

Service Doctors' Pay

SIR,—This Division is shocked by the cavalier treatment of Service doctors by the Government. Talks with many of our Service members in this area have brought up the following points:

(1) They feel they have suffered from a gross breach of faith by the Government, which has departed from an agreed standard of determining their level of pay at a time when they already owed many months of back increase in pay.

(2) It has been possible for the Government to victimize a small number of people because they are very much a captive minority with no direct means of action in their own defence.

(3) Even accepting the Prime Minister's suggestion that the 10% awarded to N.H.S. consultants was an appropriate standard for determining the level of the Forces medical officers' increase (and that is not in fact accepted) there is still a gross disparity in the two awards. The N.H.S. consultants received 10% increase of their total remuneration; Forces medical officers 10% of their basic pay—i.e., about 5% of their total emoluments. This all in comparison with 18% increase of pay given to the other branches of the armed Forces—i.e., about 10% of total emoluments.

(4) The effect of the Government's award and actions will be to cause a steady stream of resignations from the Services, either on option or on voluntary retirement. This will mainly involve, for various reasons, officers of approximately 13 to 20 years' seniority, and will thus decimate the ranks of those who are currently the backbone of the medical services and from whom the next generation of senior administrative and consultant medical officers should come.

(5) This stream of resignations will not result in the redeployment of doctors into the N.H.S. on anything but a minor scale, because the vast majority of those resigning will emigrate. They are completely disillusioned with the present Government, which they will blame for the disintegration of the medical service that they had chosen as a career, and with a Government which appears, for questionable motives, to have dealt with a minority in a completely unnecessarily harsh and unfair manner. Most of the resigning officers will not be prepared to exchange one job for another where the task master is the same. They believe that, although the bonds which bind N.H.S. practitioners to the Government service are not yet so tight as those binding the Forces medical officer, it is in fact the Government's ultimate aim to introduce a whole-time salaried health service and that the ultimate terms of service might prove to be too near those appertaining in the Forces.

(6) The only hope that there is of preventing wholesale disorganization of the Forces medical services during the next year or two is the rapid negotiation of a new structure of pay and conditions. The essentials of this will have to include a formula which will prevent any selective revoking of agreed standards by a future Government and will set a level of pay which in fact will be competitive in comparison with other forms of medical practice. The Prime Minister may find it difficult to relate medical income in the Forces to that in the N.H.S., but it is quite certain that any potential recruit to

the Forces will manage the calculation. Unless Forces' pay bears a reasonable relationship to that which may be earned in civilian practice, the Forces will be unable to recruit doctors—or retain any still left in.

The B.M.A. should fight hard to see that this injustice is remedied, and this Division pledges its full support for any action which Council proposes.—I am, etc.,

B. G. DOOLEY,
Chairman,
Buckinghamshire Division, B.M.A.
Aylesbury, Bucks.

Seniority Awards

SIR,—I qualified in medicine in April 1947 and became a principal in general practice, giving unrestricted medical services from mid-1948 until the latter part of 1964, when I left Britain to take up residence abroad (Australia) for a period of approximately 12 months. From December 1965 till now I have again been a principal in general practice, giving unrestricted medical services.

My claim for seniority payments (which commenced 1 April 1967) was turned down on the grounds that I had not been in general practice continuously during the past five years, because of "being abroad approximately 12 months during that period."

This in my opinion is grossly unfair and hardly conducive to reversing the brain drain of doctors, who, for one reason or another, go abroad but wish to return to the United Kingdom to take up practice again.

It could also be looked at as a means of indirect compulsion for doctors to stay in this country. Compulsion, I believe, is generally abhorrent; but doctors wishing to leave the country even for a short time are now likely to think twice before doing so, and thus lose the chance to broaden their horizons, to see how other countries run their medical services, or to help developing nations by giving their services, in case on return they find, like myself, that they would lose their seniority payments.

Should not our negotiators look into this matter as one requiring urgent and immediate attention?—I am, etc.,

Neilston,
Renfrewshire.

R. H. FREEDMAN.

The Top-hat Set

SIR,—Mr. H. Langston, Chairman of the Consultants and Specialists Committee, recently visited this hospital to speak to the consultant staff. He made a plea that we should write to the *B.M.J.* expressing our ideas, so that a study might be made of them by the various committees of the Association.

An article in the *New Scientist* of 6 April by William Angus Douglass on "How to Stop the Brain Drain" prompts me to write to hospital doctors of all grades as well as to the members of the Consultant and Specialists Committee.

Recent writers have attempted to put a value on individual doctors as being somewhere between £8,000 and £12,000. Presumably the figures vary on the postgraduate experience of the doctors. A prudent man will insure his house, his car, and his posses-

sions at a reasonable valuation. Would it not be wise for the State to insure those who graduate and remain to work in its service? They are clearly assets and have a value to the State and community. As these doctors climb the professional ladder their value increases and would call for increasing premiums and "cover."

It is not unknown for private industry to pay heavy premiums and give other fringe benefits to retain suitable management personnel in this country. It may be worth noting that industry refers to these benefits as being top-hat schemes. Let me remind members that our fathers often wore top hats as a matter of course. With a little encouragement our profession might again become the "Top-hat Set." Certainly many colleagues who have resigned from the Association would be inclined to return to membership if our representatives were men of vision and determination.—I am, etc.,

J. B. STEWART.
Princess Margaret's Hospital,
Swindon, Wilts.

Emigrant British Doctors

SIR,—Professor Ian Oswald (11 March, p. 636) misses a basic point in that the greater percentage of medical graduates still become general practitioners, and, with this in mind, the medical service in Australia offers Australian practitioners more than does the N.H.S. to British practitioners. In any community, to be scrupulously fair to his patients, the general practitioner must realize his own capabilities, and, if necessary, refer his problem patients to fully experienced and qualified specialists, of whom there are an adequate number in Australia.

The British people must also realize that their investment in British medical graduates—all graduates in fact—during their years of training is a source of pride and achievement, as it spreads good general practice and enlightenment to many parts of the world where the medical practitioner may be the only source of enlightenment. Further, any person is worthy of his hire, and after a minimum of seven years' study prior to registration a graduate should be entitled to a reasonable living wage as a professional person.

How much of the present controversy is due to a sense of jealousy?—I am, etc.,

I. F. M. SAINT-YVES.
Port Moresby,
New Guinea.

Points from Letters**Income and Expenses**

Drs. P. J. HYNES, B. HYNES, jun., and V. P. HYNES (London S.W.11) write: We are intrigued by a small paragraph tucked away under the heading of Points from Parliament (18 March, p. 706; see also *Hansard*, 6 March, p. 1043). This states: "The estimate of the total expenses to be reimbursed to general practitioners in 1967-68 is about £42m. in Great Britain; this divided by the estimated number of doctors gives a quotient of about £1,850."

The exclamation mark is ours. Surely this figure is a gross exaggeration. Under any circumstances we cannot understand how every doctor has reimbursable expenses to equal this amount.