Letter from the Secretary

Heartening change in doctors' attitudes

BMA Secretary, Dr John Havard

One of the most enjoyable aspects of my first year in office as Secretary has been the meetings I have had with doctors throughout the UK. At more than a score of local meetings, mostly of BMA divisions, I have been greatly heartened at the change that has occurred in the attitude of doctors towards the Association. This change is, in my view, a result of the important developments within the BMA over the past two years or so: there have been improvements in the Association's regional services, with the appointment of provincial medical secretaries, industrial relations officers, and place-of-work accredited representatives; the evolution of specialist departments at headquarters; the reorganisation of the secretariat in London to improve the servicing of our negotiating teams; and the introduction of unit budgeting. All this has, I believe, been largely responsible for the 6000 new members recruited by the BMA in 1980 and, of equal importance, for a substantial reduction in the number of members who resign or let their membership lapse by not paying their subscriptions.

While my primary responsibility is to members I find my regular dialogue with non-members, who appear to be attending our meetings in increasing numbers, a useful exercise in mutual education. Often they complain about aspects of the BMA or its policies that have long since ceased to exist—for example, the myth that the BMA is a GP organisation. Such critics seem not to have noticed that three of our four chief officers are hospital consultants. Though such complaints stir my strongly developed sense of history, I am concerned at the extent to which they seem to be unaware of the changes and progress that have occurred in our Association. Some sins, I know, can never be forgiven. Indeed, my own general practitioner father never forgave the BMA for the fact that Smith Whittaker (one of my illustrious predecessors in office) had accepted from Lloyd George the post of deputy commissioner in his new National Insurance Scheme (that the BMA had so bitterly opposed). However, I must confess to being surprised at the morbid preoccupation with the past that seems to possess so many non-members.

Surely it would be more profitable for the profession to concentrate instead on the future and, what is most important of all, on the immediate future. My firm impression—shared by my senior colleagues who have attended dozens of meetings all over the country in 1980—is that, as yet, the profession has little grasp of the extent of the changes in administration that will follow the reorganisation of the NHS. When *Patients First* was published, with its emphasis on the important part to be played by those who come into contact with patients, we all applauded the Government's intention that, in future, important decisions would be taken at district level and that doctors would have a greatly increased influence on those decisions. It seems that the doctors have been so stunned by the sheer weight of administrative circulars that have descended from on high since the 1974 reorganisation that they are unable to appreciate fully the fact that these are about to stop—indeed, the flow has already greatly slackened—and that the new districts will be left to get on with the job of running the Health Service with a high degree of autonomy.

The new medical advisory machinery at district level will shortly be discussed by the profession on the basis of the CMO's working party report recently published in the *BMJ* (17 January, p 239). One thing is clear: the new structure will be very different from the cumbersome and largely ineffective machinery set up under the 1974 reorganisation. The exercise of so much autonomy at district level is bound to raise questions about the way in which the profession's view can be effectively represented on a wide range of issues. Of one thing we may be sure, the TUC-affiliated Health Service unions will take every opportunity to promote their own policies, many of which are doctrinaire, contrary to the interests of the medical profession, and, it must be said, sometimes contrary to the interests of good patient care. Those unions are well organised, efficient, and experienced at getting their views across.

Importance of the division

The BMA is the only body able to protect the interests of all branches of the profession at district level, and, given the autonomous powers of the new authorities, it is essential not to allow the profession's case to go by default. This challenge to our local divisions comes at a time when they have suffered a series of blows to their authority and prestige. Since 1948 much of their activity has been taken over by the postgraduate centres. More recently the increasing activity of the local craft autonomous committees has further reduced the scope of the BMA divisions' responsibilities. Nevertheless, the division remains as the framework on which the local representation of the whole profession must be built. Fortunately, our divisions need no longer be regarded as part of an amateur organisation, for they now have the support of the BMA's greatly strengthened regional services. Provincial medical secretaries, industrial relations officers, and regional officers, all of whom have been undergoing a concentrated training programme in the past 12 months, have been joined by more than 500 place-of-work representatives (whose training is also under way), together with health and safety at work and Joint Staff Consultative Committee representatives.

The Representative Body and the Council of the Association —with a shrewd eye to the future—have approved a heavy investment in the BMA's regional services, as well as in new central specialist departments such as law, economics, superannuation, and communications. These improvements mean, however, that we must reappraise priorities in the allocation of resources within the Association. The cost and value of the central committee structure should be measured against the demand and effectiveness of personal services to members. While the cost of servicing the central policy-making and negotiating bodies of the Association is daunting, one of the BMA's most impressive achievements is the way in which, unlike most foreign medical associations, we have kept the different crafts together within one body. This has been achieved only through developing a fully representative committee structure.

But a reasonable balance must be struck between democracy and efficiency. In my last letter I risked unpopularity by pointing out that the growth of the BMA's committee activity—a labour-intensive pastime—had surpassed all reasonable limits.

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During 1980 the Association's staff serviced more than 200 central and national committees, subcommittees, and working parties, which met on more than 600 occasions, with agenda, minutes, and other documentation having to be prepared and sent out for each meeting. This year the cost of such work will be even greater, with increases in staff salaries, postal charges, and travel and subsistence costs. The endless cries for more representation and cross-representation on central committees from crafts and from grades within crafts—as well as from Scotland, Wales, and Northern Ireland, which already have their own mirror images of our central committees—place an immense burden not only on staff but on committee members, too. This will reach critical proportions this year, when we have to find new economies to balance our budget in a period of savage recession. No doctor can fail to have noticed the dramatic fall in the flow of documents from the DHSS in the past 10 months. Regrettably, the same cannot be said of the BMA. We must urgently find a way to reduce our ever-increasing committee activity, while at the same time satisfying the reasonable demands of democratic representation and ensuring that doctors know what is happening and what the BMA is doing for them.

More than anything else the public reputation of the profession (to which doctors attach so much importance) depends on our professional and scientific activities. These activities serve to distinguish us as a union from those industrial unions in the Health Service that are preoccupied not just with the interests of their own members, which is understandable, but also with doctrinaire political activities. Throughout 1980 the views of the BMA on matters of topical importance such as euthanasia, alcohol, smoking, brain death, seat belts, cosmetic surgery, confidentiality, and a host of other issues, have been prominently displayed in the press, radio, and television. Our staff have to work very hard to put our views—based on policies laid down by the Representative Body—effectively across to the public, politicians, and the Government. The BMA's Parliamentary lobbying is the envy of other organisations. Not only does much effort go into promoting legislation but much hard work is also needed to prevent or amend proposed legislation that is contrary to the interests of doctors and our patients. Doctors rarely hear about our behind-the-scenes successes in these circumstances. Only our failures are publicised—an experience not unfamiliar to those working in preventive medicine.

I like to believe that most doctors belong to the BMA because they believe that it provides the best safeguard of their professional and economic interests. Last year saw the near restoration of the incomes of doctors to levels enjoyed by comparable professions, after several years in which our standard of living had unjustifiably been allowed to fall. The sheer size of the increases which were necessary to restore the profession's position has lulled many doctors into a sense of false security. Unfair cuts in NHS doctors' incomes have happened before. These could happen again but at least the BMA is now better placed than ever before to safeguard the profession's economic and professional interests.

The past 12 months have also seen a continuing and worrying increase in the extent to which various facets of medical practice have been subjected to public scrutiny and criticism, much of it misguided and unjustified. We must expect this trend to continue and to increase in intensity: debunking experts is a fashionable pastime. I believe that a vital task in the years ahead will be to justify those ethical and professional aspects of medical practice that are so poorly understood by the public. Our policies must evolve to accommodate medical advances and social change and the ethical dilemmas these will inevitably throw up. Fortunately, the Association has a fine record of public health achievement behind it and our present policies can be seen clearly to be in the interests of the community to a far greater extent than can be said of most other professions. Notwithstanding the attempts of politicians and pressure groups to discredit doctors, our standing with the public remains high, as shown by recent opinion polls. The main reason is that the man (and his family) on that traditional Clapham omnibus prefer to judge doctors on their own experiences as patients. Even so, we must be alert to the determined attempts to give the Health Service Ombudsman jurisdiction over issues of clinical judgment and claims that confidential records should be disclosed. These are but two pointers to a turbulent future.

Finally, let me debunk the myth that the BMA is "that out-of-touch bunch at Tavistock Square." I have been impressed by the respect that other professional organisations and the Government have for the Association. The BMA's committees and its staff work very hard to represent your interests. But this "insurance" is incomplete unless you all take an active interest in the profession's welfare. Only then can we be sure that *your* BMA is truly representative and strong enough to safeguard *your* future.

Scott Report supports index-linked pensions

The continued inflation proofing of pensions for public-sector employees, among whom are all NHS staff, has been supported by a committee of inquiry set up by the Government in May 1980. The report from the committee, which was chaired by Sir Bernard Scott, deputy chairman of Lloyd's Bank, was presented to Parliament by the Prime Minister on 5 February (Cmnd 8147, HMSO, £3·90). The committee urges that private pensions should also be inflation proofed, perhaps by means of index-linked gilt-edged stock. The statutory index linking of state employees' pensions was introduced in 1974 by Mr Edward Heath's Government; in 1980 State sector pensions cost £3230m, with £1300m of that sum being used for past and present increases in pensions.

The inquiry had been asked to consider and advise on the value of index-linked pensions and job security, so that appropriate account could be taken of these factors in determining pay and other conditions of service in the public sector. When she set up the inquiry the Prime Minister said that it would be for "the Government and other public-sector authorities to decide, in the light of the advice given, whether and what changes in the present arrangements would be desirable. Any such changes would, of course, have to be considered by the managements and unions and staff associations concerned."

Suggestions that public-sector employees pay too little for their inflation-proofed pensions were rejected by Sir Bernard and his four committee colleagues, who nevertheless said that the feeling of injustice so widely held in the private sector must be recognised. They accepted that the present contributions by civil servants were reasonable at 8%, though at the lower end of a reasonable option range of between seven and 13·5% of pensionable pay. The committee judged that government and public concern about index-linked pensions in the public sector had more to do with the high rate of inflation than with defects in the system. "If the battle to contain inflation is successful then the present considerable inequalities between pensions will diminish to more reasonable proportions." The committee drew attention to the "highly desirable social objective" that the standard of living of those in retirement should be protected, an objective, it observed, well recognised in countries like France and West Germany, where the benefits enjoyed by pensioners are superior to those of the United Kingdom.

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