

on which it based its original estimate out of date? What does it intend to do to eliminate or compensate for similar inaccuracies in future reviews?

I would also question the fairness of its aim to bring our incomes "up to date" in April each year and not to estimate what we should be receiving at the mid-point between successive reviews. This means that we are left behind those who should be our financial peers for 11 months each year, and this, like the shortfall over the past three years, is money lost for ever. Neither the letter nor the spirit of the Royal Commission's recommendations is being followed. Justice must be done and be seen to be done.

Unless the Review Body can correct these deficiencies it (or we?) must go. I am extremely pessimistic about the future and believe that we shall never get our just rewards under the present system and that our morale and standards of practice will deteriorate until there is adequate payment per item of service—by the patient, who may claim refund of whole or part of the cost from Government or through insurance. This is our only hope of retaining (or regaining) the independence and status that our peers in the other professions have never lost.—I am, etc.,

R. W. CLARK

Felmersham, Bedford

SIR,—It is with amazement that I learn of the Review Body's decision that we are not entitled to an interim award, and that we shall only qualify for a "substantial increase" in our remuneration next April. By that time the economic plight of this country will be such that either some kind of "freeze" or "compelling reasons" will stand in the way of the promised "substantial pay rise"; or the Review Body itself—no doubt under pressure—will fail once more to equate the recommendations it will make in respect of our remuneration with the views it has so often expressed. If space were of no importance, chapter and verse could be quoted in support of this last statement, to the lasting shame of the Review Body.

Let general practitioners therefore prepare a plan of action in case deadlock is reached by 1 April 1975. Our first consideration will always be the welfare of our patients in any action we may take in respect of sanctions, etc. Indeed, this is why we shall never go on strike and the reason why a succession of governments and the Review Body have exploited our services so far. So, because of the very special circumstances relating to our profession and to the needs of our patients—much as I think we should resign from the N.H.S. and charge patients what may be a reasonable fee for our services—I would favour breaking the terms of our contract (as we once did when we refused to sign certificates of incapacity for work) and surcharge our patients for surgery attendances and for visits according to a scale of fees to be laid down by the General Medical Services Committee so as to bring our net remuneration to levels which it considers reasonable. Receipts should be given by doctors to patients to enable possible reimbursement to be made by the Government, though this would not be our concern. Thus financial hardship to patients would be cut to a minimum and I believe we would gain their support in our stand. The alterna-

tive to this is resignation from the N.H.S. and the charging of very much higher fees to patients, thus creating much greater hardship.

In addition, or possibly as an alternative, to the scheme I have just outlined the services covered by the payment of the supplementary basic practice allowance and of the supplementary capitation fee could be suspended nationally. In such a case all patients would then have to be attended to either privately or possibly under the scheme for emergency treatment between the hours of 7 p.m. and 8 a.m. and at weekends.

Above all, let us not make threats on which we are not prepared to take action.—I am, etc.,

L. PIERRE RIBET

Folkestone, Kent

SIR,—Words fail me. On the one hand the representatives of the junior hospital doctors meekly accept dubious promises of a 40-hour week with no guarantees of overtime remuneration, as from October 1975, thus backpedalling three months from their original demand, and secondly the General Medical Services Committee recognizes that the Secretary of State can give no cast-iron assurance that the Review Body award due in April will not be "phased or rejected." So now we are to submit undated resignations. How pathetic! The B.M.A. is supposed to be a trade union. Let us see it acting like one by protecting its members from any further exploitation *at once*.—I am, etc.,

JOHN P. LEWIN

Pilling,
Preston, Lancs

SIR,—The state of the profession is, as that of the nation, not good. Apart from the general economic problems there is no reliable unity among the various parts; our political policies are far from clear and are not well thought out; and the over-militant postures and over-emotional and crude leadership are not in keeping with the dignity of the profession.

The threat of resignation by general practitioners, the highly charged meetings being held all over the country to agree to sign undated notes of resignation, and the many letters suggesting a tough line give one the sensation of *déjà vu*. How many will really resign and withdraw in July if the threats are carried out? Do we this time really mean what we say or are the resignations to be any more meaningful pieces of paper than that brought back by Neville Chamberlain from Hitler nearly 40 years ago?

The Secretary of State has stated publicly that the Government will accept the Review Body's recommendations and that a "freeze" will not be imposed. Surely the situation is not so grave or so urgent that we cannot wait for a few weeks rather than take actions that are precipitate and potentially foolish.

The implications of resigning must be fully appreciated. Withdrawal from the N.H.S. in July may be forced upon us if our bluff is called. The Government may not help to pay private fees or agree to re-hire us through some agencies that may be dreamed up. Can we really expect our patients to pay £1-2 for 5-10-minute consultations? Are we ready to face the terrible confrontations that will result? If nothing else our

relations with our patients and the public will suffer.

My plea to all my colleagues in general practice is to pause, think, consider, calm down, decide not to act hastily, and postpone any action on signing undated resignations until after the Review Body has reported and the Government responded.—I am, etc.,

JOHN FRY

Beckenham, Kent

Constitution of C.C.H.M.S.

SIR,—One of the effects of the present dispute has been to stimulate interest in the mechanics of medical politics. People like myself who two years ago did not know the meaning of the initials C.C.H.M.S. now find themselves reading the proposed changes in the constitution of this committee with care and some puzzlement.

I see that in the proposed constitution of the Central Committee for Hospital Medical Services (28 December, p. 783) about half the members are elected from the regional committees and most of the rest are appointed by other bodies. Now the C.C.H.M.S. is the nearest thing that hospital doctors have to a parliament; as such I feel that it should be elected and that there should be hardly any appointed members, so that there would be greater chances for individual hospital doctors to influence the members.

It will be argued that in its proposed form the committee will have the benefit of the views of the special interest groups who appoint the non-elected members. I accept that this argument has some validity, but I suggest that such a structure is more appropriate to a committee having administrative duties—if, for example, the C.C.H.M.S. were responsible for running the hospital service. It is now the case that the C.C.H.M.S. is primarily concerned with the protection of the interests of those engaged in hospital and consultant practice and not in the administrative functions of the hospital service, and hence a completely elected membership seems more appropriate.

Again it can be argued that the non-elected members have no vote. This may or may not be important, depending on how often the C.C.H.M.S. takes its decisions on a show of hands. If, as is often the case, a formal vote is not invariable, then the non-elected members will retain much of their old power, for they will still retain their ability to influence discussion.

I do not argue that the views of the non-elected members have no value or should not be heard, but I do suggest that the price we pay is too great. By reducing the number of directly elected members we reduce the chances of any individual hospital doctor having convenient access to a member of the central committee. We reduce the accountability of the members of the committee to their electors (a representative of a learned college is there for his academic prowess, not his political opinion) and lastly, the central committee has a smaller chance of communicating its views to the electors. I consider that a free two-way dialogue between the central committee and the grass roots is of the first importance.—I am, etc.,

C. W. THOMSON

Gosforth,
Newcastle upon Tyne