

SUPPLEMENT

The Week

A personal view of current medicopolitical events

An eventful week of medicopolitical activity—meetings of the council (p 1590), the CCHMS (to be reported next week), and the CCCM (p 1596)—faded backstage when on 9 May the Prime Minister announced the biggest event in the national political calendar. Margaret Thatcher's decision to hold the general election on 9 June means the end (at least for the time being) of the unloved Police and Criminal Evidence and Data Protection Bills and the loss of legislation to set up independent family practitioner committees, will overshadow the doctors' pay review (about which an announcement may well be imminent), will preempt the politically sensitive debate on the medical effects of nuclear war at the BMA's annual meeting, and will defer for some months any useful discussion on the increasingly urgent matters of medical manpower while (presumably) new ministers prepare for their voyages of medicopolitical discovery. Meanwhile, the NHS and in particular its relations with the private sector will be vigorously kicked around the political hustings.

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As the *BMJ* goes to press I have no advance news on doctors' pay rises. I can, however, tell you of another report on pay in the NHS which if this government loses office might well attract the close attention of its successor. The National Association of Health Authorities has just published its conclusions on pay determination in the NHS, holding a press conference on 5 May to tell all. I was unable to get there myself but Jon Ford, head of the BMA's economic research unit and a veteran of many review body campaigns, went along. Here is what he told me:

"The proposed pay determination system is based heavily on the Megaw concept of constrained collective bargaining. [Sir John Megaw chaired the inquiry into Civil Service pay set up after the prolonged dispute between Civil Service unions and the government in 1981.] Thus while recognising that cash limits are a fact of life, the National Association of Health Authorities wholly rejects the concept of a single figure being placed before negotiators, preferring to see negotiations proceed within given priorities and parameters. These would be agreed with the government by an NHS pay council and negotiations within them would take place within the Whitley councils. The association seemed to have four basic points to make:

"(1) That employing authorities who were legally liable to remain within cash limits and who had to take on board the funding of nationally negotiated pay and terms and conditions of service had no input into the negotiating process. (2) It was unsatisfactory for terms and conditions of service to be dealt with separately from pay, as is currently the case with the doctors' and dentists' review body, and prospectively so for the nurses' review body. (3) The principal determinant of the negotiating range should be comparability. (4) The need for a formal and built in arbitration system was vital and the lack of this was a prime factor in the length of the recent industrial

dispute since arbitration is, in such circumstances, seen by one side or the other as a concession in itself.

"I got the impression that the biggest objection to the nurses' review body was not its divisiveness but rather the fact that half of the work force would remain in a pay determination system in which the employing authorities would play no part. Furthermore, there would be no arbitration, a facility on which the National Association of Health Authorities has set great store. At the press conference Lady McCarthy, who chaired the group that prepared the report, rejected the argument that doctors, dentists, and nurses shared a common factor—namely, lack of suitable outside comparators on which to base a comparability study. She agreed that whole job comparisons were inappropriate for these groups but saw no reason to rule out the use of factor analysis. I would hesitate to comment on the profession's reaction to its workload being divided into factors in order to draw comparisons with others, but it does militate against the entire concept of professional remuneration. No attempt had been made to draw doctors into this proposed system, not because it was inappropriate (a case could be made out for the inclusion of salaried doctors) but rather because the National Association of Health Authorities lived with the facts of life and recognised the 'unique unchallenged position of doctors' and also that it wanted a system *acceptable* to participants."

Jon Ford also made the point that arbitration, along with direct negotiation, had been rejected by the royal commission when the doctors' and dentists' review body had been set up in the 1960s on the grounds that no government could be bound by it on constitutional grounds. If this was so for some 80 000 public servants, how could it be any less so for one million?

Commenting on the report's assumption that pay differentials between professional and non-professional staff is a major cause of unrest, John Havard, secretary of the BMA, pointed out that patients "are ignored as a result of the report's preoccupation with management procedures and industrial relations" . . . and that the authors did not appear to have appreciated that "it is in the best interests of patient care that staff whose professional standards inhibit them from taking industrial action should be dealt with separately." The BMA, he declares, sees no merit in a review body for all NHS staff.

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Cynics say that the step from pay to ethics comes easily in professional circles. I would not care to comment on that but I can confidently say that the council's debates on ethics on 4 May were conducted unsullied by any implications of remuneration. That said, the discussions did not, I am sorry to tell you, show the council at its best. Indeed, confusion on in vitro fertilisation was such that at one point I was certain that members had amended themselves back to the wording they had started with. Anyway, enough said, the outcome is published in the supplementary annual report of council (p 1593).

SCRUTATOR