospital accommodation for psychiatric cases there was some disagreement as to whether more was re-

quired, but Dr. STEVENSON suggested that district hospitals should have wards where psychiatric cases could be assessed. If patients required long-term treatment they could then be transferred to another hospital. The Committee agreed that some compulsory legislation might be necessary to deal with uncooperative patients. More hospitals and sheltered homes for rehabilitation were needed to help patients with drug and alcoholic problems, and Dr. W. M. PATTERSON suggested that social workers might be attached to groups of practices to help in psychiatric work rather than to individual practices.

Nursing

Two reports on nursing were debated by the Committee: "Nursing in an Integrated Service" by a working party chaired by Dame Muriel Powell, and the Asa Briggs report (*B.M.J.*, 28 October 1972, p. 191).

Dr. SWANSON accepted that some emphasis on specialization was needed but believed this should not affect basic training. As the Asa Briggs report suggested that training would be hospital-based, Dr. KUENSSBERG feared that health visitors would eventually disappear because the period suggested for community training was too short.

The Committee agreed that clinical work in nursing should not rank lower than administrative work and recommended that: "The proposed system could not be regarded as democratic; hierarchical administration where a nurse was responsible to an administration in line with management might result in a situation where the nurse had a divided loyalty between her senior nursing officer and the G.P. for whose patient she was caring. Where the present attached nursing staff were to be involved in teaching duties relating to pupils in the course of their daily work allowance must be made for this and extra staff provided."

Meeting with the S.H.H.D.

The CHAIRMAN reported on a meeting with the Scottish Home and Health Department when the question of the need for G.P.s to take part as instructors in the orientation training courses prior to the reorganization of the N.H.S. had been discussed and agreed by the Department. Health board boundaries, remuneration of related ancillary staff in isolated practices, and removal expenses from isolated or island practices had also been discussed.

Another subject that had been discussed at that meeting was the possibility of a locum service so that singlehanded doctors in isolated areas could rely on a locum when necessary, and especially in an emergency. Dr. SWANSON said that there had been such a service in the Highlands and Islands from about 1920-48 which had been nearly self-supporting but during that time there had been more doctors available than practices. It was suggested that the current arrangement in Shetland where one doctor was available for locum work might be applied to the mainland but Dr. A. A. BROWN pointed out that the particular doctor was rarely available for sickness or emergency work as he covered G.P.s' holiday periods all the year round.

Other ideas mooted were that a group practice should be subsidized to take on an extra partner who could be available at short notice to other doctors, and that similar schemes to that of the supernumerary registrar at Inverness—who was available to do practice locums—should be set up. However, it was pointed out that in such a scheme the doctor was hospital orientated and would not wish to spend too much of his time on general practice work. Another suggestion was that trainees in general practice could act as emergency locums but the CHAIRMAN believed that they should not be expected to go into remote areas in sole charge of a practice.

Shadow Medical Advisory Machinery

A working party under the chairmanship of Dr. Joan Sutherland had produced a document setting out—from the general practitioners' point of view—a scheme for shadow medical advisory machinery. The Committee approved the paper with minor amendments, and agreed that the appropriate area units of the B.M.A. should call together the necessary bodies to form steering committees which would set up area medical advisory machinery. When the district boundaries were announced district committees could then be formed. General practitioner representation should be elected from G.P. divisions or constituencies and the general practitioner subcommittee of the area medical committee should consist of the general practitioners on the area medical committee with a number of G.P.s elected from the district committee.

Armed Forces Committee

Mr. R. MYLES GIBSON was re-elected Chairman of the Armed Forces Committee at its opening meeting of the 1972-3 session on 14 December.

The Chairman reported that a letter had been sent to the Ministry of Defence pointing out that recent calculations on the salary scales for medical officers in the armed Forces—which up to the rank of colonel and equivalent were based on an analogue with general practitioners in the N.H.S.—had been based on the average net remuneration of general practitioners from executive council sources. However, the National Board of Prices and Incomes's Second Report on a Standing Reference on the Pay of the armed Forces had spoken in terms of average earnings of general practitioners, which was not the same. The Committee agreed that the matter should be pursued.

The Committee supported a recommendation from its Subcommittee on Civilian Medical Practitioners in seeking to have civilian medical practitioners' salaries based on the average net remuneration of general medical practitioners plus 5%. That subcommittee had also intended that the pension of an ex-officer should be disregarded when calculating the figures for a new salary scale, particularly since some civilian medical practitioners were recruited from among doctors who were not retired service medical officers. The Committee affirmed that those objectives should be pursued as quickly as the present incomes policy allowed.

Fees for Part-time Work

An agreement was reached—before the prices and incomes freeze—for a 10% increase in fees to doctors undertaking part-time work for local authorities, effective from 1 April 1972. Examples of the revised fees for doctors in England and Wales are given here.

Consultant or specialist work: regular, occasional or additional sessions of normally 1½-2½ hours, or emergency attendances—£11·40 per session or attendance.

Other medical work: regular, occasional or additional sessions or emergency attendances £7·80 per session or attendance.

Examination and recommendations under the Mental Health Act, 1959: for consultation or specialist work (including work carried out by a practitioner approved by a local health authority under Section 28(2) of the Mental Health Act, 1959)—£7·45.

Medical officers to fire brigades: examination of a new candidate for the fire service and report—£4·05.

Visiting medical officers to establishments maintained by local authorities: annual salary £201 (1 hour per week); annual salary £366 (2 hours per week); an additional £156 per annum for each hour over two.

Emergency visit (being a visit at the special request of the establishment and outside the regular and routine attendances) between 9 a.m. and 8 p.m.—£2·75; between 8 p.m. and 9 a.m.—£5·50.

Lectures: elementary lectures (normally of one hour's duration) to the lay public on first-aid to the injured, home nursing, child care, or hygiene— £4·60 per lecture.

The fees for doctors in Scotland have also been increased by 10%.

Full details were given in M.D.C. circular No. 68 dated 3 November 1972 issued to local authorities.

Part-time Work for Government Departments

Agreement was also reached with the Civil Service Department before the prices and incomes freeze for a 16% increase in fees for doctors undertaking part-time work for Government Departments, effective from 1 April 1972. Examples of the revised fees are given here.

Chairman of medical board: £9·90 per session (normally 2½-3½ hours).

Full medical examination and report by an individual medical practitioner: £4·30 per case.

Medical supervision of establishments (excluding travelling time): between 9 a.m. and 8 p.m. (up to one hour) £2·90; one to two hours £5·30; two to three hours (or session) £7·85. Between 8 p.m. and 9 a.m.—£5·80, £10·40, and £13·90 respectively.

Examination of drivers of heavy goods vehicles: initial and periodic full medical examination and report—£4·30.

Full details can be obtained from the B.M.A.