

consistent with the provisions of the White Paper, *The Attack on Inflation*. A limit of £6 a week was imposed on increases for those whose earnings were below £8500, and the Review Body therefore recommended an increase of £312 a year. The increase should take the form of a separate supplement, which is pensionable.

### Whole-time salaries

#### MEDICAL OFFICER (SENIOR REGISTRAR)

Initially at least £4818 pa, rising by five annual increments to at least £6279 pa—plus £312 pay supplement pa at each level of scale.

#### MEDICAL OFFICER

Initially at least £5694 plus £312 pay supplement pa where the appointee is relatively inexperienced with a commensurately higher salary for a doctor of greater experience in occupational health or other medical employment, rising by six annual increments to at least £9111 pa—plus £312 pay supplement pa at each level up to the level of £8500 pa.

#### SENIOR MEDICAL OFFICER

Initially at least £7536 plus £312 pay supplement pa rising by four annual increments to at least £10689 pa—plus £312 pay supplement pa up to the level of £8500 pa.

#### CHIEF MEDICAL OFFICER OR DIRECTOR OF MEDICAL SERVICES

Starting salary at least £12 714 pa.

### Part-time salaries

Hours/sessions per week	Annual salary		Supplement
	Minimum £	Maximum £	£
0-1 hours	333	480	+ 7-80
1-2 hours	629	909	+ 15-60
1 session	888	1283	+ 27-30
2 sessions	1591	2298	+ 54-60
3 "	2294	3314	+ 81-90
4 "	2997	4329	+ 109-20
5 "	3700	5345	+ 136-50
6 "	4440	6414	+ 163-80
7 "	5180	7483	+ 191-10
8 "	5920	8552	+ 218-40*
9 "	6660	9621	+ 245-70*

\*Supplement not payable to those earning over £8500 pa.

## Association Notices

### ARM motions affecting policy or Association constitution or involving special expenditure

*The By-laws provide that motions for the Annual Representative Meeting which "(i) propose material alteration of or addition to the constitution or policy of the Association or (ii) involve special expenditure" require to be published in the BMJ four weeks before the ARM. The full agenda for the ARM in London from 15 to 17 July 1976 will be published in the Supplement of 26 June.*

The following motions, which if adopted, will materially affect the policy or constitution of the Association or involve special expenditure will be included in the 1976 Annual Representative Meeting Agenda. Four weeks' notice of these Motions is hereby given in accordance with the provisions of Article 44(2) and By-law 53(e).

DEREK STEVENSON  
*Secretary*

#### Remuneration

**Motion** by EAST SURREY: That this Representative Body advises that medically qualified preclinical teachers should be discouraged from taking posts where their medical qualifications are not recognised in their salary.

**Motion** by WANDSWORTH AND EAST MERTON: That remuneration for all doctors in the NHS should be upon adequate basic scales (for example, a capitation fee of £6 in general practice) in lieu of so many extra payments for items of service with consequent administrative expenditure delay and error.

**Motion** by EAST HERTFORDSHIRE: That this Meeting agrees with the Review Body in that it has strong reservations in principle about any pay system which relates the earnings of a salaried professional group directly to the number of their working hours.

**Motion** by WEST DORSET: That this Meeting supports the Review Body in its reservations on the principle of a standard working week and overtime payments.

#### Professional negotiators

**Motion** by SOUTH-EAST THAMES REGIONAL HJS COMMITTEE: That the

Meeting instructs the Association to engage and employ professional negotiators to conduct all further pay and salary negotiations between the Association and Her Majesty's Government.

#### Subscription

**Motion** by SOUTHERN (NI): That Members shall pay no subscription after 40 years' membership.

**Motion** by WAKEFIELD: That the BMA annual subscription rates be related to the number of years of registration with the General Medical Council and not to the number of years qualified as at present.

**Motion** by WORCESTER AND BROMSGROVE: That this Meeting considers that all lapsed members should be eligible for reinstatement without payment of arrears provided that their membership has not lapsed for a period of more than 12 months.

**Motion** by NEWCASTLE UPON TYNE: That this ARM recognises the urgent need to increase the membership of the Association, and recommends free membership for one year after qualification or registration as a way of attracting doctors into the Association.

#### Grants to divisions

**Motion** by LEWISHAM: That in view of the stringency of the British Medical Association's financial structure, payments to divisions for the necessary expenses should be restricted to 2% of the subscription fee.

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**GMC—Merrison Report**

**Motion** by CAMBRIDGESHIRE LMC: This ARM recommends that, if Government does not, by the end of the year, introduce the legislation necessary for reform of the constitution of the GMC, the withholding of fees for annual reregistration should be again recommended.

**Motion** by SOUTH MIDDLESEX: That this Meeting deplores the failure of the General Medical Council to agree to the implementation of its reconstitution as recommended in the Merrison Report, in advance of the other more complex recommendations of the report, and recommends BMA members to withhold their retention fee from a date to be decided by Council.

**Motion** by REDBRIDGE AND STRATFORD: That the profession refuses to accept indefinitely a continuing and increased annual registration fee while action on the recommendations for reforming the GMC is delayed.

**Motion** by NORTH DEVON: That this Meeting proposes that the proposed reconstituted General Medical Council should be elected on a regional basis.

**Motion** by BASINGSTOKE AND NORTH HANTS: That this Meeting urges Council to enforce its warnings to the Secretary of State about the implementation of the Merrison Report by recommending that registration fees should not be paid so long as action for reforming the GMC is delayed.

**Motion** by MANCHESTER: That this Representative Body deplores the fact as yet there has been no implementation of the recommendations of the Merrison Committee and resolves that, unless and until the GMC joins with the BMA in urging the Government to introduce legislation to implement the recommendations of the Merrison Committee, and in particular the revision of the constitution of the GMC, doctors be advised not to pay the proposed increase of the annual retention fee (which will be raised to £8 this year).

**Vocational training**

**Motion** by IPSWICH: That this Meeting reverses BMA policy and opposes mandatory vocational training for general practice or any other branch of medicine, preferring instead an indicative register of trained doctors.

**Motion** by BRISTOL: That this Representative Meeting regards all postgraduate training in all specialties as a matter for the profession and deplores the proposed introduction of statutory measures to enforce training as proposed for general practice.

**Motion** by SOUTH-WEST REGIONAL HJS COMMITTEE: That this Meeting regards the standards of postgraduate training in all specialties as a matter for the profession and deplores any introduction of statutory measures to regulate them as proposed for general practice.

**Motion** by SOUTH-EAST THAMES RCHMS: That this Meeting considers that vocational training schemes should not be implemented until suitable financial recognition for the consultants concerned has been negotiated.

**Abortion**

**Motion** by BARKING AND HAVERING: That abortion on demand should not be against official BMA policy.

**Amendments to constitution**

**Motion** by SOUTH TRENT REGIONAL HJS COMMITTEE: That the Hospital Junior Staffs Committee Executive Subcommittee (Minute 2k in HJS 80 1975-6) be implemented by amending the constitution of the Hospital Junior Staffs Committee to allow four representatives from the Trent Region, two from each division.

**Motion** by SOUTH WARWICKSHIRE: That the regional representatives of Council be elected by the respective region and not by the body as a whole.

**Motion** by PORTSMOUTH AND SE HANTS: That the members of the Council elected to represent doctors in the armed Forces should be elected annually at the first meeting of the Armed Forces Committee by voting members of that committee and that the Articles and By-laws be amended accordingly.

**Motion** by ST MARYLEBONE AND NE WESTMINSTER: That it is

essential that a drastic reduction in the size of the RB be devised as a matter of urgency, so that an RB can be constituted of such a size as can be accommodated in comfort in the Association's own house.

**Referendum**

**Motion** by NORTH WESTERN REGIONAL HJS COMMITTEE: That the BMA be instructed to carry out a referendum amongst clinical academic staff in the training grades to determine the best mode of representation on Terms and Conditions of Service.

**Ophthalmic medical services**

**Motion** by EXETER: That in future the work of ophthalmic medical practitioners should only be carried out on medical premises such as health centres, community hospitals, or GPs' own premises.

**HCSA**

**Motion** by PLYMOUTH: That the Representative Body insists that the HCSA be represented on the ultimate negotiating body in proportion to its membership or else the BMA must yield its negotiating rights.

**Private practice within NHS**

**Motion** by PLYMOUTH: That this Meeting deprecates the result of the recent consultants' ballot on the Goodman proposals and urges Council to reject these Goodman proposals as an unacceptable departure from the BMA's policy on private practice within the NHS as stated at the ARM.

**Hospital practitioner grade**

**Motion** by NORTH DEVON: That this Meeting deplores the proposed introduction of the hospital practitioner grade which would appear to be an example of open ended financing, non 24-hour commitment, inflexible, and very demoralising for the present position of medical assistants.

**Motion** by GRIMSBY: That the Meeting agrees that the hospital practitioner grade appointments should not be confined to full-time principals in general practice.

**Motion** by EAST YORKSHIRE: That a post in the hospital practitioner grade should be open to all doctors with the requisite experience and qualifications for that post.

**Motion** by CORNWALL: That the requirement that a doctor shall be a principal in general practice to be eligible for appointment to the hospital practitioner grade should be abandoned.

**Motion** by EXETER: That the hospital practitioner grade be negotiated for clinical assistants who are not principals in general practice but who otherwise fulfil the criteria.

**Motion** by BRISTOL: That when the hospital practitioner grade is implemented the payment and conditions of service for general practitioners in the grade and others doing the same work should be equal.

**Motion** by LINCOLN: That clinical assistants with suitable experience should not be debarred from holding a hospital practitioner post because they were not at the time principals in general practice.

**Motion** by BRADFORD AND AIRESDALE: That this Meeting considers the posts of hospital practitioner grade should be made available to all suitable qualified doctors.

**Effects of fatigue**

**Motion** by BARKING AND HAVERING: That the inquiry into the effects of fatigue on the work of junior hospital doctors should be extended to all sections of the medical profession with particular reference to their weekly work schedule.