Chaos caused by maternity leave regulations

SIR,—Doctors, like other NHS employees, are potentially eligible for both Whitley Council maternity leave and Employment Protection Act maternity leave. The conditions which have to be fulfilled for entitlement are different for the two sets of provisions. This means that some employees are eligible for both types of leave, some for Whitley Council, some for EPA provisions, and some for none. Routine intervention by "expert" advisers should not be necessary to interpret maternity regulations, but it is necessary at the moment. To avoid this the Medical Women's Federation proposes that the Whitley Council regulations be amended, as a matter of urgency, so that they do not conflict with EPA provisions.

The Whitley Council provisions which are more generous than the EPA ones should remain. These are: (1) the shorter period of service of one year to qualify an employee for paid maternity leave and (2) the larger sum of maternity pay. It would be possible for a portion of maternity pay still to be withheld unless and until the employee had completed three months' service after maternity leave without conflict with EPA provisions being produced.

Those Whitley Council provisions which are more restrictive than those of EPA should be changed. (*a*) In future it should be possible for employees to commence maternity leave at any time between the 11th week before delivery and the expected date of delivery. The requirement for a doctor's certificate stating fitness to continue work after the 11th week before delivery might be considered necessary. (*b*) Employees are at present eligible for Whitley Council maternity leave only if they give a written undertaking beforehand that they will return to *a* post in the NHS afterwards. Difficulties may arise because the employee may not know in advance whether or not she will return to NHS employment. Also the clause insisting on return to work is not enforceable. Of course the employee would be required to state in advance whether or not she would return to the particular job she occupied.

If the Whitley Council regulations are amended in the way outlined above there will be very few NHS employees entitled to EPA maternity leave provisions who are not also entitled to Whitley Council maternity leave. The present chaotic situation in which neither doctors nor nursing or lay administrators can understand the options available must not be allowed to continue any longer.

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Withdrawal by HJSC from the Review Body

SIR,—Drs M E Denyer and S O Fradd comment (4 November, p 1302) that the Hospital Junior Staff Committee's decision to withdraw from the Review Body was badly communicated to junior staff in their hospitals. In case other junior doctors feel similarly, perhaps I may use your columns to put the matter right.

The decision to withdraw from the Review Body and to seek to negotiate directly on pay in the Joint Negotiating Committee was taken by both the HJS Conference and the HJSC. The resolutions were passed by very large majorities and it seemed to me that they resulted from a deeply held conviction of junior doctors in all parts of the country that the Review Body system was no longer appropriate in 1978.

There are three main causes for discontent with the Review Body system. The first is that the Review Body has failed to keep to its remit of making recommendations on "levels and spread of remuneration." Instead it has made it clear that it does not approve of the work-related type of contract negotiated by the HJSC and Department of Health and Social Security. For three years the Review Body refused to acknowledge that the basic salary related to a 40-hour week, thus allowing the pricing at quite inadequate levels of the A and B units of medical time (UMTs).

Secondly, the Review Body has refused to price properly the quantum of medical work (in the case of junior doctors this is a 4-hour UMT), preferring instead to work backwards from a global sum, representing the total salary bill for junior doctors in a given year. A and B units were originally priced at 30% and 10% of the standard rate because it was calculated that these figures would not result in an increase in the total pay bill at the time of a rigid pay policy. Yet in the 1978 Report of the Review Body, when up-to-date salary rates were recommended (to be implemented by 1980) irrespective of pay policy, A and B units remained curiously at the original rates of 30% and 10%. Ominously the Review Body has indicated (para 27) that it intends to apply the same principle to the new consultant contract and that, instead of concentrating on the basic task of pricing the notional half day (NHD) at a fair and reasonable level, it is more concerned that the present global pay bill for consultants is simply redistributed to ensure that no overall increase takes place.

Thirdly, in April 1978, contrary to the expressed wishes of the entire profession, the Review Body awarded junior hospital staff an average pay increase of only 7% (and as little as 4·4% in some cases) in spite of the fact that salaries had fallen behind 1975 levels by 25% and that even Government guidelines permitted an award of 10%.

The financial provisions of the 1978 Report, including the phasing-in of the up-to-date rates by 1980, have been accepted by both the HJSC and Government and the HJSC does not intend to withdraw from this agreement. Nevertheless, in the future pay negotiations must take place directly with Government within the forum of the Joint Negotiating Committee.

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Consultants' superannuation

SIR,—Though the letter from Dr K W Beetham headed "An Irish look at the present consultant contract" (4 November, p 1303) may be apocryphal, nevertheless it does raise the point as to why psychiatrists, who are not actually the most overworked of the specialists, should still be entitled to count one year as two years from the age of 55 towards their superannuation whereas all other consultants have to purchase added years if they so wish.

I would have thought that the time had arrived when all consultants should be treated alike in this respect and that the practice of counting two years for one from the age of 55 could be extended to all consultants as a seniority award or dropped altogether. The injustice of the situation is very analogous to that of some years ago when consultants were expected to do the first eight domiciliary visits for nothing. Perhaps the Review Body should be considering this point.

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***The Secretary writes: "The doubling of service referred to above applies to 'mental health officers' after 20 years' mental health officer service. Each complete year after 20 years count as two years for NHS pension purposes. Doubling is not restricted to years of service over age 55; in fact many mental health officers are able to retire on a 40/80ths pension at age 55. Neither is that term applied only to psychiatrists or even to all psychiatrists. A mental health officer is a whole-time member of the staff of a hospital for the treatment of persons suffering from mental disorders who is employed for the whole, or almost the whole, of his or her time in the treatment or care of such persons; this definition covers many hospital staff other than medical staff. The term mental health officer also includes a maximum part-time specialist employed solely in the treatment of the mentally disordered."—ED, *BMJ*.

Honorary registrar posts in the NHS

SIR,—In your issue of 11 November (p 1374) Mr T McFarlane draws attention to the resolution of the Hospital Junior Staff Committee of the BMA (21 October, p 1173) that "honorary NHS posts at registrar and senior registrar level must be brought within the remit of the Central Manpower Committee so that effective control can be established over the number and content of such posts." He then went on to comment, "It is wrong that NHS-trained doctors in competition with those from an academic background for an NHS post may find that the clinical experience provided by the preceding NHS and academic posts are equated when the clinical component of the latter may have been minimal."

The resolution of the HJSC and Mr McFarlane's letter draw attention to difficult and important problems, a proper consideration of which would require more space and a more formal forum than that provided by the correspondence columns of your journal. None the less, the implications of Mr McFarlane's letter are so sweeping that they cannot be allowed to pass without comment.

Mr McFarlane is right in emphasising that appointment committees should not confuse clinical with research experience, but the very specific requirements of the Joint Committees on Higher Training and the composition of appointment committees, particularly for consultant posts, surely make it unlikely that this will occur to any significant extent. Furthermore, it must be emphasised (*a*) that many appointments in academic departments with an honorary senior registrar appointment are recognised by specialist advisory committees as suitable clinical posts for higher medical or surgical training and (*b*) that most SACs recommend that one year of specialist training

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