graduates for whom the examinations are a useful index of attainment. If this view of their value is incorrect then, as time goes on, there will be no demand for the continuation of the diplomas but we do not think it likely that the new (and necessary) level of fees will of itself act as a deterrent to candidates.—I am, etc.,

THOMAS HUNT,
Chairman, Committee of Management,
Examining Board in England
London W.C.1

Medical Matters in Hospital Management

SIR,—I agree with much of what Mr. R. D. Rowlands (22 July, p. 238) says, but I must completely differ from his suggestion that "the elected chairman of the medical staff should be a full member of the board or committee of management."

Whether there should be any medical staff members on the governing body is a moot point—personally, I think not, but I do feel most strongly that the elected chairman of the medical staff should be in non-voting attendance at all meetings of that body and should be the sole officially recognized voice by which the recommendations of the medical staff are conveyed to management.

Where a small number of the medical staff are members of the governing body, these members are often subject to divided loyalties—as members of the management body (which they are) and as representatives of medical opinion (which they are not—at least constitutionally).

The function of the chairman of the medical staff (executive committee or Group medical advisory committee) is surely to represent to the management body the considered, debated, and resolved opinion of the medical staff, and I would suggest that this mechanism ensures a far more powerful representation than any other method. By the same token the management body can refer questions for the medical staff to the elected chairman, who will then take them to the medical committee for consideration, which is a far safer and more democratic way of doing things than by the medical members of the management body giving spontaneous opinions as to what the medical staff might think on any question which arises during the proceedings of the management body.—I am, etc.,

BRIAN D. JOHNSON
Leicester General Hospital,
Leicester

New Consultant Contract

SIR,—Most people will support the B.M.A. in its effort to ensure that consultants contracts are with regional, not local bodies.

However, with the suggested 10-session contract the B.M.A. is on much less certain ground. This is a device for increasing the pay of consultants with 9-session contracts, but whole-timers would be paid for one session less. It is wrong to assume that many whole-timers want private practice; the vast majority specifically do not. So this contract would be unfair to them. And where would all the private practice be found?

In other respects also the new proposals are not at all "simple," as they say. The suggested 10-session contract would entail consultants spending much time making itemized claims for extra pay and would lead to an expensive bureaucracy to deal with them. The paying authority would probably require some system of certification of claims to avoid fraud and this would lead to some form of "clocking in" arrangements that professional people would prefer to avoid.

Within limits consultants who are tolerably well paid should be prepared for some extra work at times, including emergencies. The difficulties that arise in some parts of the country through inadequate staffing and work overload could be met by other and better means, such as differential pay structures for all doctors.

I believe the proposed 10-session contract would be detrimental to many consultants, and to the profession. I doubt if there is great support for it. At my own hospital hardly any of the 60-odd consultants, or of the junior doctors, are in favour of it. Because of the way the B.M.A. is structured as an organization I believe it has not been appraised of the real opinions of the majority of consultants. This suggested change needs much more thought.—I am, etc.,

NELSON COGHILL
London W.5

*** The Secretary comments as follows: "There are three types of consultant contract: wholetime contracts (these do not mention 11 sessions); part-time contracts (up to nine sessions) under which the consultant contracts to undertake the corresponding number of notional half-days; and maximum part-time contracts.

"Under the latter, even though the consultant can be expected to work for the N.H.S. as if on a full-time contract, he is paid only 9/11ths of the wholetimers' pay, foregoing 2/11ths for the privilege of being allowed to do private practice. The terms of service require hospital boards in the case of part-time contracts to make a general assessment of the duties done so as to determine the number of sessions which should be included. Many boards calculate the number of hours involved and divide by 3½. Thus if a wholetime consultant is now working 11 notional half-days, under the new contract proposed he would be paid 110% of his existing salary and not less than he is receiving at present. It could be more as many duties which cannot be included in the present assessment would be taken into account in the new contract, for instance, on call responsibilities, teaching, and administration. In principle there should be no more "clocking in" than there is at present, but excessive claims for additional items of remuneration might be questioned in practice, as they may be at present. The B.M.A. sent out 16,000 copies of the contract proposals to hospital doctors earlier this year, and these have been discussed widely in regional and group hospital committees. The response was favourable and the proposals were overwhelmingly endorsed by the National Conference of Hospital Medical Staffs (*Supplement*, 22 July, p. 60)."—ED., *B.M.J.*

SIR,—Many consultants still seem to be blissfully unaware of what the Negotiating Subcommittee of the Central Committee for Hospital Medical Services has in store for them (*Supplement*, 15 July, p. 39). I think that when they find out, they will not be amused. It is sad that so few read the *Supplement* or attend meetings.

The negotiators allege that the only way they can extract more money from the Review Body is to pursue that retrogressive manoeuvre of trade unionism—shorter hours and overtime pay. This is nonsense. Extra-duty payments and the degradations implicit in them, the clock-watching, the form-filling, the spying, the suspicion, and wrangling over claims will reduce a great profession to nit-picking irresponsibility and servitude. And overtime pay will do nothing to abate the workload or increase the job satisfaction for consultants at present struggling in inadequate hospitals and with inadequate supporting staff; all it will do is to let our masters off the hook of responsibility. Our present negotiators should stop vying with the Department of Health and Social Security in self-congratulatory hyperbole about the N.H.S., and stop their unholy collusion with the Department leading to the concealment of some appalling deficiencies.

Negotiators should tell the Review Body that consultants require pay commensurate with their responsibility for a job in which the clock has a low priority, and in which only the highest standards of patient care are acceptable. In the event of failure to persuade the Review Body to restore the differential between senior and junior staff, or to persuade the Department to act in the matter of inadequate staffing, the profession should be prepared to apply effective sanctions, yet not detrimental to patients.—I am, etc.,

J. W. PAULLEY
Ipswich

SIR,—At the A.R.M. at Southampton there was a discussion on the future of whales but none on the future of consultants. Incredible but true. Repeated attempts to secure a debate on the controversial proposals for a new contract (*Supplement*, 15 July, p. 39) were unsuccessful.

Many consultants are uncertain and unhappy about some or all of the proposed changes. What differences will the suggested 10-session contract make to the hourly ordering of their working day? Who is going to sign their extra duty claim form? Some wholetime consultants think they will be forced to indulge in private practice, whether they want to or not. Other wholetimers would like to know what tax concessions they might get from private practice—there is little point in telling them the tax disadvantages of full-time work. Many fear a loss in total earnings.

The advocates of the proposed 35-hour week contract must do more than set out a few principles. They must explain the advantages for all types of consultant, whether working in laboratories, teaching or regional hospitals. They must answer the questions and fears expressed in the preceding paragraph. Finally, in a matter so fundamental as a change in contract, they must allow adequate time for a full debate on and appraisal of these proposals and for a mature judgement to be passed on them.—I am, etc.,

JAMES KYLE
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