

Prices and Incomes Standstill

University Clinical Teachers' Pay

SIR,—Clinical teachers, who number about 1,265, will not get an increase in pay on 1 January 1967, when the Review Body's award to hospital doctors will be implemented. The Government has decided in the light of the White Paper on Prices and Incomes Standstill that any future increase in the salaries of university clinical teachers will have to be justified under the then current incomes policy criteria, and thus, presumably, dependent on the decision of the Prices and Incomes Board. The implications of this are of such importance to the whole profession, and indeed to the continued existence of the National Health Service, and thus to the public, that it ought to be known how the situation arose.

Clinical teachers' pay is adjusted by the University Grants Committee in consultation with appropriate bodies in the university world, including the B.M.A. After such consultations the University Grants Committee advises the Treasury, and lately the Treasury through the Ministry of Education and Science, on changes in the clinical as well as in the preclinical teachers' salary scales. Since the report of the Royal Commission on the Remuneration of Doctors and Dentists it has become an established custom for a B.M.A. delegation to be received by the University Grants Committee immediately after the publication of a report of the Review Body to discuss increases for clinical teachers in the light of those recommended for hospital doctors. There have been differences of views on the two sides on retrospective payments and equation of certain points in the two salary scales, but never on the amount of the increase or on the date of its implementation, which have always conformed to those in the hospital service.

The same pattern was followed this time. However, since the Department of Education and Science has been interposed between the University Grants Committee and the Treasury, representatives of the B.M.A. met the then Minister of State, Mr. R. Prentice, on 21 February 1966. The main purpose of this meeting was to continue previous discussions on the difficulties in recruitment and retention of staff in clinical and preclinical departments of medical and dental schools, but the B.M.A. deputation inquired what would be the procedure for settling the salaries of clinical teachers when the report of the Review Body was published in the near future. The B.M.A.'s note of the meeting records Mr. Prentice's answer as follows: "Mr. Prentice replied that there would be a settlement, probably from 1 April, for clinical teachers which would take into account the 5% already settled [an interim award for non-medical and preclinical teachers as from 1 April 1966]. Any representations about increased remuneration for senior lecturers as a result of the Review Body report should be made to the University Grants Committee."

Within 72 hours of the publication of the report of the Review Body the B.M.A. requested a meeting with the University Grants Committee to discuss clinical university salaries, as suggested by the Minister of State and also by the chairman of the U.G.C., Sir John Wolfenden, during a previous discussion. A meeting with the Chairman and Vice-chairman of the U.G.C. took place on 23 June. In relation to the discussion on the Review Body's report the B.M.A.'s note records the following: (1) "Furthermore, Dr. Zinnemann referred to

the disquiet among clinical teachers that unless a salary award were made soon they might suffer as a result of the rumoured wages and prices freeze by the Government." (2) "Sir John concluded by assuring the B.M.A. representatives that the salary awards to clinical teachers now under discussion would not be delayed pending the setting up of negotiating machinery, and it was understood that any award would be made retrospective to 1 April 1966." I understand that the University Grants Committee's advice on clinical teachers' salary increases was given to the Department of Education and Science before 1 July.

The above quotations from the statements of Mr. R. Prentice and Sir John Wolfenden were taken in good faith by the B.M.A. as committing the Government to implementing salary increases for clinical teachers simultaneously with those of hospital medical staff.

On 11 August a B.M.A. deputation saw the Minister of State for Education and Science (Mr. Goronwy Roberts), who made it clear that the Government had decided that no commitment had been entered into on the pay of clinical teachers, and that therefore they could not be considered under paragraph 21 of the White Paper on Prices and Incomes Standstill—that is, no salary increase could be implemented on 1 January 1967 as it would be for the hospital service. When pressed to make some promise for a later date, even as late as 1 July 1967—the official end of the standstill—the Minister refused, and stated that the date as well as the amount of any increase would have to be determined by the Prices and Incomes Board. He would not go beyond saying that the case of clinical teachers would be under constant review.

I submit the following points for consideration:

(1) Within the next 10 years a minimum of 13,000 doctors above the present output of medical schools in the United Kingdom will be needed.

(2) If this is to be achieved at least 500 more medical teachers will be required. In view of the increasing shortage of N.H.S. hospital staff their participation in clinical teaching will become ever more difficult. Thus they cannot be relied upon to make good any lack of adequate full-time teaching staff.

(3) The Government's decision to single out clinical teachers for special and highly disadvantageous treatment during and possibly beyond the prices and incomes standstill must inevitably increase sharply the sense of frustration and bitter disappointment which has been a feature for so long in this small group of doctors, and which has influenced adversely recruitment and retention of staff in clinical departments, particularly since 1963.

(4) Unless clinical university careers are made competitive with those in the hospital service the teaching establishment of clinical departments will inevitably run down, with all the consequences for the manning of the N.H.S. The National Incomes Commission said the following about university staffing in its report of March 1964: "Failure to implement the programme for want of adequate numbers of suitable teachers would be a discouraging setback to accepted national policy; a deterioration in the present high standards of teaching in the universities caused by the recruitment of teachers of inferior quality would be a disaster from the effects of which the universities would take a long time to recover, if ever they succeeded in doing so." This view applies with equal force to the medical and dental schools.

(5) The Government's short-sightedness with regard to clinical teachers, if persisted in, will lead to a chronic shortage of doctors and to the ultimate breakdown of the National Health Service.

Lastly, the question arises of how much trust the medical profession can place in the word of any present Minister of the Crown or his appointed agents.—I am, etc.,

K. ZINNEMANN,
Chairman, Full-time Medical
Teachers and Research Workers
Committee of the British Medical
Association.

School of Medicine,
Leeds 2.

** Letters from the Chairman of the University Grants Committee and from the Permanent Under-Secretary of State, Department of Education and Science, to the Secretary of the B.M.A. are printed in the *Supplement* (p. 116). A leading article appears at page 483.—Ed., *B.M.J.*

SIR,—We would like to register our full agreement with the points made by Dr. W. C. Watson (6 August, p. 359) on medical teachers. In Oxford the situation is even worse, as the salary scales are on the whole lower and annual increments smaller than in other universities. In routine hospital matters some university staff find themselves in the situation of supervising junior health service employees who receive a higher salary. Obviously this is ludicrous and we wonder just how much of a crisis in the university teaching profession must exist before the bureaucratic machinery finally rumbles into action.—We are, etc.,

G. R. MASSARELLA.
R. WHITEHEAD.
B. J. CUDDIGAN.
P. B. NEAME.
D. DE SA.

Radcliffe Infirmary,
Oxford.

Hospital Junior Staff

SIR,—I have been following with interest the correspondence in the *B.M.J.* concerning the "Pay Freeze" as it affects junior hospital staff. While no one could feel more strongly than I that the Government has played a very nasty trick upon us, I cannot agree with various "ginger" and "action" groups in their vociferations. At the risk of sounding pompous it seems to me that to talk of strike action is lowering the profession to the level of other trade unions and will do only harm to our already somewhat tattered reputation. Perhaps this is not important. What is important is that a strike by junior hospital staff will create more difficulties than it will solve. Not only will it make more acute the staffing problems in hospitals throughout the United Kingdom, but it will divide the medical profession within itself even more sharply than it is divided at present, as many housemen and registrars, myself among them, will not support strike action on ethical grounds. On a practical level I could not support myself or my family if I went on strike or did not seek reappointment when my present contract ends, as I have seen suggested. Emigration is a personal choice, but it seems to be avoiding the problem without attempting to find a solution, and as yet I have not been driven to consider it seriously.

Apart from this much of the opinion voiced at the moment on this problem seems to me to be somewhat hysterical and exaggerated.

No one will deny that we are underpaid, most of us battle along on overdrafts, and we do work very long hours, but I do not think that anyone is made physically or mentally exhausted to the point of incompetence or rendered destitute. The remuneration and terms of service must be improved, but for heaven's sake let us keep a sense of proportion in our complaints.

Rather than press for increases in payment, which the Government will not award and the economy cannot afford, let us press for improvements in our terms of service and a change in the system of financial support of the Health Service, such as the reintroduction of prescription charges and some form of payment by the public directly for the services which they receive. We seem to be losing sight of the fact that a Health Service is a luxury. Good health and its maintenance are an important part of a civilized community, but they are not essentials to existence in the way that food and warmth are, and I venture to suggest that any member of the public who has actually given any thought to the matter would not object to paying something for personal services rendered, particularly if he can realize that in this way these services will be improved to his own advantage. Given such an increase in financial support the Health Service may be able to afford to employ its total medical and ancillary staff, not just the junior hospital staff, at a realistic salary and in sufficient numbers to prevent its incipient collapse.—I am, etc.,

Guildford,
Surrey.

R. G. NOTLEY.

SIR,—We welcome the letter putting forward the views of the Bristol junior hospital staff (25 June, p. 1603). In particular, we feel that a questionnaire would provide not only the necessary comprehensive information but would also result in a useful negotiating tool. Such a questionnaire would be a really concrete attempt on behalf of the B.M.A. to break down the very real barriers to communication which exist between the B.M.A. and the junior hospital staff as a whole and among the junior hospital staff themselves. However, any questionnaire is only of value if the correct questions are asked. We therefore feel that the content of such a questionnaire should be decided upon by the B.M.A. junior hospital representatives in consultation with their junior hospital colleagues.

Although the recent Government award, if it is ever forthcoming, will aid recruitment into general practice, it can only do so at the expense of the hospital service. We would like to suggest, therefore, that the conditions of service of the hospital medical staff should be of primary importance in the referendum. Specifically, inquiries should be made into the provisions for:

- (1) Availability of paid study leave.
- (2) Study periods during the working week.
- (3) Regional organization of education in the specialties.
- (4) Married quarters.
- (5) Recognition of existence of a doctor's family responsibilities.

We feel that these are not unreasonable provisions, and have been instituted, to a greater or lesser degree, by a few enlightened

hospitals to the advantage of both consultant and junior staff.—We are, etc.,

A. L. ANSDELL.
K. AZIZ.
J. BEDDARD.
W. CAPLAN.
J. W. CROOKE.
H. C. DERVISH.
R. C. EDIBAM.
K. EDWARDSON.
A. FLORENCE.
D. L. FORLEY.
M. Y. GINDI.
M. J. L. HARTLEY.
W. JOWETT.
D. KEANE.
A. KINNERTON.

Liverpool.

P. LEIGHTON.
C. LUBKIEWICZ.
J. MCMARTIN.
G. A. MEADOWS.
J. M. MILLER.
A. R. MOOSSA.
A. MURPHY.
A. PORTERFIELD.
M. ROY.
E. J. SCHOLFIELD.
M. Y. SHANKAR.
A. SINGH.
D. SMYTH.
R. J. WALKER.
F. J. WEIGHILL.

SIR,—It becomes increasingly apparent that the B.M.A. Council underestimated the dismay and disgust of the great majority of hospital junior doctors when it acquiesced to the Government's withdrawal of their salary increase for six months. We are told that it is in "the national interest," and the more pious of our colleagues suggest that our great profession should set a lead to the country. Surely that example should have been to demand that a democratically elected Government honours its agreements and to resist legislation which restricts personal liberty more than any other peacetime measure during this century. I submit that it is better to go bankrupt as free and honest citizens with the right to simple justice than to be drawn into the dishonest and totalitarian policies the Government are at present pursuing.

Now that one of the unions with a more enterprising and representative leadership is planning to challenge the Government on the freeze it will be interesting to see what becomes of one of the B.M.A.'s conditions—namely, that should the freeze be broken by any group, then the question of a rise for hospital junior doctors would be an immediate "resignation issue." This seems to make a farce of the Council's suggestion that they agreed with the Government for the common good. It seems more to say, "If somebody else stands up to the bully, so will we," and smacks of cowardice.

In the event of the standstill being broken, will indeed the general practitioners resign on our behalf? The recommendations of the Review Body reflected which group of doctors held power. The general practitioners can leave the N.H.S. with no detriment to their patients but with disastrous consequences to the Government's reputation. Hospital junior doctors can only serve their patients in a hospital environment, so that their only protest is to leave their chosen specialty or emigrate.

Surely from the mere standpoint of physical effort over very many hours our case is overwhelming? Could not the B.M.A. have taken a better stand for its junior members? What other group of Government employees has not received a salary increase for nearly four years? On that fateful 3 August the B.M.A. became a tool of the Government and showed that in the final resort it is powerless to act for its members.

Finally, as one who is reduced to counting his pennies after having £127 10s. stolen by

Government decree at the B.M.A. Council's agreement, I find it a necessary economy to discontinue subscribing to that same Association. Indeed, on reflection of two years' membership the only result of its activity seems to be an increasing work load due to a profession declining in numbers.—I am, etc.,

Nottingham.

FREDERICK DIFFORD.

SIR,—Like other general practitioners I am prepared to give unqualified support to the case of the hospital junior doctors.

According to press reports the Minister of Health has stated that some curtailment of hospital services may be unavoidable. This implies the restriction of services provided by casualty and outpatient departments, and will therefore lengthen the waiting-lists for admission to hospital. The hospital junior doctors must realize that the Government will use their plight as an excuse to make curtailments in the hospital service. They will be convenient scapegoats. These cuts will again throw a heavier work load on to the general practitioners, who will have to treat more casualties and look after more serious cases awaiting admission to hospital.

The Government with their usual duplicity, having already halved and then shelved our claim, think that the general practitioners will take this without effective protest. Are our negotiators again going to make a grimace and bow to the Government? Perhaps we will at last get some action, or haven't we the courage of our recent convictions? Clearly, the country cannot afford the luxury of an efficient National Health Service, and the doctors certainly cannot finance one out of their own pockets.—I am, etc.,

Bexhill-on-Sea,
Sussex.

J. G. HOLMES-MILNER.

SIR,—The present situation regarding the pay freeze in respect of the hospital junior staff highlights once again the inadequacy of the existing structure within the B.M.A. to cope with the problems of the junior doctor. At the Representative Meeting in Exeter in July this year a plea was made to encourage more members of the profession, in particular hospital junior staff, to join the B.M.A. Irrespective of our activities to achieve this aim at regional level, our efforts are completely nullified by a system which is prepared to be actively militant in favour of the general practitioner and passively constipated with regard to hospital staff. The present problems of the hospital service should have been foreseen and dealt with several years ago. This has not been done and now we have the appalling situation whereby the patient must suffer, since the Government will not revert its pay freeze and the junior doctors will emigrate in ever-increasing numbers, thereby depleting still further an already intolerably overworked section of the profession. If never before, now is the time for a complete reappraisal; for the B.M.A. to appreciate that if this country is to be served by an adequate Health Service its leading members and negotiators must throw out from their ranks the "nice chaps" and replace them with people who have a greater sense of social conscience and responsibility.

Let the B.M.A. at central committee level put its own house in order and be prepared