

# British Medical Journal Supplement

LONDON SATURDAY 13 AUGUST 1966

## CONTENTS

Standstill on Prices and Incomes :	Central Consultants and Specialists Committee - -	104
Special Meeting of Council - - - - -	Statement by the Joint Consultants Committee - -	106
General Medical Services Committee - - -	B.M.A. Nuffield Library - - - - -	106

## Standstill on Prices and Incomes

### Special Meeting of Council

A Special Meeting of the Council was held on 3 August to examine the effects of the Government's White Paper on Prices and Incomes Standstill on the implementation of the recommendations of the Review Body in its Seventh Report.

Dr. RONALD GIBSON was in the Chair.

Council also considered the three letters from the Ministry of Health (see *Supplement*, 6 August), together with resolutions passed the previous day at the meetings of the Central Consultants and Specialists Committee, the General Medical Services Committee, and the Hospital Junior Staffs Group Executive Committee.

Before inviting the Chairmen of the G.M.S. and Central Consultants and Specialists Committees to present their reports the CHAIRMAN made a statement.

He described the meetings that the profession's representatives had had with the Minister of Health and the Prime Minister in the days following the Prime Minister's speech in Parliament on 20 July calling for a six-month standstill.

At a meeting with the Minister of Health, said Dr. Gibson, he and the profession's other representatives—Sir Thomas Holmes Sellors, Dr. J. C. Cameron, Dr. Derek Stevenson, and Dr. Walter Hedgcock—made the following four points:

"(1) We required an assurance that all public and private sectors of the industry were equally and totally affected.

"(2) We required an absolutely firm assurance that when January and April arrived the same procedure would not happen all over again.

"(3) We would like the statement he had just given us in writing.

"(4) He must understand that it would now be necessary for us to call meetings of the G.M.S., the Joint Consultants Committee, and Council."

The Minister said it was because of the universality of the measures that he was able to ask the profession to accept them. He could give doctors the assurance required in relation to phase two. The Minister also said he would do his best to put his statement in writing in time for the meetings of the Committees.

Dr. Gibson said that he and his colleagues went on to impress the Minister with the effect of this policy on recruitment and emigration in particular, and on the whole Health Service in general, specifically bringing out the fact that the important service to the patient for which they had all been working and hoping would be in jeopardy. They spoke strongly, he said, on the case of the plight of junior hospital staffs; commented on the position of doctors who had already entered upon commitments in anticipation of the award; mentioned senior registrars and registrars who had sacrificed a grade in order to undertake particular training in a specialty in the knowledge that by doing so their income, under the award, would not be jeopardized; and also specifically detailed the effect of the standstill on university teachers and on doctors employed in the armed Forces.

They then put to the Prime Minister, continued Dr. Gibson, all the points they had originally put to the Minister. In general, a sympathetic hearing was given to their pleas, based on the premise that it was the Government's policy that there should be a wages

standstill, and it was *not* their policy that any person should suffer a net *loss* in income as a result of the freeze. They were impressed by the fact that the economic situation in which the country found itself—for whatever reasons—was, or appeared to be, desperate, and could only be remedied in the Government's view by a six-months standstill followed by a six-months restraint. They were also impressed by the Prime Minister's determination to ensure this, and by his assurance that no exceptions would be tolerated. They also believed that it was the Government's view that they would know *before* next April whether this policy had been successful. If it failed or appeared to be failing they had no doubt that the Government would be prepared to take further action—however unpalatable. It was also pointed out to Dr. Gibson and his colleagues that other sections of workers—for example, *engineers*—had been negotiating for longer than the doctors, and that they too had had to accept deferment imposed upon them by the Prices and Incomes Board, of which, *at present*, the doctors were independent (and presumably wished to remain so).

"As I see it," said Dr. Gibson, "we have two main alternatives. The first is to refuse to accept the situation, and to advise the profession to resign from the National Health Service. In so doing I am convinced that several things would almost certainly follow: the first, that the profession in the majority would not take this advice, the second that we should set off a chain reaction within the trades union movement which could result in strike action following strike action until the risk of a general strike would have to be faced. This, or even part of this, could only result in a complete breakdown in the country's economy, and we should have been the leaders of a movement which ruined not only our country but also ourselves—and by ourselves I mean the profession in general and the B.M.A. in particular. We should alienate public opinion and brand ourselves for all time.

"As I see it, if we resign from the Service the time to do it is in a favourable economic climate, when the argument concerns *only the Government and ourselves*, so that we could agree to return to the Service only when our conditions had been satisfied—in other words, under improved terms of service. At this time the economic circumstances *could not be worse*.

Doctors were not alone in a confrontation with the Government, Dr. Gibson went on. They were in company with a sizable part of the working population of Britain. He emphasized that the profession should set a responsible and statesmanlike example, which doctors would expect others to follow.

"But we should stress," he said, "the grave effect which the White Paper will have on the standard of service we are able to give to our patients. We should stress the plight of the younger doctors in hospital and the impact this will inevitably have on general practice; we should take all the steps necessary to ensure that no doctor suffers a loss of net income as a result of action taken or commitments entered into in the belief that phase one was to be implemented on 1 April of this year; we should continue to press for improvements in the remuneration of doctors employed in the armed Forces or as medical teachers, improvements which could be implemented after the six months of freeze, and we should insist on continuing contact at high level to keep ourselves constantly aware of the Government's intentions as they affect our profession."

Dr. J. C. CAMERON (Chairman of the G.M.S. Committee) then outlined the events leading up to the present crisis as it affected general practitioners, and was followed by Mr. H. H. LANGSTON (Chairman of the C.C. and S. Committee), who presented the report of his Committee, which considered the matter as it affected hospital medical staff (see reports of G.M.S. Committee and C.C. and S. Committee meetings on pp. 101 and 104).

Mr. LANGSTON added that it was the view of both the C.C. and S. and the Joint Consultants Committees that, in spite of the fact that the Prime Minister had made it very plain that there could be no exception to universality, nevertheless he should be informed of the very strong feeling on behalf of hospital junior staff and the very serious situation with which hospitals would be faced if the delay continued.

In reply to Dr. J. S. HAPPEL, who asked whether the new arrangements for dispensing would be implemented during the standstill period, Dr. CAMERON said there could be no question of the introduction of new arrangements for dispensing until the implementation of the Review Body's award.

Replying to Dr. G. N. MARSH, Dr. CAMERON said he could see no reason why the improvement grants scheme should not continue as before.

### Expediency

Dr. H. C. W. BAKER said that what horrified him was that expediency these days, even among the medical profession, seemed to be blurring the vision of an honest outlook which medicine, as a responsible profession, should insist upon. He suggested that the Government should be invited to implement in full the agreement made freely with the profession for the purpose of demonstrating the Government's acceptance of the principle of the sanctity of agreements which had been the proud boast of this country. If that were not acceded to, then the Ministry should be informed that the following limitations of the terms of service would be recommended to the profession:

(a) It would be the prerogative of the general practitioner to decide who required medical attention among those patients who presented themselves at the surgery.

(b) That disciplinary measures would not be accepted in considering complaints of patients for acts or omissions of doctors due to work load, the blame for which situation the profession lay at the door of the Ministry.

(c) With a view to giving the best possible service to the public, which would result in easing the load, no National Health or other certificates would be issued solely for the purpose of dealing with monetary matters.

Dr. J. S. McCRAE said that the crisis was one of confidence. In his view the award had been accepted by both parties and was still in operation, and any attempt at the present stage to withhold it was not only a breach of faith but a breach of contract. There was concern about the welfare of the country, but where was the gesture by the Government themselves? Were they prepared to bury their doctrinaire dreams?

Dr. H. L. LEAMING asked what the situation was in regard to merit awards. He

suggested that it might help if general practitioners resigned from the Service and took advantage of Independent Medical Services. That would relieve the Government of the necessity of paying for general practice, and would mop up some of the surplus spending power, which was a danger to the economy.

Mr. LANGSTON replied that the original terms and conditions of service would apply. Vacant distinction awards arising on death and retirement would be filled as before, but the increased amount awarded by the Review Body for awards and the increased number recommended by the Review Body would not apply.

Dr. G. R. OUTWIN said it was obvious that the Government had known all along the pattern of development which had led to the present situation, and had anticipated it. In that respect he regarded the Government's action as completely dishonest. If, following the Review Body's report, the Government had insisted that the award be referred to the Prices and Incomes Board the profession would have been incensed. But if the Prices and Incomes Board had rejected the award at that time the profession would have withdrawn from the Service, and the Government knew it. They did not refer it to the Prices and Incomes Board at all, the profession accepted phasing in the light of the economic straits of the country, and the fire went out of the doctors' bellies. Now the Government made the further imposition believing that the profession would accept it because it had not the courage to stand out on the merits of its own case, and it would appear from what had been said so far that the Government were right.

The time for negotiation had passed, concluded Dr. Outwin. The profession should be advised to resign forthwith.

### No Trust

Dr. J. HENNEMAN said that a month ago the profession had thought that it was all over, yet here it was again. "Unless we take our courage in both hands we shall be here again, and again, and again, for the rest of our lives," he added. There would always be some economic crisis.

The standstill was supposed to last for only twelve months, but the latest action by the Government in repudiating the agreement proved beyond doubt that the Government could never again be trusted. In twelve months' time the profession might be faced with another White Paper. "Let us get out into the clean, fresh air away from this filthy political smoke before it is too late," concluded Dr. Henneman. "I submit that we should advise the withdrawal of general practitioners from the National Health Service."

Dr. J. R. ROSS said that in all the troubles the profession had experienced over the years, he had never heard such a clamour as was taking place at present in general practice. It began on the previous Saturday after practitioners had read what Dr. Cameron was reported to have said in the *Daily Telegraph*. They said, "This is the B.M.A. all over again—complacent." It must be made clear that it was not the attitude of the Association any longer. It must be made crystal clear that the Association understood

and appreciated how strongly members of the profession felt at the moment.

Dr. G. N. MARSH suggested that the tragedy of the prices and incomes standstill was not a personal one. It was the standstill in the progress of the family doctor service that was the greatest tragedy. The improvement of the family doctor service would now grind to a halt. The patients would be the losers. Moreover, the extra money which would have been available for improving the Service could have stayed the departure of the doctors intending to emigrate, and would have encouraged recruitment to modern, well-equipped, well-run group practice centres. That would not now take place.

Dr. C. M. SCOTT suggested that the next three months might well alter the situation so thoroughly, any decision made now might be quite premature. It was time for the profession to come completely clean over its attitude to the Welfare State in general. "We have shilled and shallied about this for so many years that unless we make some clear statement, we shall be completely discredited."

Dr. H. FIDLER said one thing the national interest demanded was a Government which was known to have the confidence of the people of this country and those abroad, because without the confidence of the people abroad as well as those in this country, the Government would get nowhere. The cancellation of agreements and awards, together with double talk, was not an exercise calculated to stimulate confidence in the Government.

The Government talked about equality of sacrifice, yet hospital junior staff were paid roughly at the same rate as hospital porters. That was called "equality of sacrifice." If hospital junior staff were to be paid the same as hospital porters, then they should work the same hours and carry the same responsibility. The profession should point out that it no longer felt that the Prime Minister's words meant what they said, and practitioners should be prepared to resign.

Dr. R. B. L. RIDGE emphasized that nothing should be done at the present stage which would have a more damaging effect on the future of general practice and the standard of medical care. He urged Council not to advise resignation from the Service at the present time, but to support the recommendations of the G.M.S. Committee.

### Junior Hospital Staff

Dr. A. B. GILMOUR said there was an urgent need for the widest possible publication by the profession of a warning of the effects of the Government's failure to honour the agreement on the National Health Service. Speaking personally, he was prepared to accept a freeze of his own income provided something could be obtained for the hospital junior staff, whose need was greatest. The reaction of a responsible profession at a time of crisis must be to act in accordance with the recommendations before Council.

Dr. G. S. R. LITTLE agreed that the issue should not be made one of resignation at the present time. If some 40,000 practitioners in the N.H.S. resigned in an attempt to beat a powerful Government, they would only be made a scapegoat. It was necessary to try to redress certain real hardships. For ex-

ample, in the case of hospital junior staff there were young doctors who had undertaken commitments which they would not otherwise have undertaken, and Dr. Little said he would like to have seen a representative of the hospital junior staff brought into the negotiations that took place. The Government should be urged to reintroduce prescription charges, which would bolster up the National Health Service.

The CHAIRMAN pointed out that in view of the resolution of the Representative Body two years ago, Dr. E. A. Harvey-Smith had been invited to sit in on Council proceedings.

Dr. J. C. MCMMASTER said that the crisis was not only one of finance, but a crisis of confidence in the Government, which had failed to honour an undertaking they had given. Surely the Government's action must dispel any illusion that the profession was protected by the Review Body.

It was now obvious that the Government could not afford to finance the National Health Service out of taxation. The White Paper pointed out that there was to be no standstill on negotiations, and he suggested that in future negotiations should have an entirely different slant. "We must aim for our contract of service to be with the patient and not with the Government, the latter helping the patients to meet the cost."

Dr. J. S. NOBLE said the first concern must be for the best interests of the patients and the provision of medical care. It was the Council's duty to say clearly and firmly to the Government that they must reassess *ab initio* the financing of the National Health Service in the future. If the Government refused, the profession should be advised no longer to continue to serve in the N.H.S. and to resign.

### Undertakings Evaded

Dr. A. V. RUSSELL said that since the beginning of the year the negotiators had been given promises and undertakings which had been consistently falsified and evaded. Could any member of Council really believe that those in authority did not know only too well at the time that they were giving those promises what would happen? The profession's representatives were honourable men who had a right to expect to be treated with honour, but they had not been.

He would hesitate to accept the promise implicit in the letters from the Minister. What basis was there for putting any faith in them at all? Politicians were prolific in making promises but were always reluctant to implement them. Dr. J. E. MILLER said the present action of the Government had played right into the hands of those people who would like to wreck the N.H.S. It might be playing into their hands if the profession were to regard the present situation as a resignation issue.

However, the time was coming when it would be necessary to say "so far and no further"; but that time had not yet arrived. In his view it would be some time at the beginning of 1967. It was not good enough for the profession to intimate on 31 March 1967 that it proposed to resign from the Service, and give the statutory period of three months' notice. The time to do that would be at the beginning of January 1967, when there had been an opportunity to assess the situation between now and then.

### Public Health Service

Dr. C. METCALFE BROWN suggested that the freeze would put the N.H.S. into even greater difficulties than it had been in recent years, and any withdrawal immediately by the profession would almost certainly destroy the Service. He agreed with the responsible view of the Chairman and of the Chairmen of the two main committees.

He reminded Council that the public health service was in at least as great difficulty as other branches of the profession. In February the Staff Side of Whitley Committee "C" decided to formulate a considerable claim, and by the end of March that claim had been completed, except that it was held up until the public health officers knew what was happening to the other branches of the profession. That claim was amended in accordance with what happened, and, having submitted it, the freeze was then imposed. Dr. Metcalfe Brown expressed the hope that public health doctors would have the support of Council and the profession in requesting that there should be no bar to negotiations.

Dr. W. H. N. ANGUS supported the G.M.S. Committee's recommendations. He said he was alarmed about the effect the situation would have on the standard of service given to patients, and was well aware of the harm which would be done to the profession, particularly from the drain in manpower which would take place in the next few months. The only effective action would be resignation on a big scale. However, he could not convince himself that resignations would be tendered in sufficient numbers to make it effective. That being so, the only alternative was to accept the situation under protest.

Dr. JOAN CHAPPELL suggested that if Council took action contrary to that recommended by the G.M.S. Committee, it might well be displaying a fighting spirit, but to fight without adequate resources would be like following the Pied Piper into the hills to be lost and seen no more. She strongly supported any efforts which could be made on behalf of young hospital doctors and those who were retiring.

### Practice Outside N.H.S.

Dr. I. M. JONES said that as doctors up and down the country read the report of the debate and the Chairman's statement there would be some who felt that they could no longer have any confidence in the Government as their employer, and who would feel justified for that reason in exercising their undoubted right to practise henceforth outside the N.H.S. Two particular factors which had emerged would probably influence them.

The first was the fact that, notwithstanding the statement made by the Prime Minister on 4 May that the profession had voluntarily relinquished part of an award which it had been given, after taking into account the incomes and prices policy of the Government, he had now chosen to punish twice the people who helped him in that way. Secondly, nobody could have other than the most serious misgivings at the fact that, when the negotiators saw the Minister of Health on the evening after the Cabinet meeting at which the vital decisions were taken, the Minister

stated that there was no doubt about phase 2 being implemented as from 1 April 1967. Notwithstanding that, however, the Prime Minister failed to abide by the undertaking, and even in the letter sent subsequently he failed again to give that assurance. No one could possibly have any confidence in dealing with people who behaved in that way.

But it was quite certain that whatever decision the Council might come to there would be doctors—probably the majority—who for the present at any rate would decide to remain within the N.H.S. Therefore, whatever happened, it would be necessary to negotiate for them.

The issues were clear; either to advise mass resignation now or to accept the Government's policy of a standstill in incomes. If practitioners stayed in the N.H.S. there was no option but to accept the second alternative, for it would be the law of the land. The profession had a right, however, even if it accepted, to negotiate in terms of the mini-Pool under paragraph 18(i) and (ii) of the White Paper.

Two reasons had been advanced by those who had advocated mass resignation at the present time. The first was to ensure that patients received the highest possible quality of medical care. But Dr. Jones suggested that it would harm the profession's relations with patients and make it impossible to give them proper care if doctors asked to be treated exceptionally as compared with the rest of the community. The second reason advanced was that the basis of financing of the N.H.S. was wrong. But that was not a reason for resigning forthwith. The profession was entitled to say, as the G.M.S. Committee had said, that unless it received a written categorical assurance from the Prime Minister by 1 January 1967, and unless all the necessary statutory instruments had been promulgated by that date to put the issue beyond all possible doubt, then it would be regarded as an immediate resignation issue at that time.

Dr. S. WAND (Treasurer) suggested that Council could not consider taking militant action at the present time for one overriding reason. "It is because we are British doctors," he said, "and Britain is in trouble." That was the only reason. It did not matter how the country got into trouble. The fact remained that it was in trouble, and the medical profession would not give a lead to the rest of the country to make that trouble so bad that it might be irreparable in the long run.

Dr. A. WESLEY HILL said that he was pessimistic so far as the present morale of the profession on the question of resignation was concerned, but, if the profession continued in the miserable and murky atmosphere of bargaining with politicians, in his view the morale would sink lower. Doctors should rejoice at this opportunity of getting out of the N.H.S.

### Mini-pool

Dr. R. L. LUFFINGHAM asked whether the Pool had now gone once and for all, and whether what Council was now discussing was the contract based upon the Charter.

Dr. CAMERON replied that the Pool would be wound up as arranged on 31 March. The final settlements for that year and the previous year would ultimately be paid out. In

order to meet the new situation, the intention was to set up for six months what had been termed a "mini-Pool." So far as expenses in the Pool calculation were concerned, the expenses portion would be projected for a further six months after the winding up of the Pool. In other words, the mini-Pool would be an extension of the Pool principle for six months.

Dr. LUFFINGHAM pleaded that in negotiations which took place with the Ministry the profession's representatives should stick firmly to the fact that the Pool had been got rid of.

Dr. J. S. HAPPEL suggested that the sentence in the G.M.S. Committee's report, "It is urged that a further and realistic attempt must be made to limit unrestricted and unnecessary demands by the public on the services of family doctors," should be pressed. He asked Council to look beyond the temporary freeze to the unprecedented longer-term dictatorial powers given to Mr. George Brown, including discretionary powers. "Where, brothers, do you think we would be in his discretion?" he asked. Those powers were evil, and in rushing them through Parliament the Government had turned a disastrous situation to their own advantage in creating powers in a way that they could never hope to do for a democratic purpose.

### Carry on for Six Months

Mr. G. E. MOLONEY said he was not certain whether the crisis was real or phoney. "But our job is to care for the nation's health for richer or poorer, and I do not think it would be right for us when people believe there is a crisis to turn on the nation. We must carry on as we are for six months."

Dr. J. A. MOODY said he had no faith whatever that members of the profession could be persuaded to withdraw from the N.H.S. at the moment. It might be that it would be necessary to use the threat next April. He urged the negotiators in future to ensure that the medical profession was equated with the legal profession, but, above all, their first thoughts in discussions with the Ministry must be the plight of hospital junior staff.

Dr. G. E. CRAWFORD said all negotiations with the Government should be broken off. The Government stated that the crisis would be over in six months' time, so the medical profession should state that it would stand by the country until 1 January, and when the country was on its feet again its members would resign.

Dr. A. N. MATHIAS (Chairman of the Representative Body) reminded members of Council that they were the present representatives of the Association that over thirty years ago first put out a blueprint for organized care for the whole population. Some members of Council were present at the Special Representative Meeting in November 1944, when the Representative Body took the decision that the profession should accept 100% responsibility for the overall medical care of the population. It would, he said, be lamentable at the present stage if the profession abandoned that tradition. "If we resign now when this country is on its knees, we shall create medical anarchy which will smash the ideals we have devoted so much work and endeavour to secure," he said. "It will also smash the Association for ever." He expressed the hope that for those reasons Council would think very carefully before advising the profession to resign at the present moment.

### Not Moment to Resign

Dr. G. R. SMITH said any attempt on the part of the profession to resign at the moment would fail, and the whole weight of public opinion would be against it. However, in the light of the last sentence of paragraph 3 of the first letter from the Minister, it was difficult to see any reason why the money should be deferred a further six months. That money should become due on 1 January and should be paid retrospectively on 1 April 1967.

With regard to hospital junior staffs, they had had a raw deal, but at the same time it was pointless going to any Government which were passing a law that was to apply to everybody and saying "You must make an exception for this minority." What the profession must do was to state categorically and immediately that, although the net income of those doctors might not be increased, their payments for board and lodging charges should be stopped forthwith. If categorical assurances on the phasing and on the position of the hospital junior staff were not obtained forthwith, the machinery should be put in motion to determine how many doctors in the industrial areas would be prepared to hand in their resignations on 1 January to take effect on 1 April: 20% of the doctors in the industrial areas would be sufficient to make an effective stand.

The CHAIRMAN asked Dr. Smith whether he was suggesting a pilot scheme in some areas.

Dr. SMITH replied that in his view it should be confined in present circumstances to industrial areas.

Dr. H. G. DOWLER said that despite the apparent severity of the crisis the Government were not prepared to relinquish their socialist dogma covering family allowances, subsidized school meals, subsidized milk, subsidized rents, and so on.

Dr. J. L. MCCALLUM agreed that the present was not the right moment to resign. Efforts must be made to ensure that in the new contract expenses were distinct from pay, and while accepting a pay standstill the profession did not accept an expenses standstill. The profession would start three months ahead of anyone else with the new contract in September. It was nonsense to say that because doctors were paid in arrears the contract started on 1 October, and therefore they came under the standstill.

Dr. S. NOY SCOTT said he was convinced that the present was not the time to resign. He accepted the G.M.S. Committee's recommendations, but in his view they did not go far enough. He felt that they should indicate some reluctance. In the most socialized country in the world, the Soviet Union, people paid for their medicine.

Dr. F. STEEL said he would like to see the issue discussed in the periphery, so that the profession would not be divided on the matter of resignation. He was unhappy that the profession had not been consulted on the issue.

### Council's Lead

The CHAIRMAN said he felt that Council had a responsibility and must take a lead.

He informed Council that the following amendment, moved by Dr. OUTWIN and

seconded by Dr. A. V. RUSSELL, had been received:

If the request that the exclusion of board and lodging charges as a factor in the remuneration for hospital junior staff is refused, then general practitioners be advised to discontinue issuing National Health Insurance certificates.

Dr. OUTWIN said such a move could be a potent measure in implementing the profession's request to the Government to remove board and lodging charges in the case of hospital junior staff.

Dr. RIDGE said he could not conceive of anything more unfortunate than if the Council, by voting, should decline such aid to hospital junior staff or vote in favour of it and find that it was not possible to implement it. He moved that Council pass to next business.

The motion to pass to next business was duly seconded and carried.

In reply to a question Dr. I. M. JONES said that in the event of widespread resignations at the end of the year Independent Medical Services Ltd. could cope with the situation.

Council adopted the recommendations of the G.M.S. Committee (see p. 104) and the following recommendation of the C.C. and S. Committee:

That the Council and the Joint Consultants Committee be asked to appeal to the Government to reconsider the position of the hospital junior staff and of those doctors who are due to retire from the Service this year, or who will retire during the next three years.

Council noted the following resolution passed by the Hospital Junior Staffs Group Executive Committee on 2 August.

The Hospital Junior Staff Group Executive Committee draws attention to the fact that all hospital staff have already experienced a standstill on pay that has lasted since April 1963; that the recent recommendations were accepted by the Cabinet in May 1966 and by the profession in early June; and that failure to implement them is due to administrative difficulties which are peculiar to the nature of the Service.

It also wishes to point out that part of the recommendations of the Seventh Report have already been implemented in respect of general dental practitioners.

Failure to implement the award will have a demoralizing effect on the staff of the Health Service, with disastrous effects on the Service itself.

It recognizes the efforts that have already been made by the leaders of the profession to avert this disaster. The Hospital Junior Staff Group Executive Committee therefore recommends in the strongest possible terms that the profession's negotiating committees continue to do everything within their power to ensure that the Review Body's award to hospital junior staff is fully implemented without further delay.

It feels bound to point out that the normal working week for hospital junior medical staff vastly exceeds that of other employees in the hospital service. In the event of the Government's failure to implement the award with effect from 1 April 1966, hospital junior medical staff feel entitled to ask that discussions be held with the Government on ways and means of alleviating the burden of excessive hours worked by hospital junior medical staff.

The Council also approved the statement made by the Joint Consultants Committee (see p. 104).

Council finally considered and approved a statement to be sent to all members of the profession.

## General Medical Services Committee

A Special Meeting of the General Medical Services Committee was held on 2 August to consider developments which had arisen in connexion with the implementation of the Review Body's award. Dr. J. C. CAMERON was in the chair.

The CHAIRMAN recalled that on 4 May the Prime Minister had announced the Government's decision on the Review Body's recommendations.

In reply to a number of questions the Prime Minister had made certain statements including: "I agree that, although it is difficult, it is right that we should have a straight decision on this case and not refer it to the Prices and Incomes Board." In answering another question the Prime Minister had said:

"The job which the Review Body had to do this time was a particularly difficult one, because it involved the Review Body considering an entirely new contract and a new deal for the whole of the family doctor service, as well as doing its normal work. I made it clear that the question of distribution is one which my right hon. friend will be discussing with the profession. As I think the House knows, I saw leaders of the profession this morning, and, while they have fully reserved their position and the position of the profession on our decision to break the award into two separate years, I think they feel that, if they accept the Government's decision they should press very strongly the right to have discussions as to the method of implementation within the overall figures which I have quoted, and indeed we have given a pledge that this will be done, largely at the request of the leaders of the profession."

On 20 July, exactly 11 weeks after the statements quoted above were made, the Prime Minister, in his speech on economic measures, had said:

"... The Government are now calling for a six-month standstill on wages, salaries, and other types of income, followed by a further six months of severe restraint, and for a similar standstill on prices.

"Where a definite commitment already exists to increase pay or reduce hours its implementation should be deferred for six months. New commitments should not be implemented during the rest of 1966, and in the following six months only if the grounds for exceptional treatment are particularly compelling. In this way it is intended to secure virtual stability in incomes for a period of six months, followed by a limited growth of incomes in accordance with national priorities during the first six months of 1967. Thereafter, it will be essential to secure that the growth of incomes is resumed in an orderly manner in step with national output. . . ."

### Consultation at Ministry

Immediate representations had been made following that announcement, said Dr. Cameron, and there had been continuous consultation with the Permanent Secretary of the Ministry of Health.

On 28 July the Minister had asked to meet the profession's representatives. "I had no information as to the nature of the message that the Minister of Health was to impart, but your negotiators had grave forebodings," continued Dr. Cameron. Those forebodings had proved to be justified,

because the Minister had stated that the situation of the country was such that a Cabinet decision had been made to defer implementation of the Review Body's award to the medical profession. All members of the negotiating team had asked for a document to be issued as soon as possible, and an undertaking had been given that the proposals would be set out in a document to be available on 29 July.

No document had appeared on that day, and Dr. Cameron said he had felt he ought to see the Minister at once. The Minister had agreed to see Dr. Cameron, Dr. Stevenson, and Dr. Hedgcock at once, and at that meeting, though the Minister had dealt primarily with the affairs of general practitioners, there had been an opportunity to range over the problems affecting all branches of medicine. But still there was no document.

### Meeting with Prime Minister

At that time Mr. Wilson had been in the U.S.A., and it was not until 5 p.m. on 1 August that the Chairman of Council, Dr. Ronald Gibson, Sir Thomas Holmes Sellors (Chairman of the Joint Consultants Committee), Dr. Cameron, and Dr. Stevenson had seen the Prime Minister. Then and only then had they been shown the letter which the Minister proposed to send to the profession's representatives. (See first letter in *Supplement*, 6 August, p. 93.)

Dr. Cameron said that at first he had been hopeful that in fact the profession would escape from the net, but the decision to include the medical profession had been made on the grounds that, though the agreement had been reached with the profession, in fact the money had not changed hands.

### Second Six Months

Dr. Cameron said that the profession's representatives discussed with the Prime Minister the words in the last sentence of paragraph 3 of the first letter governing the second six months period of the standstill. The Prime Minister gave no undertaking about the way policy would develop in that period. In the light of discussion with the Prime Minister, however, the sentence had been interpreted by the representatives of the profession as meaning that phase two of general practitioners' remuneration would become operative from 1 April 1967. "You will have noticed that general practitioners qualify in particular under each of the last two of the criteria mentioned," added the Chairman.

Dr. Cameron then drew attention to the second letter dealing with general practitioners' problems (see *Supplement*, 6 August, p. 93). At the meeting with the Prime Minister the profession's negotiators had urged the point that as far as general practitioners were concerned the question of net income was of the utmost importance. The Prime Minister had accepted this and had authorized the Minister of Health to look into any cases where a doctor would be out of pocket as a result of the standstill.

The Chairman drew the attention of the Committee to the letter on that subject from the Permanent Secretary of the Ministry of Health (see third letter in *Supplement*, 6 August, p. 93).

"I hope you feel that we have done all we could between the announcement of this standstill and convening the meeting of this Committee," concluded Dr. Cameron.

Before proceeding to the discussion, the Committee considered a proposal by Dr. J. E. MILLER, supported by Dr. J. S. HAPPELL, that the debate should be held *in camera*. The proposal was rejected.

### Questions

Dr. R. A. KEABLE-ELLIOTT asked whether the previous quarter's payment had been an interim payment.

The CHAIRMAN replied that that payment should be viewed by doctors as a payment on account. The legal position was that until arrangements were ratified, it could not be considered a "payment."

Dr. N. S. MALIMSON asked when the contract had been legally made.

The CHAIRMAN replied that as far as the Government were concerned implementation did not take place until the money had actually been paid.

Dr. R. B. L. RIDGE added that the question of the legal nature of the payment on 30 June had been discussed in negotiations with Ministry officials before any question of the pay standstill arose. Payment on 30 June had been on the basis of regulations in force at that time, and no payment on the basis of the new pay levels could legally be made until a new regulation had been made and approved by Parliament, and that had not yet been done.

Dr. B. L. ALEXANDER asked whether general practitioners should still consider themselves bound by phasing.

The CHAIRMAN replied that phasing had been agreed with the Prime Minister. This standstill had been a breach of the agreement, though the Prime Minister had taken the view that the breach would not have taken place had it not been for the economic state of the nation.

Dr. R. W. RAE asked whether the profession would be paid on the old Pool system plus expenses up till 1 October, and whether as far as rural practitioners were concerned the old dispensing arrangement would still obtain.

The CHAIRMAN replied that that was so.

Dr. G. P. WILLIAMS said that the wastage in principals at the moment was staggering, and he asked the profession's representatives to insist that the Pool should not be decreased as a result of practitioners leaving the list as a result of the delay.

Dr. RIDGE suggested that it was necessary to ensure that the Pool method of payments finished on 31 March 1966, and that any "mini-Pool" thereafter was *de novo*.

The CHAIRMAN said the intention was to close the Pool as arranged on 31 March. The new arrangement would be in the nature of a "mini-Pool," and it would be possible to go back and to deal with the problems which had arisen as a result of the Government's action.

**General Debate**

Dr. HAPPEL said that the Review Body machinery had been completely overthrown, and the profession was now back to a naked struggle with the Government and had been thrown into the arena of party politics.

The profession's duty was to impress upon the Government that their foolish policies had brought the country to this sorry pass. The proposal to abolish prescription charges had brought on the crisis in the previous year, and this measure had affected general practitioners by leading to a 20% increase in work load, with less doctors to carry it out. He urged the Committee to show courage and to shun acquiescence.

Dr. J. S. NOBLE said that the decision it was necessary to make was whether the profession could go on with the Health Service as it was. It was his belief that if the N.H.S. continued as at present doctors must ultimately decide that they could no longer continue to work in it. In his view it would be necessary to call a conference of local medical committees and to give that conference a lead. But such a lead must not be a simple "Yes" or "No" to the question whether doctors should carry on in the N.H.S. It must go deeper. The blunt fact must be faced that the health and welfare services were breaking down. It must be made clear that the National Health Service could no longer continue to be financed out of direct or indirect personal taxation.

Dr. G. MURRAY JONES reported that on the previous evening he had been present at a very well attended meeting of doctors from South Wales, and after a long debate even the hardest working doctors had come to the conclusion that the present issue was not one of resignation. The issue was rather one of emigration, for young doctors were demonstrating their dissatisfaction by getting out of the country.

Dr. A. L. BUSSEY said that the blow aimed at general practitioners was only part of a wider savaging designed to save the pound, and thereby the international standing of Harold Wilson. Sooner or later the pound was doomed, and, if practitioners were foolish enough to join in the great rally round the flag, general practice would be sacrificed as well.

The Minister of Health had broken his word. Whether he was driven to it was beside the point. The myth that he was the best Minister of Health the profession had ever had would be exploded unless he resigned. If the Minister resigned the profession could respect him. If he did not, then the profession knew once and for all that his party and his career came before his word to the profession.

Dr. A. B. GILMOUR said that, while the profession might wish to cooperate with whatever Parliament might agree was necessary in the national interest, the profession must ask that note be taken of certain outstanding points. First, the strongest possible representations should be made on behalf of hospital junior staff, who were grossly underpaid.

Secondly, it should be made clear, said Dr. Gilmour, that the whole basis of the family doctor contract was not an increase in payment but the reimbursement of expenses for the first time ever. Thirdly, the profession should draw attention to the position not only

of the medical staff but also of the ancillary staff, who were so badly provided for in many hospitals. Fourthly, as the crisis demanded Government action, the profession would welcome the Government showing awareness of this by the curtailment of unnecessary welfare expenditure.

**Lack of Money**

Dr. M. T. SHAW said it seemed obvious that both major political parties dared not acknowledge that Britain just could not afford a comprehensive National Health Service.

Dr. R. A. KEABLE-ELLIOTT said that it was the overwhelming desire of the people of Britain to have a National Health Service, and it was not true to say that the service could not work. General practitioners had drawn up a Charter and a new contract, which the Prime Minister had accepted. That contract could work, and the only way to save the N.H.S. was for it to work. It was the first duty of the profession to say to the Government that if they wished to have a N.H.S. they could have it with the contract and pricing put forward by the Review Body.

The country was suffering an economic crisis, and it behoved the medical profession to act in a responsible manner. If a sacrifice had to be made, the profession must make it, but if there were to be a sacrifice, it must be made by the whole country.

Dr. C. J. WELLS suggested that the decision of the Government would accelerate the end of the National Health Service as it was at present.

The aim was an efficient, properly financed National Health Service of high quality; and this had not been achieved—mainly owing to lack of money. To improve the finances of the N.H.S. prescription charges should be introduced at once, together with direct payment by the patient at the time, whether it be in general medical services or the hospital service. Those measures, together with some regulation to control demand by the patient, would make sense to the doctors.

**No Longer Any Trust**

Dr. B. L. ALEXANDER said that the negotiators had been negotiating with a man who had no longer any power to negotiate on his own, and with a Prime Minister in whom it was no longer possible to have any trust. The Government had taken on dictatorial powers, which must be resisted strenuously.

The cuts imposed by the Government did not affect practitioners as much as they affected patients. It was the patients who would benefit most by the introduction of ancillary staff. The cost of the abolition of prescription charges—£60m.—would have been sufficient to pay for the increased awards to doctors, seamen, and busmen.

The profession had accepted the contract and phasing. The Government, having broken the contract, Dr. Alexander said he regarded practitioners as being completely free to renegotiate a settlement. He suggested that the Committee, while accepting a six-months standstill, should press for the implementation in full of the Review Body's recommendations on 1 October 1966.

Dr. G. CORMACK asked the Committee to bear in mind the Government was primarily

responsible for the economic quandary in which the country found itself. If the crisis were really severe, one would feel more reassured to see some earnest on the Government's part such as the abandonment of the Iron and Steel Bill, for instance, or a reduction in the salaries of Members of Parliament.

Dr. R. W. RAE suggested that the profession should accept the standstill for six months; but he suggested that the Committee should advise the profession that on a certain date they should withdraw from the N.H.S. on the ground that it had failed, and that they would be far better off working in I.M.S. The present was the time to act. If the matter were left longer the profession would be so far committed in the matter of health centres and so forth that withdrawal would be impossible.

**Not a Resignation Issue**

Dr. N. S. MALIMSON said that he, together with many of his colleagues in Lancashire, did not feel that the issue was one of resignation. In his view the majority of doctors wanted a National Health Service in which they could treat patients without the question of economics. Private practice and the I.M.S. were all very well for young doctors who did not know what private practice was like in the industrial areas. The structure of the N.H.S. should be retained, and the matter must not be made a resignation issue.

Dr. E. COLIN-RUSS said that the reaction of most of his colleagues in London was one of intense disappointment. He was alarmed about the future of general practice.

Dr. Colin-Russ agreed that resignation at the present time would be quite wrong. The Committee, he suggested, must draft a careful statement setting out the profession's case in great detail to let the Government and the country know exactly what the position was.

Dr. A. J. ROWE asked how anybody could have faith in a Government which threw away some £65m. from N.H.S. receipts, and, at the same time, expected general practitioners to carry an enormously increased work load.

**Done His Best**

Dr. A. ELLIOTT said he felt very sorry for the Chairman and the Minister of Health, who, he believed, had done his best in a very difficult situation. Dr. Elliott said he was also sorry for himself, but most of all he felt sorry for the N.H.S. and the patients, because in his view the action which had been taken by the Government played right into the hands of those members of the community who wished to abolish the National Health Service.

He was also apprehensive about what would happen in the six-months period of severe restraint. The Committee should insist that the Prime Minister must make a categorical statement that the whole of the Charter would be implemented from 1 April 1966.

**Statement by Chairman of Council**

Dr. R. GIBSON, Chairman of Council, said that in his view the profession was facing

probably the most critical situation it had ever had to face. He had prepared a statement which he proposed to make to the Council the following day, and he felt it was only just that he should acquaint the G.M.S. Committee with the last part of that statement.

There were two main alternatives. The first was to refuse to accept the situation, and to advise the profession to resign from the N.H.S. In so doing, said Dr. Gibson, he was convinced that several things would almost certainly follow. The first was that the majority of the profession might not take that advice. The second was that a chain reaction would be set off within the trade union movement which would result in strike action following strike action until the possibility of a general strike would have to be faced. That, or even part of it, could only result in a breakdown in the country's economy, and the medical profession would have been the leaders of a movement which ruined not only the country but also the profession itself. Public opinion would be alienated and doctors would brand themselves for all time. The time to resign was in a favourable economic climate, when the argument concerned only the Government and the profession. At the present time the economic circumstances could not be worse.

The alternative was to accept the Government's verdict, as it applied to the profession, under protest, and with the reservation that if one single exception were made to the universality of the order immediate and appropriate action would be taken. The profession would reserve the right at any time during the next six months if circumstances changed, or if in April moneys due were not forthcoming, again to take action designed to protect the profession's position and rights. In addition, in any such statement the attention of the Government and the public would be specifically drawn to the grave effect which the White Paper would have on the standard of service which members of the profession were able to give to patients. The plight of the young hospital doctors should be emphasized, as would the impact the standstill would inevitably have on general practice.

### Impact on Medical Care

Dr. RIDGE suggested that the Committee should look at the situation as doctors and consider the impact of the present policy on the standard of medical care of the people.

With medical care provided almost exclusively through the N.H.S. the standard of care of the people of Britain was bound up with the standard of care in the N.H.S. Successive Governments had failed to appreciate that in their failure to make proper provision for an efficient National Health Service, they had prejudiced the standard of care of the people. The question which must be asked in the light of that policy was: could doctors identify a point beyond which they were not prepared to go in the progressive deterioration of the standard of medical care?

Looking at the matter purely in terms of the standard of care for the people of Britain, continued Dr. Ridge, he believed that unless the report was implemented in full, then as a doctor he could no longer be an accessory to the consequences. If the Committee agreed, then it was necessary to so advise the

people and the Government in terms which were unmistakable.

### Folly of Finance from Taxation

Dr. I. M. JONES suggested that a great deal of the present trouble was an inescapable result of the utter folly of successive Governments in seeking to finance the medical services of the nation predominantly from taxation revenue.

The Committee should look at what shortly would be the law and say to the Government: "You are committed in terms of the Review Body award to pay us under a completely new contract different sums of money in an entirely different way as from 1 April 1966. The new law states that this should be deferred for six months. We are prepared even to defer it for a further three months beyond that time to give proof of our good intent. However, in accord with the law as it will be, we seek to invoke this law in the interim and to negotiate not on the basis set out in your letters, but in full accord with what you have stated in this White Paper."

It must be indicated that any breach of the standstill as applied to the rest of the community would be interpreted by the profession as giving it the absolute right to go back and demand such percentage of the full Review Body award as it might care to make.

Finally, Dr. Jones said he could not regard the third paragraph of the first letter as satisfactory. "I want a written undertaking by the Prime Minister that, as from 1 April 1967, the full Review Body award will be implemented, and, since he has shown himself to be a man whose word alone cannot be accepted as entirely trustworthy, I want a guarantee that by 1 January 1967, in addition to that written undertaking, there will be the promulgation through the necessary statutory instruments of the effect of that decision."

### Chain Reaction

Dr. J. E. MILLER suggested that doctors throughout the country did not regard the matter as a resignation issue. Anger, frustration, distrust, protest possibly, but it was not a resignation issue. He underlined the warning given by the Chairman of Council of the chain reaction which might be set up following a recommendation by the Association to practitioners to resign from the N.H.S.

Dr. A. A. CLARK proposed that the Committee accept the six-months standstill and that the following statement be made: "Being well aware of the present very serious economic position of the country, this Committee believes that general practitioners are willing to accept the resultant burden equitably with their fellow citizens, but it must be pointed out that, though they are willing to give up the suggested £6m., they are unwilling to continue in the National Health Service whereby as a result of the political removal of the 2s. prescription charge their work load has been increased by 25%. We accept the six months standstill on condition that prescription charges are reintroduced at the end of this period."

The CHAIRMAN drew attention to a number of telegrams from doctors indicating support for the reintroduction of prescription charges.

Dr. W. E. BOWDEN suggested that one of the points which must be put to the Government by the negotiators was that the re-introduction of prescription charges was the only means of reducing work load.

Dr. H. J. EASTES said he saw no future for the N.H.S. under the present Government or, indeed, under any Government. In no circumstances would a Government be prepared to put adequate money into the running of the service. Many doctors had incurred additional expense as a result of what they believed would be the implementation of the new contract. There was a strong case to be made for the reimbursement of rent and rates and payment for ancillary help, as it did not constitute an increase in doctors' pay.

### Toe in the Door

Dr. JOAN CHAPPELL suggested that some progress might be made in the light of paragraph 18 of the White Paper on the Prices and Incomes Standstill. She said that the profession had its toe in the door on the question of payment for ancillary help, and she wondered whether the profession could not press further. So far as the question of increased output was concerned, something specific might be sought such as a freeze on the total number of principals in contract as from 1 April 1966, so that the 2,000 to 3,000 resignations were not lost. Furthermore, seniority payments constituted an item which was akin to the rising scale with age.

Dr. G. P. WILLIAMS felt the financial state of the country was such that the profession dared not press its claims to the length of suggesting withdrawal from the service. "I think we may well find ourselves back here in six months time faced with not only the non-implementation of our claim, but with possible 10% cut of what we have already," he added. In his view the present way of tackling the crisis would not have the result that the Government hoped and believed.

### Common Market

Dr. R. J. T. GARDINER said that the medical profession had been presented with a series of measures which it was expected to believe were due to a serious economic crisis. Of the seriousness of the crisis there could be no doubt, but was the profession really expected to believe that the country was on the verge of bankruptcy? It was most unfortunate that the Committee had not yet had the opportunity to discuss the implications of the United Kingdom joining the common market.

Britain was the only country in Europe giving completely unrestricted services in the Health Service. It was being widely suggested in Europe that radical changes would have to take place in the British N.H.S. to bring it into line with other countries. The present Government were reluctant to shoulder the responsibility of making changes in the N.H.S. Would it not now be a godsend to them if any action of the doctors at the present time could be misconstrued by the public as being the cause of a breakdown in the service, making the doctors the scape-goats?

Dr. A. REEVES suggested that in the Committee's report to Council there should

be a specific reference to prescription charges and a fee at the time of service.

Dr. B. D. MORGAN WILLIAMS said that the profession should insist that the Government altered the terms and conditions of service to make emigration less desirable. He had always held the view that terms and conditions of service were much more important than actual remuneration.

Dr. T. J. CARTER expressed the view that practitioners would not, as things stood, be reimbursed for selective employment tax. It was the Committee's right, he said, to ask for the full implementation of the Review Body's award by 1 January 1967.

On the question of resignations, the Committee should at the present time call for resignations to be used immediately further punitive measures were taken by the Government. The profession must retain the right to have the award backdated to 1 April in the event of the failure of the incomes policy. He urged the Committee to issue a statement to the effect that despite all its efforts it could no longer recommend the N.H.S. in its present form.

### Better Service

Dr. E. V. KUENSSBERG said that those who had quietly planned over the last few years to build better premises, increase their diagnostic range, and to give a better service to their patients would now find that they would continue to finance the N.H.S. themselves. References had been made to pay rises for doctors, but such sums were involved in the betterment of conditions for patients. In the first year doctors would be lucky if they received £50, and to talk of a "pay rise" in that sense was utterly absurd. It was necessary to tell the public of what they

were being deprived, because deprived they would be.

### Recommendations

On the motion of Dr. A. N. MATHIAS, the Committee agreed to recommend to Council as follows:

(A) That the Government's decision that "the effective date for the first phase of the increased remuneration of general medical practitioners, which was formerly 1 April 1966, will now become 1 October 1966, and will be received in the payment made at the beginning of January 1967," be accepted.

(B) That the undertakings contained in the second and third letters of 1 August from the Ministry of Health with regard to

(a) the special arrangements for the period 1 April to 30 September 1966, and

(b) the additional practice expenses incurred in the light of acceptance of the Review Body's Report. be accepted.

(C) That the policy set out in paragraphs 3, 4, and 5 of the G.M.S. Committee's report be approved.

The G.M.S. Committee's report reads as follows:

"(1) The General Medical Services Committee has examined the effects of the Government's White Paper on Prices and Incomes Standstill (Cmd. 3073) on the implementation of the recommendations of the Review Body in its Seventh Report, which was accepted by the Prime Minister in a statement in the House of Commons on 4 May. The Committee has also considered the two letters on the subject dated 1 August from the Minister of Health and the letter of the same date from the Permanent Secretary of the Ministry. The Committee views with grave concern the intention of the Government to delay further the implementation of the Review Body's award, which was in the words of the Prime Minister 'justified on grounds of workload and manpower' and which had already been cut by half for the first year

because of the economic position. It must be stressed that a substantial part of this gross increase was meant to provide improved services for patients.

"(2) Following the reduction due to this very recent 'phasing' of these recommendations by the Government, accepted by the profession on account of the serious economic state of the country, and the further reduction due to the 'standstill' proposals, the Committee considers that family doctors now have little reason to have any faith in the Government's word, and therefore every reason to doubt the wisdom of continuing to work in the National Health Service. Furthermore the Committee is acutely aware that this 'standstill' can only lead to a lower standard of medical care for patients and irreparable damage to the future of Medicine. It is urged that further and realistic attempt must be made to limit unrestricted and unnecessary demands by the public on the services of family doctors. The Committee is also gravely concerned at the present situation of hospital junior staff and is therefore appalled at the implications of the 'standstill' on their rates of pay.

"(3) In view of the worsening economic situation and the fact that the 'incomes standstill' is to apply to everyone, the Committee recommends family doctors as responsible citizens to accept the decision of the Government.

"(4) Nevertheless the Committee is resolved that any exception to the 'standstill' will justify a demand for immediate implementation in full of the Review Body's recommendations for family doctors. Failure to implement in full in these circumstances would be an immediate resignation issue.

"(5) The Committee considers it essential, in order to restore acceptable standards of medical care, that the Review Body's recommendations for family doctors be implemented in full not later than from 1 April 1967. Failure to secure by 1 January 1967, arrangements which would ensure full implementation from 1 April must be regarded by the Committee as an immediate resignation issue."

The report and the above recommendations were agreed by the Committee for submission to the Council.

## Central Consultants and Specialists Committee

A special meeting of the Central Consultants and Specialists Committee was held on 2 August, with Mr. H. H. LANGSTON in the chair.

The CHAIRMAN said that the matter on the agenda was the Government White Paper on the Prices and Incomes Standstill. He then outlined the recent events. Late in the afternoon of 28 July at two hours' notice a request had come for representatives of the profession to meet the Minister of Health urgently. The Minister had met Dr. Ronald Gibson, Sir Thomas Holmes Sellors, Dr. James Cameron, and Dr. Derek Stevenson, and told them what was to be in the White Paper and that it was a universal document applying to all agreements and promises of payment where payment had not actually been made. As a result, the profession's representatives had asked the Prime Minister to receive a deputation, and the same team had met the Prime Minister on 1 August.

### Letters from Ministry

Two letters from the Minister and from Sir Arnold France, were before the meeting (6 August, *Supplement*, p. 93).

Dr. H. L. LEAMING asked for clarification of references in the Minister's letter to "payments to hospital doctors and hospital dentists now operative from 1 October 1966" and "the effective date for the first phase of the increased remuneration of general medical practitioners, which was formerly 1 April 1966."

Dr. H. GLYN JONES explained that salary scales were implemented on the publication of the statutory instrument which put them into operation. They had not been put into operation for either side of the profession, although they had for some of the dentists. The payment made to the general practitioners in June was, in the terms of the administrators, an advance payment in respect of the new payments. Though so phrased, the administrators had now backed down on it.

Dr. LEAMING said that the impression one gained from the letter was that the hospital services would be deprived of six months' pay.

The CHAIRMAN pointed out that everyone was being deprived completely of six months' pay. Then there would be the three months' pay which hospital doctors hoped they would earn from 1 October to 1 January. To his

mind there was a serious risk whether they really would get that payment in the present economic situation, which could worsen.

Dr. G. E. OWEN WILLIAMS referred to mention in the White Paper that "The Government will be consulting the Confederation of British Industry, the Trade Union Congress, and other interested parties" and asked whether the B.M.A. was one such "interested party" or whether the Joint Consultants Committee was the only interested party as far as hospital doctors were concerned. Was there a dichotomy of consultation which might be detrimental to a just solution?

The CHAIRMAN replied that the "interested parties" were the bodies that had to negotiate, so that, at present, these were the G.M.S. Committee and the Joint Consultants Committee—the G.M.S. Committee negotiating for the general-practitioner side, and hospital doctors' terms and conditions of services being negotiated through the Joint Consultants Committee.

### Political Issue

Dr. OWEN WILLIAMS pointed out that the issue would become a political one. There-



might be some wrangling and "extra-mural activity," perhaps even unorthodox procedures devised. The Joint Consultants Committee was unable to adopt that sort of manoeuvre for many reasons. He hoped the interests of hospital doctors would not be hampered by the fact that they were unable to be represented by the B.M.A. with this extra freedom of action.

The CHAIRMAN said he thought it could be taken that this would not be allowed to happen.

Dr. GREY-TURNER (Deputy Secretary) explained that if all that was in the White Paper was carried out, the second six months' period of severe restraint would not apply to hospital doctors; they would get the whole of their Review Body Award paid on 1 January backdated to 1 October and would be all set until the end of the Kindersley two-year period. On behalf of the medical teachers and research workers and armed Forces doctors a request was being made to meet the relevant Ministers.

### Medical Teachers

Dr. K. S. ZINNEMAN, explaining the position with respect to medical teachers, said that it had been announced in Parliament that clinical teachers would have their increases dependent on the Review Body Report. This the clinical teachers had regarded as a commitment, and when the Review Body Award had been announced they had told the University Grants Committee that they had been advised to press their claims. The U.G.C. had pointed out in June that the clinical teachers might be caught up in a wages freeze. The Chairman of the U.G.C. had said he would speed up the claim as much as possible and make it urgent, but once he had passed it to the Government he had no more influence. That was the position. No new terms of remuneration had been announced and clinical teachers might be caught up until July 1967.

Dr. A. SKENE said he thought the Deputy Secretary had no right to be so optimistic that the Review Body's recommendations would be implemented in full following the six months' pause. The Minister in his letter had left the whole thing absolutely wide open.

Dr. OWEN WILLIAMS agreed with Dr. Skene. With regard to the "economic and social priorities in the light of which decisions will be made from time to time," mentioned in the White Paper, Dr. Owen Williams recalled that the Review Body's Report had said: "The principles of the White Paper (on Prices and Incomes Policy), while aimed at the general objective of relating the average rate of increase in money incomes to the long-term rate of growth of national productivity do not preclude pay increases that can be demonstrably justified by consideration of economic efficiency, urgent social need or manifest equity."

The point might well be made that such considerations would outweigh certain purely economic ones. Consideration had to be given to emigration, recruitment, and inducements to enter certain forms of practice. This was something on which action might at present be based.

The CHAIRMAN replied that whenever a Government repudiated an agreement the

same thing could happen. As to when the next review would take place, he thought it highly improbable that the distinction award would not be changed in 1967. The profession might be told that the present award was to last three years. This would depend on how things went in the next six months in the economic sphere.

The cause of junior hospital staff had, he said, been strongly pressed, both with the Minister of Health and the Prime Minister.

### Talks with Prime Minister

Dr. GIBSON and Dr. STEVENSON then reported on discussions with the Minister of Health and with the Prime Minister, the Committee being *in camera*.

Discussion then turned to a resolution passed by the Hospital Junior Staffs Group Executive Committee on 2 August (*Supplement*, p. 100).

Dr. E. A. HARVEY-SMITH said that the feeling of hopelessness and hostility among hospital junior staffs was enormous, because the freeze affected them so acutely.

He pointed out that the award was not only an average pay increase; certain aspects of it affected the rearrangement of grades. Many men had acted upon the recommendations and would suffer financially. The fact that hospital junior staffs had been at a standstill on pay for three years must also be taken into account.

The Review Body themselves had said that, for the last one and a half years before the recent Review Body Award, hospital junior staffs had been underpaid. The award had been accepted by the Government in May and by the profession in June, and it was only because of the slow machinery that it had not been implemented.

Dr. A. GRAHAM referred to the Government's insistence that no exceptions should be made to "this all-embracing net." The Government, he thought, had made an exception by including the medical profession in the net. The Government had caught them in the net on a technicality.

The CHAIRMAN said he thought the effect of the freeze on those nearing retirement in regard to pensions might usefully be raised with the Government.

The CHAIRMAN suggested adoption of the usual procedure of saying that the statement was the view of the Hospital Junior Staffs' Group, and the fact that it was added as an appendix to a general statement meant that the Committee gave it a general blessing without approving specifically everything in it.

Dr. LEAMING thought it was a pity to abandon the one item which displayed a little backbone. He thought the time had come to consider seriously examination of the possibility, eventually, of taking remuneration of hospital doctors outside the Health Service. He put that forward as a notice of motion at a later time.

### Prepared Statement

A prepared statement was put before the Committee:

The remuneration of hospital doctors has not been increased since 1 April 1963. Since that date there has been a substantial rise in the cost

of living, and in the pay of almost all other workers. In the same period the work load of the hospital service has increased almost to breaking point.

In May 1966 the independent Review Body wrote:

"We have felt that it would be wrong in principle, as well as inconsistent with statements by successive Governments and by the National Board for Prices and Incomes, that doctors and dentists should be penalized because their remuneration is reviewed less frequently than many other people's . . . . In our view the case for substantial increases for junior hospital doctors . . . is overwhelming . . . . As we understand them, the principles of the White Paper (on Prices and Incomes Policy) . . . do not preclude pay increases that can be demonstrably justified by considerations of economic efficiency, urgent social need, or manifest equity."

On 4 May 1966 the Prime Minister stated in the House of Commons:

"The Government accept all the Review Body's recommendations in principle and are at once making arrangements to implement those for hospital doctors and dentists, and for general dental practitioners, in full, with effect from 1 April 1966. . . ."

When the award is on the point of being implemented, the Prime Minister has decided that there shall be a standstill on all forms of incomes up to the end of 1966, followed by a six-month period of severe restraint. Thus the pay of hospital doctors is to remain pegged at 1963 rates.

Consultants would be willing to accept this in the national interest, if an exception could be made in favour of hospital junior staff. The Cabinet has decided, however, that there are to be no exceptions whatsoever. On the understanding that the standstill is necessary in the national interest and is to be universal, and acknowledging that the National Health Service cannot be insulated from present economies, the Central Consultants and Specialists Committee recommends acquiescence, but it must be stated that sudden changes of this sort affect the stability of recruitment and militate against any proper planning and thus have grave consequences for the National Health Service. The Government's harsh decision cannot fail to diminish the good will and lower the morale of hospital doctors. The public must be made aware that longer waiting lists and lower standards are now inevitable.

RECOMMENDATION: That the Council and the Joint Consultants Committee be advised to acquiesce in the Government's standstill on incomes, on the clear understanding that the standstill is to be universal and hence that it is not practicable to make an exception in favour of hospital junior staff.

Mr. STERNE said that he was astonished that so many had been bewitched by the words of the politicians, even more than the politicians themselves were bewitched. The proposal was not a standstill on the salaries of the doctors in the Health Service, it was in fact a reduction. "Let us remember," he said, "that Members of Parliament themselves only a day or two ago refused to reduce their salaries." It was not a standstill for six months, but for nine, and might be for much longer.

Mr. W. DRUMMOND said that before coming to the meeting he had collected as many opinions as he could. He was quite frankly appalled by the generality of the tone of the meeting so far.

He would describe the majority of the speakers, with the exception of the last, as a lot of "weak willies." There was mention

of "acquiescence" and "supporting the economy of the country to save it." It did nothing of the kind. All it would do was support the Government which had got the country into this mess. This was called "courageous action by the Government." It was not courageous action at all. "It has thrown the medical profession on to the altar as a sacrifice to the trade unions, and nothing else," he said.

### Junior Staff

Dr. MAYON WHITE proposed the recommendation: "That the Council and the Joint Consultants Committee be advised to acquiesce in the Government's standstill on incomes, on the clear understanding that the standstill is to be universal and hence that it is not practicable to make an exception in favour of hospital junior staff."

He said that rats were the first to leave the sinking ship and if the ship of state was sinking, he would hate to think the medical profession took the lead in resisting the measures proposed by the Government. It was in that light, with the greatest regret for all they hoped for and must see perhaps abandoned for ever, certainly at a standstill for six months, that he moved the recommendation. Mr. MILES GIBSON seconded.

Mr. H. A. KIDD said that the recommendation did not satisfy him at all. The profession was now in the position in which agreement had been made and broken, willfully, without real reason. "We are being sacrificed as a political pawn to get the trade unions to agree with the Government," he said. The action should be to say they disagreed and state their reasons—full stop.

He therefore submitted a resolution: "That the C.C. and S. Committee, while appreciating the seriousness of the present financial crisis, deploras the action of the Government in repudiating the implementation of the Review Body's Report after having accepted it, and considers that it is unjust and will seriously damage the efficiency of the Health Service. To mitigate this injustice, it requests that the Government reconsider the position of the junior staff and of those doctors who are due to retire from the Service this year, or who will retire during the next three years.

"It is also of the opinion that before penalizing the profession the National Health prescription charges should be reintroduced."

Dr. LEAMING said he would second the motion if Mr. Kidd cut out the last sentence. Mr. Kidd agreed.

Dr. GLYN JONES proposed deletion of the words in the general statement "in the national interest." This was political and they did not know that it was in the national interest. It might well be the converse.

Mr. HANLEY said that a case was made out in the document that the junior hospital staff were suffering more than others. This was a point the public would take and he did not want to throw away this asset. "On the clear understanding that the standstill is to be universal" would apply to the junior hospital staff. He was trying to avoid this.

Dr. STEVENSON pointed out that this would take away from the case that the only basis for submitting was that the profession understood that the freeze was to be complete and

of total universality. If the doctors did not say they were accepting the standstill because they were bearing the sacrifice demanded of all, in the national interest, members would think they were mad.

Dr. HARVEY-SMITH urged the Committee to vote against the recommendation. To be seen to be submitting to the standstill on behalf of the junior hospital staff would, he said, be appalling. The junior hospital staff were absolutely up in arms about it. Many of them were only on £8 10s. a week take-home pay and must have a pay rise. Mr. Kidd's motion, he thought, reflected the feelings of the profession more accurately.

Dr. ZINNEMANN felt that the motion dealt with the present situation but did not look forward. In January 1967 the situation might be the same and further restraints might be imposed. He suggested addition of the words, after "universal" "and will end on 1 October 1966 with implementation on 1 January 1967." This was based on the White Paper.

Dr. MAYON WHITE agreed to the addition.

The Meeting agreed to the deletion of "in the national interest" in the immediate preamble to the recommendation.

The amended recommendation, "That the Council and the Joint Consultants Committee be advised to submit to the Government's standstill on incomes on the clear understanding that the standstill is to be universal and that there is to be no subsequent departure from paragraph 21 of the White Paper. In so doing, they deplore the continuing financial distress of the hospital junior staff and the damage that will be done to the hospital service," was put to the meeting and lost.

The resolution moved by Mr. Kidd and seconded by Dr. Leaming, "That the Central Consultants and Specialists Committee, while appreciating the seriousness of the present financial crisis, deploras the action of the Government in repudiating the implementation of the Review Body's Report after having accepted it, and considers it is unjust and will seriously damage the efficiency of the Health Service. To mitigate this injustice, it requests that the Government reconsider the position of the junior staff and of those doctors who are due to retire from the Service this year, or who will retire during the next three years," was carried.

### Universality

Mr. OWEN WILLIAMS asked what would happen in the event of some other part of the industrial field breaking the universality?

The CHAIRMAN replied: "If the universality is broken, all restraint on us is at an end."

Dr. OWEN WILLIAMS suggested the Committee should say that it noted the standstill, it also noted the lack of realistic proposals for the more economic use of the financial resources of the National Health Service. It asked the Council to start negotiations with the Government as soon as possible on re-introduction of prescription charges, the possibility of some form of board and lodging charges for in-patients at hospitals where financially able to pay them, discontinuance of any moves at present in hand by the

Government to discourage the spread of private practice in National Health Service hospitals, and provision of drugs for private patients.

The CHAIRMAN pointed out that board and lodging charges were already taken care of by recommendations of the Representative Body at Exeter. He asked if the Committee accepted that Council be asked to examine the possibility of raising these issues. This was agreed.

## Statement by the Joint Consultants Committee

The Joint Consultants Committee has carefully and fully considered the intentions of the Government as expressed in its White Paper on a Prices and Incomes Standstill.

The Committee feels that in the national interest it must regretfully accept the proposed six months' standstill. It must, however, point out the adverse effect that this decision will have on the National Health Service as a whole.

The Committee is especially concerned with the hardship that is being inflicted on hospital junior medical and dental staff.

In the course of its deliberations the Committee was so impressed by representations from its members about the situation in hospital junior staffing that it decided to make a further approach to the Prime Minister on behalf of junior doctors and dentists.

## B.M.A. Nuffield Library

The Library service is available to all members of the Association resident in Great Britain and Northern Ireland (and by special arrangement to members of the Irish Medical Association). A copy of the library rules will be forwarded on application to the Librarian at B.M.A. House.

The following books have been added to the Library:

- Roland, M. : Progestagen Therapy. 1965.
- Ross, J. S., and Wilson, K. J. W. : Foundations of Anatomy and Physiology, 2nd edition. 1966.
- Rovinsky, J. J., and Guttmacher, A. F. (Editors) : Medical, Surgical and Gynaecologic Complications of Pregnancy. 1965.
- Shapiro, D. : Neurotic Styles. 1965.
- Shirker, H. C. : Pediatric Therapy, 2nd edition. 1966.
- Smythies, J. R. : The Neurological Foundations of Psychiatry. 1966.
- Welford, A. T., and Birren, J. E. (Editors) : Behavior, Aging and the Nervous System. 1965.
- Williams, P. C. : The Lumbosacral Spine. 1965.
- Wilson, R. A. : Feminine Forever. 1966.
- Wrinch, D. : Chemical Aspects of Polypeptide Chain Structures and the Cyclol Theory. 1965.