

From the BMA

Liability for defective services

The BMA's executive committee of council is to look at the implications for doctors of a draft proposal for a directive on responsibility for defective services. The pledge was given by the chairman of council, Dr J Lee-Potter, who along with the treasurer, Dr J A Riddell, the chairman of the representative body, Dr A W Macara (present as a representative of the Committee for Public Health Medicine and Community Health), and the BMA secretary, Dr I T Field, was present at the European communities committee last month.

The former chairman, Dr A J Rowe, explained that the European Commission seemed to have taken the directive for liability for defective products and substituted the word services. There were, however, few medical services that did not carry some risk. The commission didn't recognise this and seemed to be disregarding the health professionals.

The commission has said that the preliminary draft proposal provides for member states to exclude health care from the application of the directive, subject to their establishing a compensation fund for the victims of health care based on no fault liability on the part of the providers of care.

The United Kingdom does not have a no fault compensation system, but the chairman of the BMA's working group on the subject, Mr D E Bolt, was reported as believing that if the directive was adopted the government might be more willing to consider such a scheme as a lesser evil.

Survey will show underfunding of medical schools

University vice chancellors have told the government that extra funding is needed to cope with the increase in student numbers. The money is needed to hire and pay top quality staff, repair and upgrade existing buildings and equipment, and provide new buildings and equipment and books for the extra students.

Meanwhile it was reported to the Medical Academic Staff Committee last month that medical school deans have collated information about funding medical education. The chairman, Dr Colin Smith, believed that the survey would show evidence of serious underfunding, which could not be resolved simply by not filling staff vacancies. The committee has decided to discuss the problem

of underfunding with the Committee of Vice Chancellors and Principals.

The MASC is asking undergraduate deans to complete a detailed questionnaire to compare staffing levels in preclinical levels on 1 October 1990 with the levels in 1985. The committee wants information about recruitment and retention problems. There are many anecdotal reports about the decline in the numbers of medically qualified pre-clinical staff. It is the committee's policy that the preclinical and clinical parts of the undergraduate course should be integrated as far as possible; if a proportion of preclinical staff was medically qualified integration would be facilitated.

Moves to recruit preclinical students

The BMA's policy is to recruit positively and offer membership benefits to preclinical students, but the association's medical students group committee is frustrated at the lack of progress that has been made. A recruitment working party, chaired by Dr A W Macara, chairman of the representative body, has made several positive proposals. But the democratic wheels turn slowly, so it will be January before the BMA council receives a report. The working party wants a regular newsletter, more representatives at the Junior Members Forum and the annual representative meeting, and more money for regional offices to finance promotional and other activities. Another idea is to include pre-clinical students on regional committees so that they can learn the ropes of medicopolitics.

Routine chest x ray examinations should be discontinued

Routine initial and periodic chest x ray examinations of applicants for NHS posts and of existing staff should be discontinued. The BMA's occupational health committee believes that routine examinations can no longer be justified. It has based its advice on reports by the British Thoracic Society and the National Radiological Protection Board. The only exceptions are staff in high risk areas who have not previously been screened and where it is not possible to undertake Heaf testing before employment. The National Radiological Protection Board has called for much more critical assessment of the need for medical x ray examinations of all types. It says that all employment related radiological

Fate of motions referred to 1990 craft conferences

In accordance with a 1986 ARM resolution the fate of motions submitted to the ARM but deferred to a craft conference is published in the *BMJ*. The first batch of motions was published on 13 October facing p 841 (Clinical Research); p 849 (Practice Observed). The second batch was published on 20 October facing p 929. The third batch was published last week facing p 957, and the final batch is published this week facing p 1031.

screening programmes should be clinically justified and the reasons for screening explained in writing to the employees.

Doctors' stricter parking curbs

Doctors in London are likely to face stricter parking restrictions in future. The private practice and professional fees committee reported to the BMA council recently that as a result of a meeting with the metropolitan police the car badge agreement, restricting the concession on on street parking to doctors visiting patients in their homes, would have to be adhered to much more closely. A staged warning system for clamping would operate, comprising a verbal warning and two written warnings. A fourth offence would lead to the doctor's car being clamped.

Job sharing to be allowed

The Department of Health has confirmed that two doctors in partnership with each other may job share in a singlehanded general practice. The arrangements are subject to approval by the Medical Practices Committee and the appropriate family health services authority. The 1990 contract makes it clear that a proposed partner will have to include details of proposed joint hours of availability in addition to their own personal hours.

Correction

JCC chairman's pledge

An author's error occurred in this report by Ms Linda Beecham (27 October, p 988). The second vice chairman of the JCC is Professor Margaret Turner-Warwick, president of the Royal College of Physicians, not Sir Dillwyn Williams as published.