

Junior Hospital Doctors Association

SIR,—Dr. P. J. O'Kelly's misleading letter (19 November, p. 1267) must not pass unchallenged. His strictures on the "credentials" of members of the Hospital Junior Staffs Group Council may be true for the South-west Metropolitan Region; they certainly do not apply to any region in Scotland. Not only are the regional representatives elected at open meetings, but there are regional organizations—sufficient to keep the elected representatives informed of opinion around the region. I have no national figures, but we reckon that 30% attendance at election meetings is average.

Regarding junior staff representation on the Central Consultants and Specialists Committee, there are five, not four, junior staff, because the C.C. and S. Committee (Scotland) sends a junior member as one of its representatives. The strength of our representations lies in their skill and eloquence rather than on their number; the C.C. and S. Committee is not proportionally representative of anybody. The representatives are there to argue cases, not to cast block votes or to filibuster. If our case falls on deaf ears, it is the ears that need treatment, not the voices of our speakers.

The constitution of the B.M.A. is under review at this moment: Dr. O'Kelly knows this perfectly well. The role and the name of the C.C. and S. Committee will probably change, and the representation of junior staff will be improved. The Hospital Junior Staffs Group is neither satisfied nor complacent about the situation as it obtains at the present time: many of us are working to bring about changes within the B.M.A.

If Dr. O'Kelly is so solicitous about the welfare of junior hospital staff, particularly about the weakness of their voice in higher places, why does he go to such trouble to diminish our strength by forming yet another splinter group? On top of this, to choose 1966 to do so is extraordinary: at long last more junior staff are rousing themselves from their apathy, correcting their ignorance, and applying their political energies through the channels built up over the last ten years. At the same time, the consultant ears are inclining towards us.

If Dr. O'Kelly and others who write to this journal proclaiming that they and they alone hold the ark of the covenant were to apply their energies to producing a coherent and unified policy, their time would be better spent, and our cause, which they claim to support, would be greatly strengthened.—I am, etc.,

LESLIE HONEYMAN,

Chairman,

Hospital Junior Staffs Group Council (Scotland).
Edinburgh.

SIR,—Dr. Patrick J. O'Kelly (19 November, p. 1267) makes serious allegations against the representative nature of the B.M.A.'s Hospital Junior Staffs Group Council.

We have represented the East Anglian Region on the H.J.S. Group Council at various times in the last two years. We wish it to be put on record that we were elected at representative meetings of our active Regional Hospitals Junior Staffs Group. Furthermore, regional group meetings have

regularly been held prior to group council meetings for the purpose of briefing the representatives on the views of the region's junior staff, and motions referred to group council have in every case been formulated after full discussion and debate at these meetings.—We are, etc.,

J. L. DAY.

Ipswich and East
Suffolk Hospital,
Ipswich.

DENNIS GUTTMANN.

Addenbrooke's Hospital,
Cambridge.

S. N. WOLKIND.

Fulbourn Hospital,
Fulbourn.

SIR,—I would like to assure Dr. P. J. O'Kelly and any who may have been misled by his letter (19 November, p. 1267) that the views of the meeting of the four Hospital Junior Staffs Metropolitan Regional Groups went to and were discussed by the Hospital Junior Staffs Group Council. These views were also sent to the four Metropolitan Regional Consultants and Specialists Committees for their information and to assist them with their discussions.

Under the existing constitution of the Hospital Junior Staffs Group each region has sent two duly elected representatives to sit on the Group Council. In the South-west Metropolitan Region Dr. O'Kelly was one of these representatives. If for one reason or another he has found it necessary to ask someone to deputize for him, it should not be assumed either that other regional representatives have delegated their duties in this way, or that were Dr. O'Kelly to be of such a mind he could or would wish to appoint whomsoever received his blessing to represent other regions.

While one can understand the ambivalence towards the B.M.A. portrayed in his letter it is only fair to get the facts right. If only a relatively small number of junior staff have found time or taken the trouble in the past to attend regional meetings, their representatives on the Group Council can hardly be criticized for that.

No one has refused Dr. O'Kelly or anyone else the right to criticize. Indeed, those of us who are achieving change from within the B.M.A. have only been successful through constant criticism and sustained effort at constructive reform.

Of course non-consultant medical staff deserve greater representation than they have had in the past. There is no argument about that and the C.C. and S. Committee have agreed they shall be given it. Perhaps if junior staff had fought for it years ago they would have achieved it long before now. The discussion at the moment is by how much shall their representation be increased both on the C.C. and S. itself and on the negotiating subcommittee which is to be formed.

At this time especially it seems highly undesirable to attempt to split hospital junior staff into two camps. May we hope that in the near future Dr. O'Kelly and others who may be inclined to think that hospital junior staff will only achieve an effective say in what is decided by forming a separate group will see that they were wrong, and will be willing to harness their obvious energies to

our common cause of serving the interests of all hospital junior staff.—I am, etc.,

E. A. HARVEY-SMITH,

Chairman,
H.J.S. Group of the B.M.A.
Kingston,
Surrey.

Fees and Allowances

SIR,—Paragraph 82 of the new regulations about our pay and allowances deals with the payment of expenses of local medical committees.¹

I cannot understand why the expenses of these committees are to be deducted from our capitation payments. This is surely a continuation of the "Pool" system, which we were assured was dead.

There must be no deductions from our pay for any form of administrations in the National Health Service, and I hope our leaders will take this point up strongly with the Ministry.—I am, etc.,

London W.11.

D. SLOVICK.

REFERENCE

¹ *Statement of Fees and Allowances, 1966. Ministry of Health.*

Solution to Hospital Staffing

SIR,—Might I suggest that the following "career grade" should be used for would-be consultants who have served two years as house-officers?

The doctors would be appointed as registrars and would receive annual increments until the level of consultant salary was reached. There would be no senior registrars. As it takes six to eight years to become a consultant, the starting salary could be £1,500 per annum, increasing annually by equal amounts until consultant salary level was attained. The higher degree in the particular specialty would be rewarded by advancing the increment by one year. In this way successful young doctors would benefit by receiving their maximum rewards more quickly than their colleagues. Again, remaining at a salary which is £100 or more less than a consultant would mean security for junior doctors. They would suffer no anxiety regarding the restrictions of senior registrar posts, and could spend their time working in any part of the Health Service.—I am, etc.,

North Herts Hospital,
Hitchin, Herts.

JOHN SHIPMAN.

Area Health Boards

SIR,—The concept of area health boards as suggested by the Porritt Committee appears at last to be receiving the detailed study that it obviously deserves. The reasons for a pilot scheme in Wales appear to be valid and sound. However, it appears from the report of the G.M.S. Committee discussion (*Supplement*, 8 October, p. 143) and Dr. A. Wesley Hill's letter (22 October, p. 1012) that there is considerable dissension even within the Welsh subcommittee studying the idea as to what exactly should be proposed as a pilot scheme.