

# Correspondence

*Letters to the Editor should not exceed 500 words.*

## Review Body's Report

SIR,—The seventh Review Body report is now before the profession and our negotiating bodies have rightly felt that hospital staff should have ample time to consider it and weigh its implications before sending the Government their views.

We should like to make clear the initial impressions of the Executive Committee of the H.J.S. Group of the B.M.A. on the major aspects of the report that directly affect junior medical staff, for their consideration.

We were very pleased that the report recommended salary protection for doctors dropping in grade for training purposes (para. 97), that the length of the scales for certain grades had been extended, and for the safeguards afforded by paragraphs 95 and 96. These had all been part of the H.J.S. Group's policy for some considerable time, and it is with great relief we see that they are emphasized in the report.

We were disappointed that only the lodging charge and not both board-and-lodging, which we recommended in evidence, are to be waived; and that our submission for an allowance for higher qualifications is not recommended.

We welcome the much overdue salary increases in the scales for the house-officer grades. However, the Committee were convinced that the level of the salary scales recommended for registrars, senior registrars, and medical assistants was inadequate and would in no way check the accelerating rate of emigration. This rate obviously caused concern amongst the members of the Review Body—if we are correct in our interpretation of paragraphs 57 and 58 and the fourth section of paragraph 59—and we must record our dismay that the levels of these scales fail to reflect the Review Body's apparent appreciation of this trend.

Already we rely heavily on foreign graduates (over 40%) for junior medical staff, and we believe that further losses from these grades, which we anticipate will occur, will denude the hospital service of vital trainees to a degree exceeding that envisaged by the Review Body.

In trying to assist junior staff in their deliberations it would be wrong if we failed to remind them that the Review Body is an independent body set up to advise the Prime Minister on the remuneration of all doctors in the N.H.S. To criticize or disagree with some aspects of their considered judgments is one thing, but to reject the report would have the most serious implications.

We would certainly not wish to lose the Review Body and revert to argument with the Ministry. In any case it is almost inconceivable that having given their conclusions either they or the Government would, at this time, alter their decision.

In view of this hospital junior staff may feel it wise and more constructive to recommend that objections to this report are taken back to the Review Body in one year's time instead of waiting the recommended two years.

We felt it right to make these observations and hope that they may be helpful in the discussions in the regions which will take place up and down the country during the next two weeks.

It is our intention to express the collective view of junior staff in the committees which finally decide the profession's actions.—I am, etc.,

E. A. HARVEY-SMITH,  
Chairman of the Executive Committee,  
Hospital Junior Staffs Group, B.M.A.  
Kingston, Surrey.

SIR,—Whilst agreeing wholeheartedly with the increase in pay for the lower grades of junior hospital staff, it would appear that the more senior members of the hospital staff—that is, senior registrars and consultant staff—have been singled out for a minimal increase by comparison with all other members of the profession. It would appear from this victimization that once a doctor has committed himself to the hospital service—that is, by obtaining higher qualifications and accepting the responsibility which accompanies these senior grades—then remuneration by a monopolistic Ministry of Health would appear to be of little concern to all but the recipients.—I am, etc.,

Bath, Somerset. PHILIP BLISS.

SIR,—I would respectfully suggest that the time of onset of seniority awards is too late to offer marked encouragement to new entries to general practice or even to stem the emigration of younger doctors—10 years after qualification would be the optimum time and should be insisted upon by our negotiators.

Secondly, it would seem that the total amount of the award and cost to the Government will have been grossly overestimated, because expenses which were chargeable to tax are now directly repaid—thus for a secretary we got 40%+tax relief—we now get 70% (+40% of the remaining 30%)—total 82%—an increase of 42% toward ancillary staff. I estimate my gross gain will be well under half that published, and would plead with the B.M.A. to put the facts before the public via a large insertion in the popular dailies, estimating the cost to the Government and gain for doctors when lost tax reliefs and extra tax paid have been taken into account—nothing like the £28m. claimed, I would guess.—I am, etc.,

Leeds 6. J. L. HORNER.

SIR,—The acceptance by the Government of the Review Body's recommendations and the proposed new contract should open up good possibilities for doing good general practice within the N.H.S.

That the increase is to be implemented in two stages may be disappointing; but surely not a "bitter disappointment." As a learned profession we should be credited with a sense of responsibility, and the two-stage increase should be accepted as a reasonable compromise having regard to the economic difficulties of our country.—I am, etc.,

Blandford, Dorset. CHARLES E. LANGLEY.

SIR,—In considering the proposed new contract, let us not forget that it is still open-ended, and there is unrestrained demand for a relatively fixed return. Quality and pride in one's work are being sacrificed because of quantity. The Minister's "Help Your Doctor" campaign was a conspicuous failure: what is so wrong with the obvious solution, a modest consultation charge? It is illogical to have one for dental treatment, but not for medical.

The Government has shown bad faith in proposing to modify the Review Body's award. This is the very thing which the Royal Commission sought to avoid by setting up a Review Body, and the long-suffering general practitioner has again to wait for economic justice. In short the Government is unable and unwilling to pay the rate for the job. Both the price and the terms of service must be put right before this contract is accepted.—I am, etc.,

Balloch. IAIN W. BAXTER.

SIR,—As a general practitioner who voted against pricing of the Charter by the Review Body, may I now state my views following last week's announcement of this learned body's decision.

I feel that this award by its method of implementation has brought us on the verge of a salaried service. Most of the proposed increases are being given by salaried components.

It seems to me that the smaller list you have at the moment the larger is your "percentage increase" following this award. Doctors with larger lists and heavier work have a proportionately smaller percentage increase. The 30% increase and £1,000 extra a year per doctor are as elusive as the Scarlet Pimpernel. The percentage increase in our group amounts to 12½% unless we qualify for a designated area award. This leads me to what I consider a ridiculous state of affairs.

Under the proposed rules we qualify as a designated area of three years' duration in July. If extra doctors come into the area, which is industrial and has an excessive work load, as do other industrial areas, the balance between being designated and non-designated may be tipped towards non-designation. This means that the new doctors attracted to this area lose the inducement payment that