

scale will not reduce the amounts paid to the profession as a whole. To prevent payments falling below the amounts due to doctors in 1984-5 the Doctors' and Dentists' Review Body has been asked to redistribute the amount offset by the discount scale across all fees and allowances paid to all doctors.

"Over the course of the next few weeks we shall be discussing with the profession and other interested parties the mechanisms necessary to introduce the discount scale and other consequential changes to the remuneration arrangements for dispensing which it has been agreed with the profession's representatives are desirable.

"One such change is the abolition of the option by which dispensing doctors may choose to be reimbursed on a capitation fee basis. The government and the profession are agreed that this option has outlived its usefulness. Because neither the capitation fee payable in respect of each dispensing patient nor the limit below which capitation fee dispensing doctors have themselves to fund the cost of the drugs they dispense have been raised for many years, the bulk of the cost of drugs dispensed by these 250 doctors is now reimbursed under the drug tariff arrangements. The introduction of a discount scale would lead to some unfairness in the treatment of the two types of dispensing doctor. In the circumstances, we have proposed, and the profession has accepted, that the option to be paid a capitation fee for dispensing should be withdrawn and all payments should be under the drug tariff arrangements from 1 July 1984."

## Questionnaire on unemployment among junior doctors: replies wanted

The BMA sent questionnaires seeking information on the unemployment experience of hospital junior doctors to a sample of such doctors in early April. A substantial number of doctors have yet to return completed questionnaires. The BMA emphasises the importance of obtaining a good response so that an accurate picture can be built up of what seems to be a worsening problem. Any junior doctor who has received a copy of the questionnaire is urged to return it as soon as possible to the BMA in the prepaid envelope provided.

## BMA Scottish offices

The Scottish council has decided to investigate alternative accommodation for the BMA's offices in Edinburgh and Glasgow. The BMA Scottish Office—6 and 7 Drumsheugh Gardens in Edinburgh—is too large for present requirements and urgent plumbing and electrical repairs could cost up to £30 000. The regional office in Glasgow also needs considerable renovation and is more expensive to run than the average regional office in other parts of the United Kingdom. Several speakers at the meeting of the council on 18 May spoke forcibly on the need to retain a suitable focus for BMA activities in Glasgow for doctors in the west of Scotland. 9 Lynedoch Crescent has always been a hive of activity for BMA committee

and functions and is also used by the Glasgow Local Medical Committee and by the British Dental Association.

After a long debate the council passed the following recommendations:

"(1) That the headquarters in Edinburgh, 6 and 7 Drumsheugh Gardens, be sold. No steps should be taken to finalise any agreement in relation to the sale of the Edinburgh office until Scottish council is in complete agreement that the new or refurbished premises to be purchased to replace the present office meet their requirements. These requirements will be decided by Scottish council when they are in possession of plans and other relevant information necessary for them to reach such a decision.

"(2) That Glasgow regional office be retained in its present form unless and until suitable alternative accommodation approved by the Scottish council can be obtained."

## Medical student representation

At its recent meeting the BMA council agreed to support a proposal from the associate members group committee that the group should be seen as the representative body for all medical students in the country. It will be necessary to obtain the agreement of the Department of Education and Science and the DHSS for the recognition of the group committee. The council was told that the committee did not envisage that this would mean any greater activity than takes place at present. The committee is already heavily committed in the campaign to improve student grants, the BMA's Hospital Junior Staffs Committee is willing and able to negotiate on behalf of associates regarding terms and conditions of service for students employed as assistants, and the individual benefits of associate membership are all being actively reviewed by the BMA.

The committee plans to produce an annual report and a newsletter twice a year, both to be distributed through the medical schools.

## Children in care report

The report of the House of Commons social services select committee on children in care was published last month. The BMA had given written and oral evidence to the committee and at its recent meeting (12 May, p 1468) the council was pleased to learn that most of the recommendations from the association had been incorporated in the report. In the section on medical care the committee had recommended:

A named medical adviser to be generally responsible for the oversight of the physical and mental health of children in care.

A review of medical examinations of children in care.

A code of medical practice for children in care.

The respective rights and duties of children, parents, foster parents, local authorities, and doctors in respect of medical treatment of children in care should be the subject of unambiguous guidance from the department.

The report has been referred to the General

Medical Services Committee, the Central Committee for Hospital Medical Services, and the Central Committee for Community Medicine and Community Health for comment.

## BMA film competition

In the 1983 BMA film competition 67 films were submitted. Entries came from Canada, Denmark, France, Germany, Sweden, and the United States as well as the United Kingdom. The competition is organised by the BMA's board of science and education and in 1985 video material will be accepted. The president of the BMA, Dr Ronald Robertson, presented three gold, eight silver, and seven bronze awards at the award ceremony on 2 May. The three gold medals went to "Drinking Sensibly," made by British Films for the Director General Medical Services (RAF), and sponsored by the Assistant Directorate of Training Film Requirements (RAF); "The Right Way to Take a Tablet," made by Spektrum Film A/S for Dr H Hey and sponsored by Leo Pharmaceutical Products; and "The Wheezy Child," made by Dragon Medical and Scientific Communications Ltd for Professor S Godfrey, and sponsored by Allen and Hanburys Ltd.

## Regional secure unit network

The sixth permanent regional secure unit was opened recently at St Andrew's Hospital, Thorpe, Norwich. The Norvic Clinic, which cost £1.7m, has 36 places. Nearly 500 places are expected to be completed in secure units by the end of 1984 and nearly 600 by the end of 1986. The network of regional secure units is being established to fill the gap between the maximum security service provided by the overcrowded special hospitals and the NHS hospitals.

## Increased fees

Fees payable to the Health and Safety Executive for medical examinations carried out by the executive's employment medical advisers have been increased with effect from 17 May 1984. These fees are regulated by the Health and Safety (Fees for Medical Examinations) Regulations 1984, available from Her Majesty's Stationery Office. BMA members may obtain details of the new fees from regional offices in the form of a replacement page for the fees guide section of the *Members' Handbook* by quoting their current membership number and the reference "Fees 14."

## Correction

**Current issues in administration: a more centralised bureaucracy?**

In the article in the series "Perspectives in NHS Management" published on 28 April (p 1317) the author's name should have been spelt D K Nichol and not Nicol. We apologise for this error.