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Two decisions for Cardiff

Is the Review Body a valuable protection for the profession's interests? Or is it merely the velvet glove on the Treasury's iron-fisted parsimony? Since 1962, when the Review Body was set up, the profession's views on it have varied with the value of its awards. But on balance the system has helped rather than hindered doctors in their financial dealings with a state monopoly employer. This year there is once again a sharp division of opinion between junior doctors and the rest of the profession on the Review Body's future. The juniors' representatives want to withdraw from the system and negotiate direct with the Government on pay.¹ The consultants, general practitioners, and community physicians value the Review Body and want to keep it. The Representative Body next week will be listening to the arguments and making up its mind.

Let us hope that the ARM at Cardiff hears all the arguments. At the BMA's Hospital Junior Staff Conference the case in favour of the Review Body was rather faintly heard, though Dr D T Roberts, the juniors' chief negotiator, sounded a cautionary note. No one seemed clear about what form of direct negotiations would supplant the present system. Would it be direct negotiation between the BMA's Hospital Junior Staff Committee and the DHSS? Might the Government press for a negotiating panel of various junior organisations? Or perhaps the juniors would be invited to activate the moribund hospital doctors' committee in the Whitley machinery. Furthermore, what would be the effect of the juniors' unilateral withdrawal on other branches of the profession who preferred the status quo? Nurses have directly bargained for years, but have doctors forgotten that the best award to nurses in recent years was the "one off" independent review by Lord Halsbury?² Why did a leading public sector trade unionist recently fly the kite of an independent review board for all public sector workers? Was he disillusioned with direct bargaining? Have union bargainers in the public sector done that much better under pay policy than doctors?

Most of the doctors' recent pay troubles have been the result of successive pay policies. In this respect, what the Review Body should have done before 1978—though this year it has rectified the omission handsomely—was to make public its view of doctors' worth and left the Government to cut the award to fit

the pay policy. And one final question for the supporters of direct bargaining: will doctors be prepared again to take industrial action to support a pay claim? The juniors' conference may have been farsighted in judging that the Review Body has served its purpose and that changing times require new methods. But before the Representative Body votes on the future of the independent Review system it should seek the answers to these questions. It might also ponder on the following statement from the Top Review Body's latest report, published last week. "We have to record our unanimous view that it will be difficult for any system of independent review to operate effectively in the 'top salaries' field. In this context, we observe that, for more than thirty years, no real alternative has been found. Independent judgment from some form of independent body, informed both by evidence and by relevant experience among its members, appears to be the best safeguard both of proper rewards for the four groups within our terms of reference and of the public interest."³

The issue of the Review Body affects the whole profession, so the BMA has a crucial co-ordinating task in ensuring a democratic decision that is in the interests of all NHS doctors. The reconstituted Representative Body has already shown its capabilities on this score.⁴ This year at Cardiff the BMA's policy-making body will make several far-reaching decisions affecting the whole profession—on confidentiality, clinical judgment and the Ombudsman, and doctors' authority in the NHS. But one item will be particularly important to BMA members: how to reshape the Association's peripheral structure. The debate will centre on the Clark working party's report on the functions and priorities of the Association.⁵

The report makes some valuable observations, not least in warning of the dangers of burgeoning bureaucracy at BMA House as a result of a proliferating committee structure and a "wasteful and inefficient" committee procedure. Indeed, for too many "average members" the BMA is a distant mini-bureaucracy in London. If the Association is to flourish active membership should be seen to have advantages denied to the non-member doctor in terms of expert professional and medico-political advice and participation in policy making. To do this the association must refurbish its local structure to fit the age of unionism—while retaining its professional activities and influence—and provide every member with a positive accessible BMA identity. Few doctors will dispute the principle behind the Clark working party's conclusions—namely, the appointment of more trained staff to work for BMA members at local level. Arguments will flourish, however, about how best to do this, including how to co-ordinate the needs of salaried doctors with those of GPs—independent contractors who in law are excluded from some aspects of union recognition.

Reports so far on the recently appointed provincial medical secretaries suggest that the scheme is welcomed. Any expansion of their role, with support by an even more comprehensive local network of "contact persons" and full-time "trade union" staff would mean the Association having to find substantial funds. There are three possibilities: the BMA could provide some money to introduce changes everywhere gradually; it could take one "pilot" region and provide the money necessary to set up a whole new peripheral structure; or it could take a daring gamble, use some of its substantial capital assets, and invest heavily in rejuvenating the BMA locally. If the Representative Body chose the last option it might prove to be one of the best investments the Association has ever made.

¹ *British Medical Journal*, 1978, **2**, 66.

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