

TABLE IV—*Ex-administrative Medical Staff (Protected Salary Scales)*

	Recommended Salary Scales from 1 April 1974		Number of Increments
	From £	To £	
Senior administrative medical officer (largest regional hospital boards)	8,868	10,038	5
Principal assistant senior medical officer	5,433	7,107	6
Assistant senior medical officer	4,902	6,414	6
Medical officer	3,711	4,743	5
Administrative medical superintendent in Scotland (largest hospitals)	5,547	7,221	6

Distinction Awards

The following increases in the annual values and the numbers of distinction awards are proposed:

Award	Values		Number	
	From £	To £	From	To
A plus	7,350	7,947	119	124
A	5,577	6,030	434	453
B	3,273	3,540	1,256	1,311
C	1,392	1,506	2,743	2,914*

*Includes 50 additional C awards for recognition of merit outside the teaching hospitals and particularly in the regions.

Extra Duty Allowances

The following increases are proposed for extra duty allowances:

	Per Unit	
	From £	To £
House officer	7.00	7.50
Senior house officer	9.00	9.65
Registrar	10.20	10.90
Senior registrar	12.50	13.40
Medical assistant	14.50	15.50

Hospital Medical Staff

Payments to general practitioners under paragraphs 89, 94, 107, and 108 of Terms and Conditions of Service should be increased as follows:

(a) Payment to staff funds for general practitioner hospital units: from £62 to £65.50 per bed.

(b) Payments to part-time medical officers at convalescent homes, etc.: from £435 to £460 a year for each weekly "half-day," the maximum to be increased from £3,195 to £4,140; from £114 to £120.50 a year for one hour or less per week; from £228 to £241 a year for over one hour but not more than two hours per week.

The salary scale for hospital practitioner should be £460 × £23 (6) = £598 for each weekly notional half-day. The rate for locum appointments should be £10.00 a notional half-day.

Ophthalmic Medical Practitioners

The net remuneration element in the ophthalmic medical practitioners' fee should be increased from £1.31 to £1.40.

General Medical Practitioners

The full rate of basic practice allowance should be increased from £1,815 to £2,100 and the proportional rate pro rata.

Standard capitation fees should be increased as follows:

Patients aged under 65: from £1.50 to £1.60 a year.

Patients aged 65 or over: from £2.10 to £2.30 a year.

Payments for out-of-hours responsibilities should be increased as follows:

Supplementary practice allowance (full rate): from £350 to £400 a year.

Supplementary capitation fee (for each patient in excess of 1,000 on the list): from 28p to 31p.

The fees for the provision of Maternity Medical Services in respect of ante-natal care should be replaced as follows:

	Fee Payable to Doctor	
	On the Obstetric List £	Not on the Obstetric List £
<i>New fee structure:</i>		
Ante-natal care:		
Time of acceptance up to 16th week of pregnancy	12.70	7.40
From 17th to 30th week of pregnancy	9.50	5.55
31st week of pregnancy or later	6.35	3.70
<i>Old fee structure:</i>		
Complete ante-natal care	12.70	7.40
Other partial ante-natal care subject to an overriding maximum of:		
(a) each ante-natal examination	9.10	5.32
(b) obstetric emergencies, each attendance	1.30	0.76
	1.80	1.05

Rural practices funds should be increased by 4%.

The maximum weekly rate of locum allowance should be increased from £45 to £60.

The fees for contraceptive services should be as follows: Ordinary fee £1.72; intrauterine device fee £5.84.

National Conference of Hospital Medical Staffs

At the third regular annual Hospital Conference, held in B.M.A. House on 11 June, Dr. C. E. Astley told the delegates that "at a time of stress it was particularly important for all hospital doctors to stand together." He hoped that the Secretary of State's working party on the hospital service would proceed quickly and reach satisfactory conclusions.

The meeting overwhelmingly supported the request that the C.C.H.M.S. should price an alternative system of remuneration via an agency for hospital doctors, invite hospital staff to submit undated resignations as a guide to the support for mass resignation, and set a time limit for negotiations on the hospital contract with the D.H.S.S. Sanctions would be imposed as a last resort.

On the question of the consultant contract the meeting supported the proposals to maintain private practice in N.H.S. hospitals and allow consultants to choose whether or not to engage in private practice.

A motion urging the Government to restore independence to the Review Body was passed unanimously.

During the debate on superannuation the Conference was told that the Secretary of State for Social Services had been asked for separate negotiating machinery for doctors and dentists outside the present Joint Superannuation Consultative Committee because of the difference in the position of doctors and dentists and other N.H.S. employees.

The Conference decided that the existing contract of hospital doctors did not require them to provide family planning services on non-medical grounds.

Criticisms of the Davies Report on Hospital Complaints Procedure were expressed in three strongly-worded motions.

The National Conference of Hospital Medical Staffs was held at B.M.A. House on 11 June. In his opening remarks, the Chairman, Mr. D. B. BROWN (Chelmsford), reminded the meeting that the conference was a unique opportunity for all hospital doctors to debate matters of concern to their branch of the medical profession. Independently of outside influence, they could also arrive at decisions which (though not policy-making) would serve as guidelines to the Central Committee for Hospital Medical Services.

Dr. C. E. ASTLEY (Middlesbrough), Chairman of the C.C.H.M.S., then presented the annual report of the committee. He drew attention to the recommendations of the Davies Committee on a hospital complaints procedure. Appendix F to the C.C.H.M.S. report contained a summary of what was proposed and the strongly critical report of the Joint Medicolegal Subcommittee of the C.C.H.M.S. and the Joint Consultants Committee. It seemed unfortunate, Dr. Astley commented, that at a time when morale in the Health Service was already distressingly low a scheme of that kind

—which could only depress it still further—should be put forward. He went on to suggest that the hospital service was displaying all the symptoms of serious distress: unsatisfactory pay and embarrassing staffing problems were wearing down doctors, nurses, radiographers, physiotherapists — indeed, almost every type of worker in the service. All consultants were underpaid and overworked, some grossly so—a situation to which their monopoly employer, the Government, appeared determined to turn a blind eye.

Dr. Astley castigated successive governments for their policy of exploitation. Over the years these had traded confidently and all too successfully on the good will, dedication to duty, and sense of responsibility of all hospital staff—and of the consultants and ward sisters in particular. In 1970 when the Kindersley Review Body had had the courage to recommend a realistic pay increase of 30%, the government of the day had cut the amount by half. Under their open-ended contract, consultants could be required to work all hours without additional remuneration: in the circumstances, it was clearly impossible for them to agree to the abolition of private practice within the N.H.S.—at least 60% of consultants had a part-time contract and depended on some private work to maintain themselves.

The consultants who were most grossly underpaid, Dr. Astley continued, were mostly working in regional hospitals and in specialties and districts which had recruitment difficulties. In such areas private practice might be scanty, distinction awards scarce, and hospital staffing meagre and low quality—leading consultants to shoulder a heavy load of work and responsibility. Inland Revenue statistics had showed that in 1971-2, a quarter of all consultants (about 3,000) earned no more than £6,000 from all sources and, of those, 1,000 earned less than £5,000. These were men of at least 34, who had spent 10 years in intensive and competitive training. Britain was ill rewarding its doctors when it paid them no more than a demolition worker could earn in a year.

FAIRER CONTRACT

To meet what was now a crisis—and after years of sterile negotiation—hospital doctors were trying to get common justice through a fairer contract. Not only should this help all N.H.S. consultants but in particular it would reward commensurately those carrying the heaviest burdens. Such a contract should help recruitment to the less attractive hospitals and specialties and lead to a more even level of staffing throughout the country. Dr. Astley warned that the medical tradition of tolerance, patience, and good behaviour was wavering in the face of the blatant successes of militancy and antisocial behaviour. After urgent representations to the Secretary of State a working party under Dr. David Owen had been set up to investigate the position. He hoped that it would proceed quickly and reach satisfactory conclusions; otherwise the pressures from the profession for a more militant stance would be difficult to resist.

At such a time of stress it was particularly important for all hospital doctors to stand together. Unfortunately, it was in just such a situation that it was most tempting to see

lack of progress as resulting from incompetence or weakness on the part of the profession's negotiators. This feeling underlay the rise of the Hospital Consultants and Specialists Association, but it was far from clear what benefits their present attitude could confer. The policies of the B.M.A. and the H.C.S.A. differed hardly at all, except on the support which the B.M.A. had given to the idea of greater control of the training grades in hospitals to provide more realistic career opportunities. The latter had led to the "registrar freeze" because the hospital service had been becoming overloaded with doctors in that grade: the criticism, if criticism it was, was accepted, but the Association was not ashamed of its co-operation with government in a worthwhile task. Should a change of policy be indicated, it was always open to the Central Manpower Committee to make the necessary adjustments.

REJECTED OFFERS

The C.C.H.M.S. had made various offers to the H.C.S.A., Dr. Astley continued, including an offer of a place on the Joint Negotiating Subcommittee—the H.C.S.A.'s first request—and on the Owen Working Party. Both had been rejected, as had been an offer to set up a joint working party to review the whole question of the political representation of consultants. After the ruling of the Industrial Relations Court, the C.C.H.M.S. had made a further offer of talks in the hope of resolving the differences of the two bodies and, perhaps, merging their strengths. Clearly working through the B.M.A. would have enormous advantages in the availability of expert advice from economists, statisticians, actuaries, and so on; help from the secretariat; and all the back-up necessary to be able to face the Review Body and the Government on an equal footing. Claims that the B.M.A. was general-practitioner dominated were unfounded. The C.C.H.M.S. was perfectly free to act in its own interests, and the only difference between the two major autonomous committees of the Association was the united and firm support which the general practitioners accorded to their leaders and the large trust fund which they had built up—which gave them greater freedom of action in some respects, especially communications. By comparison, the consultants were much less united and only 40% of them subscribed to the Defence Trust, though the Association had nearly 8,000 consultant members.

Dr. Astley concluded by urging all consultants to close ranks. Co-operation, not opposition, should be the watchword and the message to all members of the H.C.S.A. was that the C.C.H.M.S. was prepared to work with the H.C.S.A. and that they should urge their leaders that it was their duty to respond.

Hospital Junior Staffs Group Council

The report of the Hospital Junior Staffs Group Council was presented by Dr. D. NEWTON (Newcastle upon Tyne) in the absence of the Chairman, Dr. R. A. G. Brown.

During its first year of autonomy the council had concentrated its efforts on certain priority targets: the perennial struggle to

improve pay and accommodation; a new contract for negotiation; postgraduate education; and staffing. Moreover, it had given high priority to the activities of its E.E.C. Subcommittee because it was increasingly aware of the very much better conditions of service, pay, and prospects available across the Channel.

On accommodation, the H.J.S.G. Council was considering a recommendation that an inventory system similar to that used in the armed Forces might highlight the gross inadequacy of hospital accommodation. Either the D.H.S.S. should display greater professionalism as a landlord or it should withdraw altogether from the field of accommodation. The council was very concerned that the D.H.S.S. should use its power to enforce national collective agreements on local authorities which refused to offer agreed contracts and terms of service.

Dr. Newton commended the contract proposed by the H.J.S.G. Council—which sought to define a method of payment for hours worked, rather than any nebulous, open-ended commitment. There was no suggestion that the junior doctors would not carry out all the work which needed to be done: the new system would simply allow doctors and the D.H.S.S. to see clearly how the work was organized and paid for, allowing a direct comparison with workers in other fields and thereby facilitating claims to the Review Body. Consultants need not fear that extra work would fall on them, for the new contract would allow junior doctors to work the same hours as at present, if required. Nevertheless, consultants would have to be firm in resisting pressure from the D.H.S.S. and the hospital authorities to take on more work.

Other points of concern included apparent discrimination against British junior doctors in favour of overseas applicants in filling some posts; abnormally high rates of pay for married women part-time trainees compared with full-time staff; and the fact that certain consultants were refusing on principle to sign extra duty forms. Finally, current hours of work were clearly excessive in many cases and they greatly exceeded the hours worked by junior doctors in Scandinavia, Northern Europe, and the Republic of Ireland. Dr. Newton concluded with the hope that their senior colleagues would not stand in the way of the modest improvements which the H.J.S.G. Council was trying to bring about for junior doctors. Without those improvements, the whole future of the hospital service might be endangered and the safety of patients put in jeopardy.

Central Manpower Committee

In his capacity as Vice-chairman of the Central Manpower Committee, Dr. D. B. BROWN, the Chairman of the Conference, briefly described the committee and its regional counterparts. Both the central and the regional committees acted in a purely advisory capacity, examining all applications for the creation of additional posts, seeking to ensure that posts were not created without the necessary facilities and additional ancillary staff, and co-ordinating the redistribution of registrarships and senior registrarships. Honorary contracts presented a particular problem for the Central Manpower Committee, but the Vice-chancellors

had undertaken to look into the whole question.

Another difficulty had been a lack of communication between regional manpower committees and the central committee, but this was now improving. The role of the former was to advise their regional health authorities on staffing, and the central committee was not prepared to receive proposals from these unless these had been endorsed by their local manpower committee. Finally, during the autumn of 1974 a working party was to review the functioning of the central and regional manpower committees.

Negotiations with Review Body

Before discussing the motions on the consultant contract, the Conference heard a brief summary of the activities of the Joint Negotiating Subcommittee by its chairman, Mr. A. H. GRABHAM (Kettering). Negotiations had gone on throughout the year on a broad front, but undoubtedly the most serious problem was pay and the situation was deteriorating steadily. Despite some small successes in this field, the spending power of hospital doctors would have declined by 20% by the end of 1974, if the present rate of inflation was maintained. The Negotiating Subcommittee was well aware of the situation and was fighting with every weapon at its disposal to try to obtain a radical improvement in consultants' salaries. Even so, in spite of small—and bitterly contested—gains, it was making very little progress. The Review Body could be expected to make recommendations within the boundaries of phase 3—which would mean an increase of no more than 4 or 5%.

What had been the reasons for the negotiators' lack of success, Mr. Grabham asked. He suggested that there were two main ones: doctors were employed by a monopoly employer in the public sector which was maintaining a strict counter-inflation policy; and the medical profession had a deep-seated reluctance to use sanctions against that employer which might hurt patients. This was understandable, but it was a grave weakness so far as the negotiators were concerned. If the profession wanted results, it would have to toughen up its attitude. Even the most hardened trade union boss—Clive Jenkins, Hugh Scanlon, or Mick McGahey—could not have achieved anything with the weapons which the doctors had so far put into the hands of their negotiators. Such people got results not through eloquence but through force and—in the face of the Government's cynical reliance on doctors' reluctance to strike, which had led it completely to ignore the profession's demands—force was what the doctors might have to fall back on.

If the forthcoming Review Body's recommendations had to be bounded by the restrictions of phase 3, the Review Body would not be acknowledging the grave problems which faced the profession and which had been made very clear to it.

The working party under Dr. David Owen—which was to seek a better and fairer structure for the consultant contract—must be given a chance to tackle its job thoroughly, but, if it failed to act quickly or to propose effective action, doctors would, as Mr. Grabham put it, "have to start using the big stick."

NO PROGRESS WITHOUT SANCTIONS

Regretfully, the traditional reluctance to use sanctions would have to be abandoned: 12 years' negotiating experience had taught him that governments did not respond to fair argument and appeals to reason, and his personal and regretful view was that without sanctions there was no progress to be made. A rising tide of anger and disillusionment was sweeping through the medical profession. Though doctors recognized that the country was passing through grave times—and there would be much heart-searching, anxiety, and argument—the mood was such that action must surely follow unless the Government acted to change the situation radically.

Mr. Grabham ended with a call to all hospital doctors to act together. Divided councils and action which was less than firm, responsible, and perfectly concerted could give the profession a setback from which it might take years to recover: united, the hospital doctors could present a case which was both just and irresistible.

The Conference greeted Mr. Grabham's words with enthusiastic applause.

Consultant Contract

Dr. M. SIM (Birmingham) then moved as the first motion of the day: "That no contract should be negotiated unless the established principle of private practice in N.H.S. hospitals is maintained."

The motion was a first step to showing that the profession was united. The income of consultants in the hospital service was linked to that of those engaged in private practice, but not closely enough. The income of the full-time contractor rested on that of the part-timer and the right to engage in private practice must be written unequivocally into the new contract. Mr. P. R. J. VICKERS (Newcastle upon Tyne) and Mr. L. P. HARVEY (Rugby) strongly supported the motion and Mr. GRABHAM, too, indicated that the C.C.H.M.S. considered that private practice within the N.H.S. was in the interests of both doctors and patients.

The motion was carried unanimously.

PRIVATE PRACTICE

A further motion by the South-Western Region proposed: "That this Conference strongly supports the principle that the contract be based on periods a consultant has undertaken to work; the C.C.H.M.S. is asked in the interests of all forms of consultant practice to modify paragraph 4 of the draft contract to read: 'All consultants should have the right to elect whether or not to engage in private practice.'"

The mover, Dr. M. K. STRELLING (Devon), suggested that it was unfair to place an obligation on all consultants to engage in private practice, the opportunities for which were so unequal. Mr. GRABHAM agreed that the intention had been to give consultants the option and that the wording of the paragraph in question was not clear. A wording on the lines of, "consultants shall have the right to . . ." might meet the case, and the C.C.H.M.S. would in any case take note of the motion and the fears underlying it, and would do its best to secure the position.

Another speaker argued that the new contract should also contain a definition of "full-

time," in the sense that even full-time contractors should have liberty to do what they liked in their spare time. The motion was carried.

ANOMALIES

Two further motions followed: "That the likely effects of the new contract proposals on existing full-time consultants be reconsidered by the C.C.H.M.S." and "That the 10-session contract should not involve any deterioration in the career earnings of N.H.S. consultants."

Dr. STRELLING (Devon) then proposed as an amendment to the latter motion the addition of the words, "and that additional remuneration be paid to consultants who elect not to engage in private practice," suggesting that the new contract proposals embodied anomalies as between full- and part-time contracts. Dr. E. B. LEWIS (Hythe) spoke strongly against the amendment, which had been seconded by Dr. A. J. SANGSTER (Inverness), urging that it was wrong to seek payment for work which was not done. A positive and logical stance on an item-of-service or straight contract basis was what was needed: the C.C.H.M.S. covered all subdivisions among hospital doctors and would not neglect minorities and Dr. Lewis urged the Conference to trust its negotiators to do the best they could for everyone by taking a militant stand on a positive and logical case.

Mr. GRABHAM also opposed the amendment because it cut across the basic principle that doctors should be paid for what they did, not for what they did not do. Dr. N. STRANG (South Shields) suggested that the difficulty lay in interpreting "full-time" and "part-time" and suggested that "full-time contract" should be replaced by "maximum contract."

Other speakers from the floor disliked the amendment and Dr. A. K. THOULD (Truro) pointed out that it had been proposed on Dr. Strelling's own initiative and did not necessarily represent the view of all consultants in the South-western Region. Dr. STRELLING offered to withdraw the amendment, but the Conference felt that it should be voted on to underline that the profession wished to claim only what was fair and just.

The amendment was accordingly put to the vote and overwhelmingly rejected.

On the main motions, Mr. D. E. BOLT (Hampton Hill) said that had there been good faith on both sides the old contract would have embodied an excellent system. Unfortunately good faith had been lacking on the part of the Department, which had cynically increased the work load without increasing the remuneration. He had accordingly gone over to the view that a different system of employment would have to be sought, and had altered his attitude to the new contract proposals.

The two motions were carried.

ITEM OF SERVICE

The following two motions were proposed by, respectively, Dr. W. D. LINSELL (Bishops Stortford) and Mr. A. RHODES (Coventry): "That this Conference recommends that there should be an item of service contract applicable to consultants" and "That this Conference urges the B.M.A. to press for an item of service type of payment in

negotiations for the new consultant contract."

Dr LINSSELL urged that safeguards were needed and that an item of service system would have several advantages. It would relate pay to work load and responsibility; impose a more realistic evaluation of individual jobs; and end the foisting-off on to consultants of extra work without extra pay. Dr. R. B. HOPKINSON (West Midlands) strongly supported the principle, as did Mr. Rhodes in proposing the second motion. Mr. Rhodes had calculated that his N.H.S. salary, if apportioned on an item of service basis, would give him £2 for a gastrectomy. This was ridiculous in comparison with what doctors in other European countries earned. His private earnings were his own affair and should not weigh when his value to the N.H.S. was being calculated, and he objected to the concept that private earnings should be publicly known.

Dr. E. B. LEWIS (Hythe) pointed out that the problems of basing payment on items of service were immense and that the concept would not work for all branches of the profession—teachers and doctors in long-stay hospitals were two examples. Even so, he conceded that it was important to establish the principle for some hospital doctors to give a standard of comparison.

It was not right that doctors' pay should be judged by the standard of other workers who had not undergone a similarly long and rigorous training and who did not carry a similar burden of responsibility, Dr. Lewis continued. The past humility of the medical profession was militating against it—doctors were an élite and even in socialist countries it was recognized that they should be highly paid. A realistic item of service scheme would be an important factor in helping to bring about this situation in Britain.

Mr. G. C. FOX (Cheltenham) also spoke in support of the principle, but Mr. A. CAVENDISH (Lewisham), who had also long supported the idea of an item of service contract, warned against offering an option between sessional and item of service contracts. It would be regrettable if, having abolished distinctions which had bedevilled the profession hitherto—Mr. Cavendish instanced the differences between teachers and regional staff and between full-time and part-time contractors—new divisive measures were to be introduced.

Mr. GRABHAM, on behalf of the C.C.H.M.S., said that the committee was examining the matter carefully and, in the questionnaire on the consultant contract which it proposed to send out, an item of service contract would be one of the alternatives on which the profession would be asked to give its views. Nevertheless, he warned that it might not be a universal panacea, and pointed to the drawbacks experienced by the dentists, whose pay came from a global pool. Only if the pay per item of service was tied to what the work was worth and not to what was available from a global sum could the concept be acceptable.

The two motions were carried.

Review Body

Mr. R. COWLEY (Middlesbrough) moved: "That this conference requires that the Government shall restore to the Review Body the independence it previously enjoyed when it was instituted after the report of

the Royal Commission." He suggested that the Review Body was so completely under the thumb of the Government as to be useless.

Dr. ASTLEY replied that the motion would be acceptable to the committee. The past lack of independence displayed by the Review Body might be because it had been bound by the statutory restrictions of the prices and incomes policy. Even so, the negotiators had particularly asked that in making its forthcoming recommendations it should express an independent view about what doctors' remuneration should be, quite apart from the phase 3-oriented recommendations which, it was assumed, it would be obliged to make.

Dr. D. NEWTON (Newcastle upon Tyne) added that the Group Council strongly supported the motion, which was carried overwhelmingly.

A further motion, moved by Dr. P. D. MOSS (Blackburn): "That this Conference reaffirms that senior hospital doctors are at all times willing to co-operate with fair methods to combat inflation but they give notice that in the future they cannot and will not acquiesce to any steps which have the effect of depressing their earnings and their position in the financial league table when compared with members of most other professions" was also carried.

Sanctions

Dr. E. N. GLICK (N.E. Thames) moved: "That this conference states that the time for sanctions has come." He explained that he did not lightly advocate the use of sanctions but that all other methods had been tried in vain. Sanctions would be used responsibly, but undoubtedly they must be used, and soon, or the profession might find itself caught in another pay freeze.

The following amendment to the motion was moved by Dr. R. H. B. MILLS (Wales): "but that, prior to the implementation of sanctions, the C.C.H.M.S. must (1) produce and price an alternative system of remuneration in which the B.M.A. sets up an agency for hospital doctors; (2) test the willingness of hospital staff to support mass resignation from the N.H.S. by inviting them to submit their undated resignations; and (3) inform the D.H.S. that a time limit is to be set for the termination of negotiations on the subject of a new contract for hospital consultants and specialists." Speaking in support of the amendment, Dr. Smith said that doctors advocating a resort to sanctions must feel humiliated but there seemed no alternative. If it was to be done, however, the scheme must be carefully prepared. The Government must know what would be the implications for the country and must know that the profession was ready with an alternative method of offering its services—the agency scheme. The second stipulation was necessary so that the negotiators should know what support they could count on and the third was made inevitable by the continuing and disgraceful procrastination of the Department of Health.

Dr. E. B. LEWIS (Hythe) opposed the amendment as being too slow. The agency scheme would be immensely difficult to set up and different sanctions would have to be applied by different branches of the profession and a campaign of guerilla warfare

waged. The Conference should not toy with sanctions, but stand united behind the profession's negotiators: above all, if it wished to succeed it must be prepared to finance the struggle by contributing in overwhelming numbers to the Hospital Staffs Defence Trust rather than allowing the burden to fall on a small proportion of its members.

Dr. A. K. THOULD (Truro), however, welcomed the amendment as outlining a practical and responsible method of proceeding and urged the conference to support it. Dr. I. S. KERR (Glasgow) pointed out that withdrawal of labour was the only effective sanction and, since the profession would never support anything which might harm patients, welcomed the agency scheme as a device which would protect patients while forcing the Government to accede to the doctor's demands. Dr. W. D. LINSSELL (Bishop's Stortford) also spoke in support of the amendment and Mr. GRABHAM also acknowledged that, without binding itself to proceed exactly on the lines advocated, the C.C.H.M.S. would receive the advice which it contained.

The amendment was put to the vote and carried with only five dissenting voices, and the amended motion was carried overwhelmingly. A subsequent motion: "That the profession should use sanctions or other industrial action such as work to rule should it fail to achieve its aims by the present machinery" (West Midlands Region) was carried unanimously.

Dain Fund

Mr. C. R. C. GETHEN presented the report and accounts of the Dain Fund, which with the help of the Cameron Fund had met, he said, many calls for help from doctors' dependents during the year 1973-4. He pointed out that the income of the fund—£12,000 in 1973—was insufficient to allow it to meet all the demands upon it and urged hospital doctors to support the fund.

Superannuation

Two motions were proposed by Mr. P. C. REED (Weston-super-Mare): "That this Conference recommends that the normal age of retirement from the N.H.S. be 60 years with a pension of two-thirds full pay or its equivalent"; and "That consideration should be given to the possibility of phased retirement from the age of 55 years by which generous consideration should be given to the holder's contract to reduce it without detriment to pension or distinction awards" (allowing part-time work after 60 if the doctor wished).

Dr. A. K. TYLER (Petersfield), confirming that the first motion reflected the views of the Superannuation Committee, said that a request had been made to the Secretary of State for separate negotiating machinery for doctors and dentists outside the present Joint Superannuation Consultative Committee in view of the difference in the position of doctors and dentists and of other N.H.S. employees. A superannuation scheme based on realistic interest rates and independent arbitration on matters which could not be resolved by negotiation were among improvements being pressed for and an under-

taking to consider these demands urgently had been received from the Secretary of State.

The two motions were carried.

Family Planning

Mr. E. LYONS (Abergele) moved: "That this Conference believes that family planning services on non-medical grounds do not form part of the existing contract of practitioners in the hospital services." He said it was not wise to introduce this when there was a state of crisis in the Health Service, and the Government should be informed that as the provision of family planning services on non-medical grounds was not part of the existing contract doctors would require additional payment. Mr. GRABHAM explained that the negotiators had been advised that the provision of contraceptive services on non-medical grounds was not part of the contract, so the profession must resist any attempt by the Health Departments to breach the principle surreptitiously or by degrees. The negotiators had taken a stand and urged that they must not be undermined by individual doctors starting schemes independently.

The motion was carried unanimously.

Hospital Building Programme

Mr. R. COWLEY (Middlesbrough) moved: "That this Conference regrets that the Government is considering the refund of £10m to the unions when it cannot afford to proceed with its meagre hospital building programme in such areas as South Tees-side." Dr. A. K. THOULD (Truro), speaking as a member of the Joint Committee on Hospital Building, agreed that the situation was grave—the building programme was behind schedule and costs were up by 40%. The estimate that only two-thirds of the current building programme would be completed by the year 2,000 was again out of date and the public must be made aware of the position and realize that it must pay for modern hospitals.

Dr. Astley supported the motion, which was carried.

Hospital Medical Staffs Defence Trust

Presenting the accounts of the Trust, Mr. J. R. BLACKBURNE, Chairman of the Trustees, told the Conference that the year's income had increased by a total of £1,233 over 1972. Nevertheless, certain increases in expenditure were unavoidable—for example, the expense of membership of the Union of European Medical Specialists, and the cost of the Conference, including the printing and circulation of the annual report to all hospital medical staff irrespective of whether or not they were members of the B.M.A. or contributors to the H.N.S. Defence Trust. Fortunately the B.M.A. had agreed to pay the Conference expenses of hospital junior doctors. Mr. Blackburne said that the Trust must survive and grow—the negotiators could not carry on effectively their struggle with the Government unless it had funds to devote to publicity and communications. Consultants must recognize that the Trust was a weapon and he hoped that all regional treasurers would contact their colleagues and

try to encourage—or shame—them into subscribing.

The motion to receive the report was carried.

Facilities for the Disabled

In an eloquent speech Dr. E. B. LEWIS (Hythe) proposed: "That this Conference impresses upon the Government the need to improve facilities for the disabled, particularly by setting an example in state-owned organizations—for example, British Rail and N.H.S. hospitals."

The motion was carried unanimously.

Hospital Medical Staffing

Mr. G. I. B. DA COSTA (Consett) moved: "That this Conference welcomes the decision to redistribute senior registrars and registrar posts more equitably across the country, and urges that the redistribution be expedited." An amendment to add the words, "in those cases where suitable training facilities are available" was accepted and the motion was carried, as was a subsequent motion, moved by Dr. J. A. G. HORTON (Newcastle upon Tyne): "That this Conference stresses that rotation schemes are essential in the redistribution of training posts, and that these schemes are dependent on the availability of residential accommodation in teaching hospitals and regional hospitals." Dr. Astley thought that the motion might imply a power of veto in the hands of the hospital authorities and Dr. Horton agreed to substitute the word "desirable" for "essential."

Then Dr. I. M. BROWN (South-east Thames) proposed: "That this Conference considers that the D.H.S.S. should be urged to fund the facilities required for a new consultant post and not merely the salary of the consultant." Dr. Astley strongly supported the motion on behalf of the C.C.H.M.S. and it was carried.

The West Midlands Regional H.J.S. Group was responsible for the further motions in this section. Dr. G. R. SMITH (Birmingham), moving: "That this Meeting believes that the chronic and serious manpower deficiencies at all levels in the N.H.S. are a direct result of inadequate financial reward and poor conditions of service," said his region believed that a large influx of funds was essential to save the hospital service from "acute ill-health." An amendment moved by Dr. R. MAGGS (Hailsham) to add the words: "There is such long-standing unrest in the hospital service that Conference urges our profession to lead a deputation to the Prime Minister so that he can be made absolutely clear as to the need for more funds for its survival" was lost but the substantive motion, strongly supported—by a number of speakers, was carried, as was the substantive motion: "That this Meeting believes that the correct course of action is to close hospital departments where serious manpower deficiencies exist, at whatever levels."

Area and District Medical Committees

Two motions concerning service on area and district medical committees which were proposed by Mr. R. H. B. MILLS (Pontypridd) on behalf of the Welsh Region were carried

unanimously, namely: "That this Conference proposes that C.C.H.M.S. should obtain from the D.H.S.S. an agreement to pay an attendance allowance to doctors attending area and district medical committees" and "That this Conference proposes that C.C.H.M.S. should obtain from the D.H.S.S. an agreement to pay doctors who act as secretaries for regional, district, and area medical committees."

Hospital Complaints Procedure

The following three motions were before the Conference: "That this Conference, while recognizing the need for the problem of complaints in the N.H.S. to be discussed, finds the conclusions of the Davies Report in its present form unacceptable" (Northern Region); "That this Conference rejects the findings of the Davies Report on Hospital Complaints Procedure" (North-east Thames); and "That this Conference rejects the Davies Report as being a discriminatory document" (North-west Region). Moving the first motion, Dr. P. O. LEGGATT (Newcastle upon Tyne) suggested that the proposed procedure would turn the hospital service into a complaints-oriented organization. Hospital doctors should not be asked to work under the threat of a scheme proposed by the Davies Committee. Mr. P. R. J. VICKERS (Newcastle upon Tyne) suggested that the scheme had many disturbing features; it would increase the fears of patients and direct irritation against those working in the hospital service instead of against the Government—the true author of its deficiencies.

Dr. ASTLEY pointed out that the Joint Medicolegal Subcommittee had criticized the scheme, and the C.C.H.M.S., sympathizing with the fears underlying the motions, would accept them as references.

The motions were carried.

A further motion from the North-west was proposed by Mr. D. H. TEASDALE (Rochdale) and carried, namely: "That the findings of any complaints inquiry should include a list of relevant factors which may have predisposed to that complaint."

Minimum Off-duty Time

Mr. P. R. J. VICKERS (Newcastle upon Tyne) proposed: "That this Conference regrets that the D.H.S.S. has not supplied to the health authorities the special extra funds for the extra duty allowances which will be necessary after the minimum off-duty time for hospital staff are implemented." He argued that the hospital service was run on the self-sacrifice of its employees and its high standards were lowered by the reliance upon junior doctors working an 80-hour week.

The motion was carried.

Review of S.H.M.O.s.

Dr. N. STRANG (South Shields) moved: "That this Conference appreciates the Joint Consultants Committee's report of the request for a review of the residual S.H.M.O.s, and urges that every possible effort be made to persuade the D.H.S.S. to accede to it." His plea was supported by Mr. D. E. BOLT (Hampton Hill), and Dr. ASTLEY confirmed

that the C.C.H.M.S. would make every effort to secure the review. The motion was carried. A further motion by the S.H.M.O.s Group Committee that the reconstituted C.C.H.M.S. should contain two rather than one S.H.M.O. was rejected.

Removal Expenses

A motion proposed by Dr. J. MACCAIG (Barnstaple) "That hospital consultants taking on a second or subsequent consultant post should be eligible for removal expenses in line with other hospital doctors," was carried after Mr. GRABHAM had confirmed that the Negotiating Subcommittee was pressing hard to achieve the payment of removal expenses for consultants, the only hospital service employees not to receive this benefit. The D.H.S.S. had agreed that it would be conceded once the restrictions of phase 3 had been lifted.

V.A.T. on Hospital Meals

Mr. A. P. ARDOUIN (South-east Thames) pointed out that the charges for hospital meals were related to the pay of hospital staff and that it was unfair to impose V.A.T. without a corresponding increase in salary in proposing the motion "That this Conference deplores the imposition of V.A.T. on hospital staff meals." The Meeting agreed to an amendment proposed by Dr. R. B. HOPKINSON (Stourbridge) to add the words: "and recommends that, as the D.H.S.S. regards medical staff as no different from other health service employees, all medical staff take formal meal breaks and are not on call during those times," and carried the motion as amended.

Conference Chairman 1975

The Conference elected Dr. E. B. LEWIS (Hythe) as its Chairman for the forthcoming year. Dr. Lewis expressed his gratitude for the confidence placed in him and promised to serve his colleagues to the best of his ability. The Conference elected Mr. A. RHODES, Mr. P. R. J. VICKERS, and Mr. D. E. BOLT to serve on its Agenda Committee.

Distinction Awards

The debate on distinction awards was opened by Mr. G. I. B. DA COSTA (Consett) with the proposal: "That this Conference regrets that the motion on the abolition of secrecy within the profession on distinction awards passed at the A.R.M. in 1973 has not been implemented." Recalling that there had been a 70% vote in favour of a change in the system of distinction awards he said that consultants in the northern region felt that the C.C.H.M.S. should have taken action to implement the wish of the majority. Dr. ASTLEY pointed out that there had been conflict of opinion between the 1973 Hospital Conference and the A.R.M.: the Conference had not recommended an abolition of secrecy but had called for a greater number of awards for regional consultants. It had to be remembered that the proportion of hospital doctors to others at the A.R.M. had only been one to three or four, whereas the Conference reflected the undiluted view of

hospital doctors. Moreover, the autonomy of the C.C.H.M.S. stemmed from the regional committees and not the Representative Body and the referendum on distinction awards had been carried out on the instructions of the Council. The Committee had been seeking a compromise solution and its proposals (Appendix H of the report of the C.C.H.M.S.) would be put before the 1974 A.R.M.

The motion was lost.

This was followed by a motion from Cheltenham moved by Mr. G. C. FOX "That the existing distinction awards system be replaced by a system of seniority awards in which merit can be recognized by premature payment of seniority awards before those awards would have been granted." Mr. P. C. REED proposed that the motion should be amended by adding: "At the institution of such a system, existing distinction awards shall be allowed to run to completion." Dr. ASTLEY said if the motion was carried the C.C.H.M.S. would accept it as a reference, and it was passed as amended on that basis.

Because of this decision the Chairman ruled that subsequent motions on distinction awards fell to the ground, but he allowed a debate on the following motion by the West Midlands Regional H.J.S. Group as it was on a different point. Dr. R. B. HOPKINSON (Stourbridge) proposed: "That this Meeting believes that distinction awards are directly responsible for the low basic consultant salary scale." He said that a sharing out of the money used to pay distinction awards would give all consultants £1,000 a year more in basic salary. The Review Body appeared to take the view that consultants' salaries were an average of their net income—which, for the previous year had been £7,700—rather than a mean of their basic salaries—£6,200. So long as the Government was able to show a third of the profession as exceeding that level there would be no increase in basic remuneration. While that situation continued there would be very little incentive for British graduates to take posts in the N.H.S.

The motion was carried.

Paramedical Professions

Two motions concerning nurses were enthusiastically received by the Conference and carried unanimously, namely: "That this Conference supports the nurses in their salary negotiations with the Government," and, "That this Conference fully supports the nurses' pay claim." Moving the first one Dr. P. H. WRIGHT pointed out that nurses were being lost to industry, to emigration, and to nursing agencies at an alarming rate while the D.H.S.S. appeared not to care: they should receive the strongest possible support from doctors. A motion by Trent region: "That this Meeting draws attention to the need for a rise in pay for all those groups supplementary to medicine," was also carried.

Residential Accommodation

There were three motions on the agenda on residential accommodation and they were all carried: "That this Conference feels that in view of the cost of housing and the inability of junior staff to obtain a mortgage on their low salaries, the Government must

provide adequate residential accommodation, or provide protected mortgages" (Northern region); "That this Conference considers that in view of the failure of the D.H.S.S. to provide adequate residential accommodation for hospital staff, low interest loans should be made available for house purchase" (South-east Thames region); and "That this Conference requests that the Government be asked to reverse the present policy of not providing recreational facilities for resident junior staff, (Northern region).

Advertisements for Hospital Junior Staff

Dr. C. SYKES (Birmingham) moved: "That this Meeting insists that all advertisements in the *B.M.J.* for hospital junior staff appointments must state whether the post is resident or not."

The motion received strong support and was carried.

Medical Secretaries in Hospital

The Conference gave unanimous support to a motion proposed by Dr. J. CUTHILL (Penvalfai), "That this Conference notes with increasing concern the reduction in the availability of medical secretaries and that competent secretaries in this field deserve to obtain terms and conditions of service equal to or exceeding secretaries employed in the same trade in administrative offices."

Cuts in Expenditure

Moving a motion "That this Conference condemns the substantial cuts in funds for hospital services which are currently being applied and which must now be followed by a cut in quantity of patient care if quality is to be maintained." Mr. P. R. J. VICKERS (Newcastle upon Tyne) suggested that the Government's claim that patients would not suffer as a result of a cut of £111m. in the funds available for health care was nonsense.

The motion was carried, as was one from Trent region "That the policy of financing the regions on a more equitable basis should not fail because of the present cutback in the financing of the Health Service."

Financing the Hospital Service

Dr. E. B. LEWIS (Hythe) moved: "That this Conference urges that the amount of money spent on patient care in the hospital service be increased pro rata with the money spent on administration." A motion to amend the proposal by substituting the words "by saving on" for "pro rata with" was accepted and the motion was carried.

Communications

The Meeting supported and carried the following motion by Dr. W. D. LINSELL: "That this Conference welcomes the publication in the improved form of *B.M.A. News*" and urges the continued improvement of communication between the B.M.A. and all medical staff."

Salmon Report

The final debate of the day took place on a motion by the South-east Thames region

"That this Conference deplores the implementation of the Salmon Report." The mover of the motion lamented the changes which the Salmon Report had brought about, which seemed to him to be change for the sake of change and without any evidence that improvement would follow. Frustration, disappointment, and low morale among nurses appeared to be the result, and the hospital service was losing its best nurses to administration. The attempt to provide a career structure for nurses by taking them away from active nursing was ill thought-out and something better should have been devised. Dr. H. JACOBS (Colchester) supported the motion.

Dr. J. A. G. HORTON (Newcastle) moved an amendment to add the words: "and wishes to reinstate the dignity and authority of the career of nursing at the bedside." Dr. ASTLEY felt that the motion so amended would sound patronizing, though he sympathized with the sentiments which had prompted it. He urged the Conference to leave it to the working party which was cur-

rently studying the matter and to the C.C.H.M.S. to examine the whole question and to report its conclusions to next year's Conference.

Dr. NOBLE felt that so positive a motion should not be passed without obtaining the views of the profession concerned and the debate was brought to an end by a successful motion to move to next business.

Negotiating Machinery

Dr. E. B. LEWIS (Hythe) moved: "That consultants' terms of service should be completely divorced from the Whitley Council machinery." He suggested that the point was technical but important, in that the terms and conditions of service applicable to the totality of Health Service employees were inappropriate for consultants by the nature of the continuity of the latter's service, their commitment to be on call at all times, and the late stage in their career at which they started earning a full salary. The Whitley Council machinery was designed for life-

time workers and those with fixed hours, he suggested.

An amendment to add the words "and juniors" to the motion was accepted. Dr. NEWTON supported the motion, but Dr. ASTLEY warned that withdrawal from the Whitley Council machinery would mean loss of the right to appeal. Furthermore, he did not think that the Negotiating Subcommittee had found operating under the Whitley umbrella particularly hampering in the past. Dr. LEWIS reiterated his arguments, however, adding that Whitley, if not unhelpful was not directly helpful, and was cumbersome and slow. The point about appeals did not appear important, since a separate appeals machinery could be set up. The motion was carried.

Chairman Thanked

Various other motions having been carried, the Conference wound up with a warm vote of thanks to Mr. D. B. Brown, its Chairman for the past three years.

H.C.S.A.'s Letter to B.M.A. Secretary

On 3 June the Secretary of the B.M.A., Dr. Derek Stevenson, wrote to the Hospital Consultants and Specialists Association about the representation of senior hospital medical and dental staff (Supplement, 15 June, p. 114) following the judgement of the Industrial Relations Court on the H.C.S.A.'s application for negotiating rights in the N.H.S. (Supplement, 1 June, p. 511). Mr. Brownlow Martin, Executive Officer of the H.C.S.A., replied to Dr. Stevenson's letter on 15 June, and his letter is published here.

Dr. Winter has asked me to reply to your letter of 3 June. We certainly share your view that it would be the wish of the majority of senior hospital medical staff that our two associations should present a united front to the Department of Health and we, for our part, would be only too pleased to reach a solution of the dispute between us with regard to representation.

Having met on three occasions in the past, you must be well aware of the principle upon which we stand, namely that we must represent our members directly upon those bodies which negotiate with the Department. We

do not, and will not, seek or accept the gift of seats upon the B.M.A. committees because our members do not approve of the large number of non-elected members on them. Our aim is therefore that the H.C.S.A. should have meaningful representation upon the two permanent committees which discuss hospital matters with the Department—J.N.C.H.M.D.S. and the J.C.C. If any other committees are formed from time to time (for example, the present Ministerial working party), we would also expect our Association to be similarly represented.

Following the judgement in the N.I.R.C.

we wrote to the Secretary of State, drawing her attention to the remarks of Sir Hugh Griffiths. We asked her if she was prepared to recognize the right of the H.C.S.A. to form part of the staff side of the J.N.C.H.M.D.S., and any other committee with which her department negotiated consultants terms and conditions of service. The Secretary of State has now invited our President and a named alternate consultant to join the Ministerial working party and we have accepted this invitation.

In view of the present difficulties facing consultants we are agreeable to a further meeting between our two associations to discuss ways and means on which we may co-operate with each other for the benefit of consultants over the present period. Without such co-operation between us we see no prospect of improving the consultant's lot, but we must stress that such co-operation in no way prejudices our ultimate object of directly representing our members in negotiations.

G.M.S. Committee and Review Body's Report

At its regular monthly meeting on 20 June the General Medical Services Committee discussed the Review Body report, published on 18 June (Supplement, p. 124). It decided to ask the Department of Health to implement immediately the recommendations for general practitioners with effect from 1 April 1974. Decisions on the report's recommendations dealing with the extension of the contraceptive service, however, have been postponed until the views of local medical committees have been obtained. A claim has been submitted for additional increases in remuneration under the threshold arrangements mentioned in paragraph 25 of the report.

A letter from the G.M.S. Committee to

L.M.C.s about the Review Body report states that the acting Chairman of the G.M.S. Committee told the recent L.M.C. Conference (see over the page) that the Government had said it would end phase 3 of the pay policy before the Parliamentary summer recess and that the Committee would have to consider what action should be taken to reinstate general practitioners' remuneration. The Committee has resolved, the letter continues that when phase 3 ends immediate representations should be made to the Prime Minister "to restore at the very least the shortfall set out in paragraph five of the report, which discloses that, in relation to comparable professional groups, the

net average income of general practitioners has fallen off by at least 9% over the past two years."

The Conference had also been told of plans that were in an advanced state of preparation for taking action in the event of the Government failing to accede to the profession's reasonable demands.

On practice expenses the letter warns L.M.C.s that they are to be asked to co-operate in providing information for a monitoring inquiry by the Committee on changes in expenses so that if there is any evidence that the increases provided for by the Review Body have been exceeded an immediate approach can be made to Lord Halsbury.