Medicopolitical Digest

GMSC recommends postponement of SRM

The General Medical Services Committee has voted by 43 votes to 15 to instruct its chairman to recommend to the BMA council that the special representative meeting called for 26 March should be postponed.

The voting had been close at the October council meeting—19 votes to 17—when it was decided to convene a special meeting to consider the NHS reforms and the BMA's discussion document *Leading for Health* (12 October 1991, p 1876). The debate at the GMSC on 19 October was equally divided for and against the advisability of holding a meeting.

Speakers reported that local medical committees, which are constituents of the representative body, would boycott the meeting and the chairman of the Scottish GMSC, Dr Mac Armstrong, said that no Scottish divisions had submitted motions. There was concern that there would be a repetition of the BMA's attitude to the reforms. Dr Hamish Meldrum was worried that as *Leading for Health* covered much of the same ground as the GMSC's document *Building Your Own Future*, the debate at the special meeting would pre-empt that at the special conference arranged for June.

Other criticisms were that the BMA would lose credibility and that there needed to be far more discussion on *Leading for Health*. Dr Mary White suggested a special meeting in association with the annual meeting in July.

A firm supporter of a special meeting Dr Simon Fradd wanted the BMA to make a clear statement that the country was facing a crisis in the provision of health care. It had to be made clear that there was no party political issue in holding a meeting so close to a possible general election; it would be useful to restate opposition to some of the reforms; and the meeting would give a lead to where the BMA should be going, particularly on the question of rationing, which was inevitable but should be fair. He advised against changing horses at this late stage.

The motion will be debated at the council meeting on 15 January.

New out of hours rates for junior doctors

The following table gives the BMA's estimate of the new rates of pay for out of hours work for junior hospital doctors as a result of the review body's recommendations published in December (p 10).

Estimate of new out of hours pay

Basic pay* (£)	Current out of hours pay per hour (rotas) (£)	New out of hours pay per hour: Full shifts (£)	Partial shifts (£)	Rotas (£)
Preregistration house officer:				
12 325	2.25	5.93	4.15	2.96
Senior house officer:				
15 375	2.81	7.39	5.17	3.70
16 410	3.00	7.89	5.52	3.94
17 445	3.19	8.39	5.87	4.19
18 480	3.38	8.88	6.22	4.44
19 515	3.57	9.38	6.57	4.69
Registrar:				
17 440	2.85	8.38	5.87	4.19
18 320	3.00	8.81	6.17	4.40
19 200	3.14	9.23	6.46	4.62
20 080	3.28	9.65	6.76	4.83
21 145	3.46	10.17	7.12	5.08
Senior registrar:				
20 080	2.90	9.65	6.76	4.83
21 145	3.05	10.17	7.12	5.08
22 210	3.20	10.68	7.47	5.34
23 275	3.36	11.19	7.83	5.59
24 340	3.51	11.70	8.19	5.85
25 405	3.67	12.21	8.55	6.11

*1 December 1991 rates.

BMA recommended "affordable" out of hours pay

The BMA and the Department of Health agreed that the time had come to move away from a system based on units of medical time to one based on hourly rates of pay. They agreed that the present distinction between basic pay—that is, for the first 40 hours—and out of hours pay should remain.

The BMA's recommendations for out of hours pay were:

Full shift	120% of basic pay
Partial shift	80% of basic pay
On call rota	60% of basic pay

These were calculated to minimise the increase in the overall pay bill and to ensure that junior doctors at a particular point in each grade would remain on roughly the same salary, whatever their working arrangements. Although the association continued to believe that the payment of out of hours work at standard rate or greater would exert considerable downward pressure on hours, it recognised that the resulting increase in the pay bill was unlikely to be acceptable. It believed that the recommended rates were eminently affordable and would encourage junior doctors to take up the new systems and employers to encourage them to do so. The BMA said that the increases it recommended in out of hours pay would recognise the constraints that the working patterns of doctors in training placed on social and family life. This was shown by the fees which solicitors and architects, for example, attracted for out of hours work.

The BMA calculated that to meet the long term limit of a maximum of 72 hours for all doctors the net increase in the pay bill would be £7m, or approximately 2%. To meet the short term limit of a maximum of 83 hours would require an increase of about 10% of the pay bill. This took no account of the money being spent on locums budget for junior doctors. The cost of the new arrangements would be decreased if part of this budget was freed up by the provision of prospective cover built into the new hours limits.

The BMA asked the review body to encourage more part time training by remunerating the first 40 hours of any part time post at least at standard rate.

BMA has second meeting with the PM

The chairman of the BMA council, Dr Jeremy Lee-Potter, and the secretary of the association, Dr Ian Field, met Mr John Major at his invitation on 16 December. There was a friendly and constructive exchange of views on the health service, including NHS finances and the NHS reforms. This was the second such meeting since the summer and the Prime Minister suggested further meetings.

Government criticised over waiting lists

The government has admitted that the pledge given in the citizen's charter that patients would not wait more than two years for an operation was unlikely to be fulfilled. It has now been strongly criticised by the House of Commons public accounts committee for failing to implement a £100m improvement plan to make better use of operating theatres and cut waiting lists.

The committee has exposed a series of delays and management failures and has demanded timetables and targets "which put NHS staff under pressure to deliver."

After the comptroller and auditor general reported in 1988 that theatres were empty for a quarter of the day and 23% of scheduled operations were cancelled the NHS Management Executive launched a £100m plan of action in March 1989. But health authorities were not given guidance before July 1990. The public accounts committee says that it expects the management executive "to deal with the regrettably slow progress in computerising theatre information systems and . . . to ensure that there is adequate medical input to theatre management."

INEFFECTIVE FUND

As to waiting lists the committee says that the government's waiting list fund to cut the longest queues was less effective than an initiative by the now defunct Inter-Authority Comparisons and Consultancy Unit, which succeeded in reducing the worst queues.

Responding to the criticism, the NHS chief executive, Mr Duncan Nichol, agreed that improvements needed to be made. The government had made £37m available this year to tackle long waiting lists. In the 18 months since March 1990 the number of patients waiting over one year was down by 24% and the number waiting over two years was down by 47%. Recently a three year initiative was announced to expand day surgery backed by £15m in 1992 matched by another £15m from regions to help hospitals modernise old facilities and improve operating theatres.

Fourth Report of the Committee of Public Accounts. Progress on NHS Operating Theatres and Waiting Lists in England is available from HMSO, price £10.85.

More consultant posts

The government has announced the second tranche in the allocation of more senior staff. In the new deal on junior doctors' hours, which was announced last summer, the government committed itself to a rolling programme of funding and it will fund an extra 150 consultants and 100 staff grade posts in England for 1992-3 at a cost of £11·5m.

Correction

Paying GPs for research

The second sentence in the article on paying GPs for research (7 December, p 1481) should read: "They come in response to a report from the ethics committee of the Royal College of Physicians . . ." (not Royal College of General Practitioners). We apologise for this editorial error.

Medicopolitical Digest is prepared by LINDA BEECHAM