

ments would have to be imposed on U.K. nationals as well as E.E.C. migrants, to avoid discriminating against the latter.

(41.4) The Council notes with regret that general practice has not been recognized as a specialty under the terms of the directives (because no two member states at present

consider it in law to be a specialty) but is glad to learn that the Standing Committee of Doctors of the E.E.C. has urged the European Commission to refer the question of general practice to the Advisory Committee on Medical Training as soon as it is appointed.

(41.5) When the time comes for experts of the practising profession to be nominated by H.M. Government to the Council of Ministers for appointment to the Advisory Committee on Medical Training, the Council of the Association has asked to be fully consulted by the Government.

## Consultants' Dispute

### Mr. Grabham's Statement to Council

**In the Council meeting on 4 June Mr. A. H. Grabham, Chairman of the Negotiating Subcommittee of the Central Committee for Hospital Medical Services, made a statement about the consultant contract discussions and consultant representation. His comments are published here.**

The issue before consultants fell into two parts, declared Mr. Grabham. Firstly, there was the "deal" that had been concluded at the all night discussion on 16/17 April with the Secretary of State; secondly there was the relationship between fellow consultants in the B.M.A. and the H.C.S.A.

Describing the progress made at the meeting with Mrs. Castle as "quite miraculous" he said that what had been achieved had been clearly set out in the *B.M.J.* of 26 April (p. 202). In the light of the Secretary of State's letters, a special meeting of the C.C.H.M.S. had passed by 35 votes to 2 votes a resolution that formal negotiations should be resumed without prejudice and that any sanctions being imposed should be lifted. Mr. Grabham confirmed that at no stage during the all night meeting, either implicitly or otherwise, was any deal done with regard to the Review Body or the implementation of the Review Body's Fifth Report.

It was proposed to establish several small joint working groups with the Health Departments to consider the outstanding items on the "shopping list" of improvements to the present contract, he continued. Those groups would consider family planning; administration and additional voluntary sessions; recall fees; cars and telephones; and distinction awards and career service supplements. The Negotiating Subcommittee had also formed groups to consider the advantages and disadvantages of an item-of-service contract, the problems facing the medical assistant grade, and Categories I and II services. "At the moment I am as happy with the situation as I was at that all night meeting," added Mr. Grabham. "We have had the implementation of a good Review Body award, and I feel we shall make real progress which will please the people I represent during the next few months." For the foreseeable future, he added, negotiations would be centred on improving the present contract.

#### Rift with H.C.S.A.

The matter that had given rise to concern was the rift which had widened in the last two months between the C.C.H.M.S. and consultant colleagues in the H.C.S.A. "During some six months we had been working side by side getting along reasonably well," he continued. "The split began at the meeting of the C.C.H.M.S. on 13 March when we received the second rejection by the Prime Minister of our request for intervention. Several courses of action were open to us. The H.C.S.A. Executive had met already and was to announce its decision that they thought it would be necessary to increase pressure in order to make progress. The C.C.H.M.S. considered the alternatives and took a different line: that we should have one last try at approaching the Secretary of State to tell her we thought an agreement was possible. We said that if that fails we would consider judicial arbitration.

"On that day the paths of the B.M.A. and the H.C.S.A. began to diverge. We sought the meeting with the Secretary of State which led to the agreement I have outlined. It was not in any way a series of secret meetings. The details and our rate of progress were communicated to the President of the H.C.S.A. by Dr. Astley, Chairman of the C.C.H.M.S. Dr. Astley said that this was a B.M.A. exercise in the first place. We did not say at any stage subsequently that if negotiations were resumed the H.C.S.A. could not be represented.

"Immediately after the C.C.H.M.S. took its decision to advise the lifting of sanctions, the H.C.S.A. reaffirmed their previous position and said they wanted to get tougher. The fact that the H.C.S.A. have said this clearly justifies the decision of the C.C.H.M.S. not to take the H.C.S.A. with us. We have reached an agreement with the Government, which I have outlined and which will improve our contract immeasurably; it will be broadly acceptable to the vast majority of consultants. The H.C.S.A. have stated that the agreement is not acceptable to them in any way. So the split would have taken place anyway.

"The first task of the C.C.H.M.S. is to get on with the negotiations and to secure the improvements, but I do acknowledge that many of our colleagues in the periphery do not know all the arguments, yet see differences of this sort between members of the profession. How do we reconcile this?"

#### WHO WILL ULTIMATELY NEGOTIATE?

"The battle is over who will ultimately negotiate with the Government. Do you have one negotiating committee which comes from one central body negotiating on behalf of hospital doctors, or do you have at the negotiating table two, three, or four bodies, who will try and represent hospital doctors? I believe that such a joint negotiating panel would be inefficient. If the H.C.S.A. hope to persuade my colleagues that we should accept the concept of a joint negotiating panel, they will fail.

"That is not necessarily the end of the line. There is a suggestion the C.C.H.M.S. made a year ago that in some fashion the H.C.S.A. should come into the C.C.H.M.S. and bring their expertise and knowledge into that body, and from that body a new negotiating panel will be formed. During all the acrimony which has flowed during the last month or so talks between officials from the two organizations have taken place, and the possibility of a new unified C.C.H.M.S. has been examined. If the H.C.S.A. were able to look again at their attitude towards membership of a single, central body, I think possibly we could reach agreement with them. If, however, they want to go on with their previous policy of having a so-called 'joint negotiating team,' I fear we shall have to go on trying to produce the goods ourselves. I feel sure that the profession as a whole will see the advantage of having a single negotiating body within this House."

The Chairman of Council reported at the end of Mr. Grabham's statement that when the C.C.H.M.S. representatives had been invited by the Secretary of State to hear from her on the pay beds issue they had pointed out that they intended to bring the President of the H.C.S.A. with them: that had been done.