Methodology of Sickness Absence Analysis

SIR,—Smith *et al.*[1] have recently published a study in which employees in a factory who volunteered for influenza vaccination had a lower sickness absence rate than those who did not volunteer. This conclusion, however, may be misleading since the control group (all employees other than those who volunteered for immunization) contained those who were absent from work, including those suffering from medium- and long-term illness. This immediately brings bias into the two groups, and those leaving through death, ill-health retirement, and possibly for lighter work would tend to be proportionately more numerous in the control group. It is also well known that in most industries manual workers have more sickness than non-manual workers of similar age and that females have more absence than males. We are not told how much bias is introduced by imbalance in these employee categories. A few excess long-term absentees will equal in total days lost the experience of many people with short absences, yet the reader is given no indication of the effect of this factor on the results.

I cannot believe that any method of sickness absence analysis which puts all the medium- and long-term chronic sick into the control group, whether we are told or not, is adequate for most purposes. I do not mind that Smith *et al.* do not agree with me, but what does concern me is that the reader is given no indication of the difficulties arising when the control group is selected in this manner or that bias has been introduced in some of the ways I have mentioned. I would hope that any future studies to confirm the findings of Smith *et al.* will take the pitfalls of their methodology into account and will give fuller details of how the study was conducted.—I am, etc.,

R. W. HOWELL

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1 Smith, J. W. G., *et al.*, *British Journal of Industrial Medicine*, 1974, 31, 297.

Consultant Contract

SIR,—It is apparent that differences of opinion exist between present whole-time and part-time consultants over the main stumbling block to the proposed new contract—that of the pay differential between these two groups. As someone (a medical registrar) who has his sights ultimately fixed on a consultant post and who is as yet uncommitted to full- or part-time, may I be allowed to make a few impartial comments on the issue from a distant viewpoint?

Having worked for several part-time consultants in peripheral hospitals, I fully appreciate how much of their time is taken up with their N.H.S. work and how their private work makes such inroads into their little remaining free time. Would it not be possible to have a basic nine-session contract for all (but with the possibility of a contract with a lesser number of sessions, paid on a pro rata basis, for special circumstances, notably married women), leaving such free time that remains for the consultant to see as many or as few private patients as he wishes? Given this realistically priced basic contract, then he who opts for seeing private patients would be further rewarded for his loss of free time and he who chooses to see no private patients will have the opportunity of spending his free time with his family (or whatever) and be in receipt of an adequate salary for his N.H.S. work at the same time. Though I fully support the concept of the N.H.S. I can see no justification for proposing extra payment for that nebulous concept, the whole-time commitment. Drs. E. W. Hughes and J. S. Murrell (22 February, p. 458) argue that it is warranted on the grounds that it would produce a better pricing for the basic contract in the long term but surely the newfound militancy of our negotiators (prompted by the continuing presence of the Hospital Consultants and Specialists Association) could negate this theoretical advantage of retaining the differential.

I know there are large numbers of junior staff sorely tempted by lucrative positions abroad but who are at present biding their time and waiting to see not only how the forthcoming 40-hour contract will be priced but also what the outcome will be of the current negotiations on the new consultants' contract. Unless the outcome of both of these is very attractive to junior staff I would predict the exodus of a larger number of British junior doctors this year than ever before. My ideal contract then would be a nine-session one with freedom to see the occasional private patient in order to obtain psychological satisfaction and maintain one's professional independence but without the necessity to see many such patients in order to make the choice financially viable. This all-or-none situation occurs at present to the detriment of a part-timer's family life and service commitments alike. This ideal contract would also contain extra payment for on-call duties, etc., as already envisaged.

Is this concept too naive to be accepted by our negotiators, the Government, and the majority of consultants involved? (I have deliberately put these groups in that order, since the precedence appears to have already been set, judging by your recent correspondence columns.)—I am, etc.,

R. MOORE

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SIR,—The breakdown of the N.H.S. has been developing for years and has now gathered momentum. Pay is not the only factor. The public and the politicians must realize that the consultants can no longer keep the hospital service running by voluntary work in their spare time as heretofore.

Most consultants are now finding that work at the tempo of their present contracts at last allows them to deal adequately with patients referred to them, and they will never return to their former hectic regime, paid or unpaid. It would be more profitable to look for a new and workable health service than to try to bolster up a disastrous system that will only break down again. There are health services elsewhere in the world that do work and could be used as models for a new N.H.S.—I am, etc.,

G. ST. J. HALLETT

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Southampton

Difficulties of Emigration

SIR,—Senior members of the profession should be alerted to the fact that massive emigration is not a realistic alternative to successful negotiations with the Department of Health and Social Security.

During the past two years I have become aware of the diminishing number of senior medical appointments that are available abroad. In addition, on accepting a consultant appointment in Canada I am permitted to take with me only £5000 for my family unit, the remainder of my capital being withdrawable after four years. With inflation this figure is likely to represent only a proportion of the money obtained from a house sale. An appeal to the Bank of England based on my large family (eight children between 17 and three years) was rejected. Under these circumstances even protagonists of zero population growth may have considerable difficulties when faced with housing their family after emigration.

It would appear to me that there is much to be said for emigrating early in one's career, when housing requirements are modest and subsequent senior appointments are more easily obtained from within the country of one's choice.—I am, etc.,

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Sanctions by G.P.s

SIR,—What a joke, Dr. J. E. Foran's idea of a one-day "no-surgery" strike of G.P.s (22 February, p. 460)!

Those who needed a doctor would visit the all-embracing casualty department or would telephone and request a visit. The vast crowd of certificate requests would wait patiently until the following day. The one-day strike would not even be noticed. "Dramatic effect" indeed!—I am, etc.,

ANDREW CRAIG

Workington

Subscription of Retired Members

SIR,—Having spoken to five G.P. and consultant members of the B.M.A. who have retired or are about to retire and heard their unanimous reaction that they will be unable to afford the increase in subscription from £5 to £10 and will resign, it seems fair to ask for reconsideration.

You will appreciate that £10 not tax-deductible needs the allocation of about £15 from spendable income after retirement and that the pension, to put it mildly, is not generous. While one is in active practice the tax-deductible subscription of £30 again involves about £15 of spendable income, frequently less, and of course the benefits are very much greater.

May I suggest that it is not only kindly but wise to encourage retired members to keep an interest and that this increase is little short of vicious. I would suggest that the present figure of £5 be retained or reduced.—I am, etc.,

A. DAUNT BATEMAN

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