

paediatricians, the E.N.T. surgeon, the orthopaedic surgeon, and the paediatric surgeons as well as, of course, the psychiatrists.

One wonders how in every single case a psychiatrist is necessarily better able to provide cover than any other medical specialist. Surely the issue is not whether psychologists should be allowed to work completely independently (as you have presented it), but whether they should be allowed to have departments independent of psychiatrists.—We are, etc.,

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Home Graduates Only

SIR,—I read with interest Dr. K. Raghavan's letter (29 December, p. 784). I think there is nothing wrong and nothing to be ashamed of on the part of British doctors to offer partnerships to their own countrymen in preference to foreign-born doctors. If I were a British doctor I would do the same. Further, as family doctors local doctors are definitely preferable because they know their own social problems, which is so important for a G.P. It does not mean we are inferior just because we are not preferred for a G.P. appointment. Large numbers of doctors from India, Pakistan, and Bangladesh are passing highly competitive examinations and many of our countrymen are holding responsible positions. I think mutual relationships between us and British doctors depend on understanding each other's difficulties, and selection of candidates for consultant's jobs or partnerships is one such difficulty on the part of British doctors which we should realize.—I am, etc.,

T. K. GHOSH

Chester

Extra Administrative Burdens

SIR,—Many Cogwheel chairmen will agree with Mr. J. Elkington's assessment (2 February, p. 196) of the rewards available to them. These consultants are likely to find their burdens much greater in the re-organized N.H.S., but their role will be a very important one, not only in the guidance of authorities to better use of the health services, but in attempting to maintain the morale and job satisfaction of their colleagues and of other hospital staff.

The only point on which I would dissent from Mr. Elkington relates to the "financial bargain." To pay a substantial extra salary to chairmen will lead to an increased reluctance for resignation and removal and possibly to an undesirable change in motivation. Perhaps the consultant who accepts these burdens should be granted "added years" in superannuation terms so that his eventual pension would be enhanced. Even if (as is possible) his chances of enjoying his pension are diminished, such a measure would do something to safeguard his relict.—I am, etc.,

B. E. W. MACE

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Salmon

SIR,—The Isle of Thanet has now reached the logical conclusion of the Salmon administrative structure. The coronary care unit in our hospital was affected by illness of the night staff. The senior nursing officer, during the afternoon, decided that she could not staff the unit for the night; it would have to be temporarily closed and the four patients moved to a normal medical ward. As it was an independent nursing administrative unit, this decision was made without consultation or even attempted consultation with the consultant physicians, who were all easily available. We, who are normally responsible for our patients, were not aware of the temporary closure until the next morning.

Thus we have now reached the stage where the nursing administrators consider they are completely independent of the medical staff and can take clinically important decisions without the consultant in charge of the patient being informed. This is the final and logical conclusion with the independent isolation of the nursing administrative structure, and in Thanet we have obviously merely reached this stage slightly earlier than other areas, though Mr. L. J. Temple (29 December, p. 786) may consider that his hospital has also done so. The time has clearly come for sanity to be re-established and for the Salmon structure to be abolished and forgotten as quickly as possible, before the administrative power and separate responsibility of the nursing staff become complete.—I am, etc.,

D. A. LILICRAP

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Consultant Crisis

SIR,—Your leading article (15 December, p. 630) and your interviews with Mr. A. H. Grabham and Mr. R. Myles Gibson (*Supplement*, 15 December, p. 75) will increase rather than allay the anxieties of many full-time consultants concerning the proposed new contract.

We are told by Mr. Grabham that the authors of the new contract "have thought that a man should contract to do a certain number of hours and after that how he spent his time was his affair." Our negotiators lump together private practice, research, and teaching as activities to be performed outside of the contracted hours. Those of us who include teaching and research duties among our commitments must ensure that these are not equated with private practice and leisure activities.

Much is made of the lack of support we give our negotiators. The present remuneration structure, with its prolonged incremental scale, the nebulous possibility of a distinction award, and the opportunity for some to supplement basic salary with private practice, has meant that only the more senior full-time consultant without a distinction award has suffered a serious decline in his living standards. There has therefore been little incentive for the majority of consultants to become involved in medical politics and we remain, in contrast to our junior colleagues and general practitioners, woefully disunited.

The proposed new contract will further disunite consultants; it will lead to the de-

velopment of yet another group whose income is well above the basic salary and to invidious comparisons between different types of "on call" duty. While the new contract may lead to a transient increase in our incomes, and would certainly increase my own income, we may well suffer the fate of dentists at the inception of the National Health Service and find that our rate of remuneration for each item of work is reduced because our total incomes exceed a Government-determined target.

The remedies for overwork and exploitation are improved staffing, organization, and facilities, none of which will result directly from the new contract.—I am, etc.,

GEORGE RUSSELL

Aberdeen Maternity Hospital,
Aberdeen

SIR,—On 29 January 1974 a discussion was held at a meeting of the Executive Committee of the Swansea Division of the British Medical Association on the mass resignation of the hospital consultants from the Association.

It was agreed unanimously at the meeting that the split in the profession is to be deplored. It is requested that urgent consideration be given to the representative and negotiating machinery for hospital consultants to ensure that it becomes more effective and acceptable to hospital consultants.—I am, etc.,

P. MELLOR
Chairman, Swansea
Division, B.M.A.

Swansea

Consultants' Pensions

SIR,—“Disillusioned” (19 January, p. 117) harbours the illusion that his pension will grow if he postpones retirement. It is a fact that if he retires now he will find in a year's time that his pension will become slightly bigger than the pension he would get if he retired a year later.

This paradox stems from the Pensions (Increase) Act 1965 and the Prices and Incomes Policy, stage 3. A pension taken now will be increased next year by a factor related to the cost of living. Last year's pension supplement was 9% and the cost of living is going up at an ever-increasing rate. Should the supplement next year reach 11% it will exceed the extra pension to be earned by serving on for another year at a salary which cannot rise by more than £350 (the ceiling laid down for stage 3). “Disillusioned” must therefore shed his residual illusion and retire at once. If he can then get seven or eight sessions as a locum tenens he will enjoy almost the same income, do less work, and enjoy a slightly less small eventual pension, while his locum sessions will themselves be pensionable.

This is the law, stupid though it may appear.—I am, etc.,

MARK HUGHES

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** The Government accepted that new legislation is necessary to allow an increase in pension for those retiring during the pay pause and so remove the inequity to which Dr. Hughes refers. The relevant Bill was introduced in Parliament by the Prime Minister on 23 January.—Ed., B.M.J.