#### HJSC chairman meets Minister for Health

The chairman of the Hospital Junior Staff Committee, Dr Michael Rees, has assured the Minister for Health, Mr Kenneth Clarke, that with the reduction in working hours for junior hospital doctors there would be no undermining of any service to patients. Important units, such as renal dialysis units, would still be able to offer a continuous service. After the meeting Dr Rees said, "In fact, with the new plan for abolishing continuous work by some junior staff, doctors on duty will be more rested and better capable of doing their job.

There should be no question of small units in rural areas failing to be properly manned."

Other subjects discussed at the meeting—and which will be raised at future meetings over the next few months—included career structure, time expired senior registrars, the need for part time jobs and training, future plans for job sharing, and the need for agreed minimum standards of accommodation for those junior doctors who were required to be resident in hospital.

### Increased prescription charges from 1 April

From 1 April the cost of an individual prescription will go up from £1·30 to £1·40. In a parliamentary written answer on 28 January the Secretary of State for Social Services, Mr Norman Fowler, said, "The new charge is the minimum needed to take account of the increase in the cost of the pharmaceutical services. The annual and four monthly rates for prepayment certificates will rise pro-

portionately from £20 and £7 to £21.50 and £7.50 respectively at the same time."

Over 300 million prescriptions are issued each year. Under the exemption arrangements 69% are dispensed free. About 6% are dispensed to holders of prepayment certificates, which are used by people who require a great deal of medicine but who are not entitled to exemption.

#### Boxing injuries: BMA calls for evidence

The BMA's board of science and education is calling for written evidence by the end of February on the medical effects of boxing. The 1982 annual representative meeting resolved "That, in view of the proven ocular and brain damage resulting from professional boxing, the association should campaign for its abolition." A working party was set up "to consider the medical effects of boxing and make recommendations in relation to the

annual representative meeting's resolution."

The working party will look at comparisons with injuries caused by other sports such as horse riding, canoeing, rugby, hang gliding, and squash. The chairman is Professor James Payne, and the board has asked a neurologist, an ophthalmic surgeon, a neurosurgeon, and a neuropathologist to provide specialist knowledge.

#### Resource allocations 1983-4

Last week we announced the increased allocation of £100 million for the hospital and community services in England in 1983-4 (p 414). The detailed figures are given here. They are provisional pending approval of the DHSS's estimates for 1983-4 and they follow the for-

Revenue cash limits 1983-4

Regional health authority	Revenue cash limits excluding joint finance (£m)	Develop- ment addition (£m)	% Growth
Northern	551.546	6.463	1.20
Yorkshire	617-655	9.623	1.60
Trent	746-218	16.901	2.40
East Anglian	312.021	8.702	2.90
North West Thames	659 806	1.945	0.30
North East Thames	831.815	2.504	0.30
South East Thames	725.479	2.466	0.35
South West Thames	554.693	1.926	0.35
Wessex	<b>44</b> 2·178	8.995	2.10
Oxford	351.984	4.947	1.45
South Western	538-263	8.603	1.65
West Midlands	854.036	10.901	1.30
Mersey	455-953	4.873	1.10
North Western	762-556	9.200	1.25
Total	8404-203	98.049	1.20

mula laid down by the Resource Allocation Working Party, based on relative health care needs of different regions. The census figures for 1981 have been used for the first time. Of the £100 million, around £40 million is intended to come from efficiency savings by health authorities. The DHSS has given details to health authorities in circular HC(83)4.

Capital allocations 1983-4 (at cash prices)

	-	•
Regional health authority	RAWP*	Total (£m)
Northern	34.380	38.604
Yorkshire	45.260	48.460
Trent	47.590	54.795
East Anglian	19.060	20.037
North West Thames	31.610	36.693
North East Thames	36.520	41.803
South East Thames	34.910	39.332
South West Thames	28.810	34.358
Wessex	43.480	47.298
Oxford	21.730	23.143
South Western	40.200	43.281
West Midlands	66.190	71.067
Mersey	24.610	27.830
North Western	66 650	75.019

<sup>\*</sup>Resource Allocation Working Party allocations.

# Prince Charles to attend HJSC



HRH The Prince of Wales has accepted an invitation to attend the next meeting of the Hospital Junior Staff Committee. Prince Charles will be at the meeting, on Tuesday 15 March, for about an hour and will stay and talk to committee members at tea.

## Effects of university cuts

#### BMA issues questionnaire

The Medical Academic Staff Committee of the BMA has issued a questionnaire to determine the effects of the reduced funding by the University Grants Committee on clinical academic staff. The questionnaire has gone to medical academic staff representatives in medical and dental faculties for completion and return by 7 February.

Last year the Medical Academic Staff Committee and the Central Committee for University Dental Teachers and Research Workers set up a monitoring body to monitor "the effects on education, research, and patient care of university cuts," and the questionnaire is the new group's first initiative. It is designed to complement, not duplicate, the considerable data that have already been collected, and the results will be published in a form that will not enable respondents to be identified.

The BMA hopes that the questionnaire will identify research projects that have been abandoned or curtailed as a direct result of reduced funding; whether staff have had to spend more time raising funds for research; and whether research time has been reduced because of increased administration, increased NHS clinical duties, or staff shortages. The questionnaire also covers the area of patient care that suffers when clinical academic staff, who spend a large part of their time looking after patients in NHS teaching hospitals, are not replaced. There is a higher turnover in medical schools than other faculties so that "freezing" of posts hits medical posts more quickly than other faculties. There are questions about changes in departmental staffing structure, on recruitment, on technical, administrative, and other services, and on communication between university departments on staffing structure.