alter at relapse in childhood ALL.[32] The present classification of leukaemias and lymphomas must be extremely crude, and the advances in our knowledge that are likely to come will make some revision inevitable.

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Consultant contract improvements

Last week the CCHMS unanimously approved the improvements in consultants' contracts which its leaders had negotiated with the new Government.[1] No doubt, to most of the consultants discussing the DHSS's draft circular at the meeting (see p 949) such an outcome would have seemed improbable in the aftermath of the Review Body's disappointing pricing[2] of the revised work-sensitive contract.[3] That contract had been agreed with the previous Government only after tough and protracted negotiations. But, refusing to retreat after this medicopolitical reverse, Mr A H Grabham and Mr D E Bolt, then the chairman of the CCHMS and its Negotiating Subcommittee, returned to impress on the new Secretary of State the importance of acting to boost consultants' low morale. As well as persuading Mr Patrick Jenkin to make a joint approach with the BMA to the Review Body to obtain redistribution to consultants' basic incomes of the £8m earmarked for the now rejected emergency recall fees,[4] they secured worthwhile improvements to the existing contract. Indeed, the new package may have greater appeal than the rejected contract to those doctors with reservations about the possible effect of the latter on their professional status.

What are the principal changes in the latest package? Firstly, consultants holding a maximum part-time contract will be paid 10/11 instead of 9/11 of the whole time salary, with no change in their existing NHS commitments. Secondly, in future full-time consultants may do some private practice—with a limit in these earnings of 10% of their gross whole-time salary, including any distinction award. Finally, the opportunity to take the nine-session part-time contract (paid at the same rate as for the present maximum part-time contract) is to be offered for those consultants preferring a more defined NHS commitment. In that case a consultant's obligation to give substantially the whole of his time to the NHS and to give it priority at all times—described in the option agreements of 1955 and 1961—would not apply. In addition to these major changes a full-time consultant will in exceptional circumstances be able to do one paid (non-superannuable) extra session—for example, during the prolonged unexpected absence of a colleague or when a sudden increase in overall work load occurs. Two other useful changes are improved openings for consultants wishing to do less than nine sessions and top-of-the-scale starting salaries for posts that are hard to fill. Finally, the DHSS has accepted BMA proposals for reforming the distinction award system. The profession hopes that the changes will start on 1 January 1980.

The latest agreement has been criticised by some consultants. In particular, the NHS Consultants Association—which, Mr Bolt told his committee, has a membership of around 150—is worried that the Review Body will take into account the whole-timer's 10% private earnings when assessing consultants' pay. The result, the association claims, would be a relative 10% cut for those not doing private practice—and some have no opportunity or, indeed, the wish to do any. Judged by his recent letter to senior hospital staff,[5] however, the new CCHMS chairman is confident that this will not happen. The HCSA, in an unusually low-key criticism, asks why the CCHMS negotiators did not go further towards obtaining a properly priced notional half day, equal work for equal pay, and complete freedom for consultants to do what they wished with their free time. The answer is that the negotiators went for an attainable objective. The arrival of a Secretary of State keen to improve consultants' morale offered a fleeting political opening that had to be exploited quickly. Indeed, to seal his side of the bargain in an NHS that is battling with cash limits Mr Jenkin may well have had a rougher passage with his Cabinet colleagues than with the profession's representatives. The extra money needed (up to £3 million is the informed estimate) will not come from consultants' present global pay—Mr Jenkin has promised joint BMA/DHSS evidence to the Review Body on that point—though it will have to come within cash limits.

Having heard its regional representatives' views, the CCHMS was right in accepting the deal so promptly without a delaying ballot. As well as providing some welcome extra money for consultants, in future their contracts will more realistically reflect their NHS commitments. In his September letter[1] to the negotiators Mr Jenkin concluded "... I should like to stress the importance which my ministerial colleagues and I attach to improving the morale of consultants.... It is fundamental that we should restore the professional spirit which the events of recent years have done so much to shake." This deal is a first step towards both objectives.

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