

SUPPLEMENT

*The Week**A personal view of current medicopolitical events*

During the year I fill much of *The Week* with national events. But week in, week out, the BMA helps members at local level, work that may be overshadowed by national negotiations but is much appreciated by the individual member. So to see for myself what happens in "the sticks" (and don't write to me about the spelling, because it *is* accurate) I spent some time recently with the BMA's provincial medical secretary for the West Midlands and Trent, a post Dr Ian McKim Thompson combines with work for the BMA's HJS Committee. It was, I believe, a fairly typical week, though unfortunately I couldn't spend seven days with him, for like medicine his work occupies many unsocial hours and around 30 000 miles a year.

I joined Ian in Liverpool for a regional Whitley Council appeal he was conducting for a junior doctor, at the start of a 400-mile-three-day trip which took in Buxton, Chesterfield, Mansfield, Manchester, and Sheffield. He hasn't lost one of the 30 or so regional Whitley appeals that he has conducted for BMA members. The latest one did not spoil his track record: a surgical registrar had claimed milage—disputed by the authority—for travelling from home to hospital during a six-months period when he was rotating between two hospitals at which he had to provide cover. I won't bore you with the small print details: what matters is that the registrar won and was £250 better off.

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On to Buxton, where, at the Devonshire Royal Hospital, three of the four resident junior doctors were waiting: one medical registrar (from North India) and two senior house officers in rheumatology (from Iraq and South India). These juniors were pleased to meet Dr Thompson, their first direct contact with the BMA, though one was a temporary member. This group had come to England to study for higher degrees before returning home and seemed happy with their contracts—a 1 in 3 rota with 13 A UMTs. But one of the four residents would be leaving shortly and the others feared a time lag before the health authority replaced him. That would mean a 1 in 2 rota, and for months the registrar had already tried to take study leave without success. Even though there was no formal postgraduate training at the hospital, their consultants were helpful and the doctors were confident that their time there would be valuable. Ian Thompson promised to see the authority. One problem was loneliness: they usually cooked the food they liked in their flats and they hadn't met any of the local doctors socially. Isn't it possible for local divisions to invite such doctors to a meeting or two? Such action would help them settle in a strange environment and would surely lead to some signing on as members.

Ian Thompson's appointments diary overflows, so there's little time between engagements for anything except travelling, which makes a comfortable, reliable car anything but a luxury. Skipping lunch, we shot off to Chesterfield to meet some administrators. There had been reports that some juniors had not been given the standard nationally agreed contract. We met the district administrator and his colleague the personnel officer. As readers will know, the district employs house officers and SHOs, whereas registrars' contracts are with the AHA. That, it turned out, was where the discrepancies over the contracts had arisen. So after an amicable exchange both sides

seemed satisfied. The Chesterfield district now knows the BMA and vice versa—a useful contact for the future, for how much easier it is to head off potential trouble by an informal telephone call than to unravel a crisis through formal correspondence and confrontations. The personnel officer hoped that junior doctors could be encouraged to bring their problems to the administrators instead of bottling them up. He understood that some juniors feared that their seniors might be difficult if they complained but my impression was that any problem would receive sympathetic attention from Chesterfield's administrators.

The BMA's junior staff handbook was highly praised as being far more informative than anything emanating from the DHSS, and Ian Thompson agreed to send them copies of the forthcoming revised edition. The BMA had been invited to take part in the district joint staff consultative machinery (JSCC)—"We shall be happy to see them," the PO said. One of the administrators wanted to know more about the BMA's proposed shop stewards, which he called "an earth-shattering decision."

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I heard more about progress on POWARs—place-of-work accredited representatives—later in the day from the Dukeries Division secretary, Dr D N M Burns. He has 14 hospitals in his patch and so far had managed to persuade two people to act as POWARs. Though a busy GP, he's an enthusiastic JSCC attender. His division had combined with the Mansfield Medical Society for the evening, and after excellent hospitality at the home of the divisional chairman, Dr C J White, we joined the audience of 50 for a clinical talk (and film) from Professor W Waugh, professor of orthopaedic surgery at Nottingham University. After the medicine Dr Thompson was asked to say a few words. His audience was impressed by his report of the 2500 odd increase in BMA membership over the year. Since February, he said, there had been a 4% increase in GP principal members; over 10% increase in consultant members; and 15% increase in junior staff. It's quite erroneous, he declared, that consultants were leaving the BMA in droves.

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Ian Thompson spends two or three days a week "on the road." As I left him he was returning north to a meeting of provincial medical secretaries in Manchester, after which he headed east to talk to a group of Sheffield medical students. I returned to London impressed and exhausted by his energy.

I have long thought that the BMA's strength will really grow when doctors can turn to it and identify with the Association locally. The short time I spent trying to keep pace with Ian Thompson reinforced my conviction. Though in any one week he and his other out-of-Town colleagues may not be able to meet physically many of their parishioners (though they see a good few) each contact has a ripple effect. The word gets around that the BMA's around. That is why the ARM's decision to invest money (over £150 000 in 1979) in strengthening the peripheral services could turn out to be one of the BMA's shrewdest investments since it bought Lutyen's temple in Bloomsbury.

SCRUTATOR