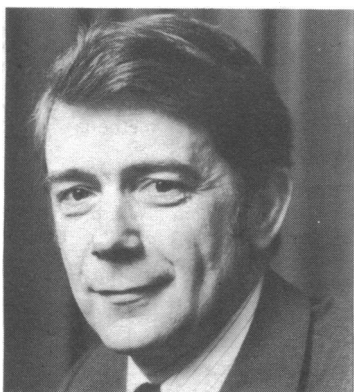


From the Council

Medical manpower report welcomed

The Council, which met on 30 May with Dr J C Cameron in the chair, spent a long time deciding how to deal with its manpower report (19 May, p 1365). Recalling how his working party on medical manpower, staffing, and training requirements had been set up, Dr Michael Wilson said that it had been given a broad remit. Though the members had met 12 times and worked hard it had not been possible to include the report in the Annual Report of Council. The working party had



Dr Michael Wilson, chairman of the Working Party on Manpower, Staffing, and Training Requirements.

decided to make staffing structure its priority and by laying down broad policy realised that further detailed discussion would be necessary. Dr Wilson drew attention to the first and last recommendations to set up a national body to monitor manpower and a BMA committee to collate the views of the different crafts in the Association and to advise the Council.

Because it was hazardous to make estimates and because there would be no effect on output until 1986 if medical school intake was altered now the working party had looked at what it could do in the short term. Regulations were suggested to control the number of overseas doctors coming into Britain. At present there were 1700 per year and the only requirement was to meet the educational requirements of the GMC. Doctors had to take decisions about their careers at a much earlier stage and the working party had recommended a greater emphasis on careers advice. The report, Dr Wilson told the Council, was a framework and not the ultimate solution; there was still a lot of work to be done.

A member of the working party, Dr Mary White, expressed her anxiety about the omissions in the report. She wanted the report considered as an interim one as only half the brief had been covered. After the ARM the working party should get on with the rest of the job. Another member, Mr J N Johnson, agreed that the report was not the final solution but denied that the report was an interim one, a view supported by Dr Wilson.

All the speakers were complimentary about the report but Mr J A Hicklin thought that it showed how mathematically impossible the job of forecasting manpower was. No one seemed to know, for instance, exactly how many consultants there were. The working party could produce data which anyone could use to support their contentions.

The Council discussed whether to receive the report, approve it, adopt the recommendations, and comment on them, or simply pass it on for the Representative Body to debate. Though there were motions on manpower on the agendas of all the craft committees they were not based on the working party's report. But if the report formed part of the supplementary report of Council, Dr Brian Lewis explained, items on it could be submitted for a supplementary ARM agenda. Some people thought that the Council should approve the recommendations which were not controversial, but Mr Johnson said that to do so would distort the package, which had been carefully constructed and might be unacceptable to some members of the working party. Pointing out that the report concerned the most important subject confronting the profession at present, Mr David Bolt suggested a special representative meeting to debate it. Dr John Ball pointed out that an SRM would be necessary to discuss the Royal Commission's forthcoming report and asked why the manpower report could not be debated at the same time. That would give the major committees time to decide their views on it.

The chairman of the GMSC, Dr R A Keable-Elliott, asked why the working party had recommended two committees to monitor manpower, a national one and a BMA one. He was supported by the treasurer, Dr J E Miller, who hoped the Council would not make a firm decision on a BMA manpower committee until the matter had been carefully researched. But defending the decision Dr Wilson explained that without a BMA com-

mittee the profession's representatives on the national body would not be able to represent Association policy.

Package deal

Mr A H Grabham, CCHMS chairman, argued that it would be dangerous for the Representative Body to adopt a policy on the report before it had been seen by the profession. The juniors welcomed the report but its recommendations would only be achieved by persuading consultants to change their attitudes. He wanted the CCHMS and the regional committees to debate the report and the periphery to be educated to see it as a package deal.

Would the Central Manpower Committee be disbanded if the two committees were set up, the treasurer asked. The CMC, Mr Grabham replied, was funded largely by the DHSS and dealt only with the hospital service; it would continue, though probably modified. As only the recommendation for a BMA committee could be implemented by the BMA, Dr R B L Ridge suggested that the report should be adopted and recommended to the ARM as a basis for starting discussions with the Government.

Dr David Wardle proposed the following amendment to the working party's recommendation that the report should be approved by the Council and forwarded to the RB with such comments and recommendations as the Council sees fit: "That the document, entitled *Report of a Working Party on Medical Manpower, Staffing, and Training Requirements*, be warmly welcomed by the Council, which, conscious of the necessity to obtain the views of the other appropriate bodies within the Association before final approval, forwards it to the ARM with the recommendations that the report be returned to the Council for urgent action once these views have been obtained."

Briefly . . .

- The Council approved the promotion of Dr John Dawson to under secretary from 1 August and the appointment to the staff of Dr Frank Wells as under secretary on 1 October. It was also reported that the Finance and General Purposes Committee had promoted two lay assistant secretaries—Mr Michael Lowe and Mr Ronald Woods—to under secretary status from 1 August.

- The Council was also told that an office working party was preparing a report on staffing structure within the Association and that the Chairman of the Representative Body had been invited to examine staffing structure and staff representative machinery.

- In view of the forthcoming publication of

the report of the Royal Commission on the NHS the Council approved the following membership of the Royal Commission Evidence Working Party: the four chief officers, Dr W Keith Davidson, Mr D E Bolt, Dr G D Duncan, Dr J S Horner, Mr J N Johnson, Dr Mary White, Dr W B Whowell, Dr M A Wilson, with power to co-opt.

- The BMA will be scrutinising the Government's plans to computerise all children's records before the scheme is allowed to continue. The Child Health Computing Committee has agreed to provide the BMA with the system specification. For 18 months the BMA has been urging the CHCC to modify its proposals so that essential ethical standards regarding confidentiality could be guaranteed.

But Dr Tony Mander was unhappy with this proposal: he thought the least the Council could do was support the report; it had not discussed it, made any recommendations, or even approved it. If it was referred back to the Council there would be another motion of censure on the Council for not acting swiftly enough. Dr P O'Connor also wanted the Council to take a decision. It had been looking at manpower for three years. Council members had to get off the fence because doctors were already unemployed and one in every two registrars had no chance of a permanent career post in the NHS.

On being put to the vote Dr Wardle's amendment, seconded by Dr Jane Richards, was passed by 25 votes to 20.

Dr Joan Sutherland and Dr W Keith Davidson (Scottish Council chairman) wanted the Council to do more than just receive the report. Without giving blanket approval the Council should say what its views were and they proposed as a rider: "The Council recommends to the ARM that the report of the working party be received and welcomed and that recommendations A and M [two committees on manpower monitoring] be approved and implemented and that further consideration in consultation with those involved on the other recommendations be immediately instituted."

Dr C J Wells, a member of the Royal Commission on the NHS, reminded the Council that there would shortly be another report coming out which would have something to say about manpower. He hoped that the Council could positively support some of the recommendations in the working party's report. Dr Mander opposed the rider, maintaining that it would detract from the rest of

the report. He was very disappointed that nothing had been debated. Dr Keable-Elliott agreed. If the Council told the RB that it had not had time to debate the report there would be trouble.

But Dr W L Whitehouse vehemently pointed out that the report was a discussion document and said so, and the Council should agree that it went forward for discussion.

The rider was lost.

Private Patients Plan

In 1977 the Representative Body had agreed that alternative private health care insurance schemes could be made available to BMA members. In accordance with this recommendation the Private Practice Committee had been discussing a scheme for BMA members with the Western Provident Association to be launched at the ARM. The Private Patients Plan, which had a special scheme for doctors, had always been aware of these discussions but had now placed on record its dismay at the proposals for the new WPA scheme. It had set out the special benefits which it believed the BMA derived from its relationship with PPP and put forward several offers, including a scheme exclusive to BMA members. The chairman of the Private Practice Committee, Dr H Fidler, said that though the discussions with WPA were nearly finalised he thought the new offers from PPP should be considered. The treasurer, Dr J E Miller, hoped that the Council would ask that the WPA scheme should be held up for the time being. But Dr G E Crawford said that the Council had been given an instruction from the RB to investigate alternative schemes and it had been placed on the special relationship between the BMA and PPP. PPP did not understand the extent of the negotiations with WPA and did not think they had been kept in the picture. He pointed out that PPP had assumed responsibility for 16 chronically ill BMA Plan subscribers at an annual cost of £100 000. Dr Brian Lewis thought that there was room for two schemes, but the Council agreed to postpone the launching of the WPA scheme while the fresh offers from PPP were considered.

Review Body

The Council expressed its dismay at the failure of the Government to publish the Review Body report and decided to ask the Secretary of State to establish an agreed date of publication of future reports. It believed that they should be published within a given time after 1 April whether or not the Government was ready to announce its decision. The ninth report of the Review Body was published on 5 June (see p 1577).

Patient-doctor associations

The chairman of the Central Ethical Committee, Dr M J G Thomas, told the Council that his committee had agreed the following preliminary guidelines for patient-doctor associations as a basis for discussion.

(i) FORMATION OF ASSOCIATION

That when a doctor-patient association is

BMA Secretary

The BMA Council will hold a special meeting in Liverpool on 24 June to appoint a new secretary to take office at the end of the year. The Council was told that there were five applicants and it was agreed that the Finance and General Purposes Committee should interview short-listed candidates and submit its recommendations to the Council. As there is no junior doctor on the committee the chairman of the HJSC, Mr J N Johnson, will be co-opted. The chairman of Council agreed to see the chairman of any standing committee who wished to discuss the appointment with him.

proposed the following methods of advising patients could be used:

(a) a poster to be placed in the surgery stating that any patient interested should complete a membership form for return to the practice secretary;

or

(b) a sealed letter to be sent to each patient in the practice, addressed by one of the principals or a member of the practice staff. Personal or door-to-door delivery to patients of letters advising of the formation of the PDA should not be undertaken by any other person.

(ii) MEETINGS OF ASSOCIATION

Meetings, either full or of sub-groups, must be restricted to members of the association.

(iii) STATEMENTS AND ADVERTISING BY ASSOCIATION

Any written statement issued by the PDA, including those to the press, could be construed as advertising by the doctors of the practice. The lay members of the association must be made fully aware of the fact that posters in public places, press advertisements, and reports on meetings or issues by the PDA, or distribution of newsletters to non-members, could place the practice doctors in a situation where a complaint could be made against them on the grounds of advertising.

(iv) SELF-HELP GROUPS FORMED BY THE ASSOCIATION

Where self-help groups are formed only those patients who ask to join should be introduced to such a group.

(v) TRANSPORT OF PATIENTS AND COLLECTION OF PRESCRIPTIONS

Where the PDA wishes to aid patients in respect of transport and the collection of prescriptions, these services should only be supplied to patients who request them.



Mr John Randall, the BMA's pensions adviser, will leave the Association's service at the end of this session. Eighteen months ago he "retired" as assistant secretary in the BMA Scottish Office but agreed to stay on as its pensions adviser and has, in fact, continued to work full time. Mr Randall joined the BMA in 1932 at 15s a week and serviced the Compensation and Superannuation Committee as it then was from 1950 to 1964. He then moved to Scotland subsequently taking over the Superannuation Committee again in 1974. So he has had nearly 30 years' experience of advising doctors on NHS superannuation, and the chairman of the Superannuation Committee, Dr B L Alexander, paid a tribute in the Council meeting to Mr Randall's hard work and loyalty. Mr Randall's advice will still be available to the BMA in a consultant capacity.