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THE CONSTITUTION OF THE B.M.A.

The Representative Body set up in 1953 a Constitution Committee "to examine and report on the present structure of the Association, with special reference to the reorganization of the Representative Body." The report of the Committee is published in this week's *Supplement* and will be the subject of a whole day's debate when the Representative Body meets at Newcastle in July. Mr. H. H. Langston, the Chairman, and his Committee have put the Association in their debt by their painstaking and thorough analysis of the present situation, by the fairness with which they have put the arguments for and against proposals for reform, and by the cogency with which they propose changes in the constitution which will go some way towards meeting the criticisms which have been voiced since the end of the war, and especially since 1948. Many felt that a constitution adapted to the conditions of 1902 would be unlikely to meet the greatly changed conditions of to-day. In particular the Representative Body has grown to such a size as to lead Mr. Langston's Division in Winchester to describe, a few years ago, its meetings "as a shambles—too many members discussing too many resolutions." There have been occasions when on the last day of the meeting important matters had to be hustled through with a haste that allowed hardly any time for discussion. The numbers of the Representative Body rose with the increase in membership of the B.M.A., which grew with but faster than the increase in the numbers of doctors practising in Britain. In 1938 the Representative Body numbered 366 and in 1956 it numbered 500. Can a body this size—the annual Parliament of the B.M.A.—effectively deal with the business of the Association during the four days it meets every year? And the business is no less than that of determining the policy of the B.M.A. The Constitution Committee recommends that the Representative Body should be reduced in number from 500 to 350. The question to be answered is, Will 350 men and women be wiser than 500?, or, at least, be better able to

concentrate on the matters at issue? There would certainly be 150 fewer with a potential right to speak. A more practical question is the difficulty of finding a large enough meeting-place in the different cities of Britain. A more contentious question is that the Representative Body is composed so predominantly of general practitioners that the policy of the Association is determined largely by their interests. The consultants and specialists in particular are uneasy about this. They feel themselves to be, and are, in a minority at a Representative Meeting, and are therefore dependent upon a vote of general practitioners to secure the policies they wish the Association to adopt. The B.M.A.'s constitution is based on a "federation of geographical units rather than an alliance of craft groups," as the Committee puts it, and the Committee sees no reason to change this, but stresses that a Division "should be large enough to include in its membership all the main fields of medical practice." It has taken an important step by recommending that the Central Consultants and Specialists Committee should elect four members of the Representative Body, important because the Committee thus outwardly does something towards meeting a grievance which undoubtedly exists. It notes in its report that at the Glasgow meeting, for example, there were 75 consultant members of the Representative Body as compared with 281 general practitioners.

If consultants and specialists still feel anxious about their position in the constitution of the B.M.A. they should feel encouraged by the Committee's proposals for the reconstruction of the Branches of the Association. It recommends that "the Branches shall be reorganized on a basis corresponding in the main with the areas of the Regional Hospital Boards." In this way hospital staffs will find a B.M.A. focus for their interests and a unit large enough to embrace them effectively. The Branch Council will be able to co-ordinate the opinions of all sections of the profession in its area, and the Divisions and the Regional Consultants Committees will have a common meeting-place for discussion and a common instrument for formulating policy. The Branch Council, the Committee states, "should contain in its membership representatives of all the organized bodies in its area, and so be able to speak with authority on behalf of the profession as a whole." What stands out in this proposal is that it would lead to the establishment of a much closer relationship between hospital staffs and the Association and thus go a long way towards removing the criticism, untenable though it is, that the Association is principally concerned with the welfare and interests of general practitioners. The Committee

does not recommend any change in the present constitution of the Central Council of the B.M.A., consisting of 77 members, of whom 40 members are elected by Branches in Great Britain and Northern Ireland grouped for the purpose. But the proposed reorganization of the Branches, if carried through, might have as one result an increased representation of consultants in the Council.

There is space here to touch upon only a few outstanding matters in a report of remarkable interest. Among others there is the recommendation that a second scientific meeting should be held in the winter, a reminder of the fact that one of the principal aims of the B.M.A. is to promote the medical and allied sciences. It is much to be hoped that members will read and re-read the Constitution Committee's report in this week's *Supplement*. It is the thoughtful product of much hard work. It shows that the B.M.A. is a live organization, alert to its responsibilities in a rapidly changing world. Its publication now, well in advance of the Annual Meeting, gives Divisions ample time to study it and their Representatives the opportunity to join in the debate at Newcastle with prepared minds. Much will depend upon the decisions the Representative Body takes, because it will be laying down the pattern for the future.

MEETING THE NEW MINISTER

A delegation from the Negotiating Committee met the Minister of Health, Mr. D. F. Vosper, on Wednesday this week, and at the time of writing we are ignorant of the results of the meeting. The new Minister has taken office at a time when the profession is deeply disturbed about its relations with the Government and about the conditions in which it works in Britain's National Health Service. With little time in which to grasp the intricacies of the situation facing him Mr. Vosper will have had to lean heavily on the advice of his civil servants; and almost immediately on his appointment he was invited to attend a meeting of the Cabinet. In these circumstances he will inevitably be the spokesman of others, and what he says on the immediate issue of remuneration will be said on the authority of the Cabinet. Whatever the reactions of the profession to this, it will no doubt be fair-minded in its attitude to Mr. Vosper himself at the beginning of his tenure of an office to which many have been called but in which few have chosen to remain.

This week will show whether Mr. Vosper is to adopt the same negative attitude as his predecessors

to the medical profession's claim that its remuneration must continue to be based on the recommendations of the two Spens Committees. It is now being said that the Spens formula is unrealistic and that something new and more flexible must be sought. What at present seems to be inflexible is the Government's attitude to its moral obligation to act on a promise. We do not recall that when the Conservative Party was in opposition in 1948 it raised even one voice against the "unrealistic" nature of the Spens reports. And if the Government to-day tries to evade the issue by calling for a new formula—a more flexible formula—what confidence will the profession have in it in view of the way the Government has treated it since July, 1948? During the past several months our negotiators have patiently asked for a reasonable examination of their case, and have for their pains been fobbed off with a cursory dismissal of it. One result of this has been to bring to the surface a volume of frustration and discontent with many other things than the amount of pay for work done. If—as some people are suggesting—the Spens formula is not flexible enough, neither is the Health Service itself. Doctors feel themselves cased in a rigid structure which inhibits initiative and creative activity.

Basing their claim on the Spens formula, our negotiators have asked for an increase of 24% in the remuneration of those working in the Health Service. If this is rejected the various elements in the Negotiating Committee—we understand—will report back to their constituents. If this is to be done it is hoped that it will be done quickly, so that concerted and united decisions and action may be taken without too much delay. The crisis now facing the profession is for the whole of the profession and not just any one section of it. It must remain united in its collective responsibility not only for its several parts to-day but for the profession of to-morrow.

Many correspondents to this *Journal* rightly insist that the first question to be settled is the present claim for increase of pay in accordance with the Spens recommendations. If the Government refuses to admit their validity, then the relations between it and the profession will be at breaking point. It will have precipitated a crisis that will be of its own making, a crisis of confidence, as it has been aptly called. The present mood of the profession is shown unmistakably by the many resolutions from different parts of the country calling for withdrawal from the N.H.S. if no satisfaction is given. Short of this, a demand might be made for arbitration, a time-honoured method of settling disputes between two groups of people each of which believes it has reason on its side.