It is not possible to reverse the plans made for us by the B.M.A. nationally, but in Scotland the devolution of health care to the Scottish Assembly next year could give us a new start both clinically and politically. Major reforms may be possible, even to the point of a separate salary system.

I am distressed that this chance may be missed. The Scottish Committee for Hospital Medical Services Annual Report makes sad reading, since obviously no thought has been given to the opportunities that the Assembly will give. Moreover, if the doctors ignore the Assembly the new politicians in Edinburgh will not be slow to take command of Scottish health and once again the doctors will be following events instead of influencing them. There is still time to take the initiative.—I am, etc.,

D. N. H. HAMILTON

Western Infirmary,
Glasgow

Consultants' Fees for Dental Anaesthetics

SIR,—I can well understand Dr. R. L. McMillan's frustration (17 May, p. 395) at the continuing derisory level of N.H.S. dental anaesthetic fees, but I do assure him that past lack of progress in this field has not been due to apathy on the part of either the B.M.A. or the Association of Anaesthetists, who have for many years worked closely together in an effort to improve the situation. Indeed, as a member of the latter association, Dr. McMillan will have received, in late 1973 or early 1974, a bound copy of all the correspondence between the Association of Anaesthetists and the Department of Health and Social Security during the period January 1970–May 1972 on this subject.

Very briefly, the situation is this. All anaesthetics administered in dental surgeries under the N.H.S., whether by consultants or general practitioners, are items of dental treatment and must be remunerated as such; this position could be changed only by an amendment of the N.H.S. Acts. The Government of the day has always held firmly to its undertaking not to introduce any such amendment without the agreement of both medical and dental professions. Hitherto the dental profession has been unwilling to seek or accept any degree of alteration to this method of remuneration. All the anaesthetic fees are therefore fixed by the Rates Study Group—which has always to bear in mind that an increase in anaesthetic fees must of necessity result in a decrease in fees for some other item of dental service, since the total expenditure on dental services has to be contained within an allocated global sum.

In the face of these obstacles I venture to suggest that no organization—not even the Hospital Consultants and Specialists Association—could have made useful progress; but we do hope that at long last this impasse may be broken. Following informal discussions between representatives of the B.M.A. and the British Dental Association, I hope that it will shortly be possible for a joint approach to be made to the D.H.S.S. to explore ways in which the present unsatisfactory situation could be improved. With great respect, Sir, I feel that your Secretarial footnote to Dr. McMillan's letter has optimistically though, I hope, justifiably anticipated events, but I would implore Dr. McMillan to hang on to his membership to

both associations concerned with this matter just a little bit longer.—I am, etc.,

M. P. COPLANS

Chairman,
Anaesthetic Subcommittee, C.C.H.M.S.

London S.W.17

Junior Hospital Staff Contract

SIR,—We, the undersigned members of the junior medical staff at Glasgow Royal Infirmary, would like to express our support for the sentiments expressed in the letters of Dr. F. Kerr and others¹ and Dr. J. F. Howell and others (12 April, p. 90). We are apprehensive about the proposed contract for several reasons:

(1) The introduction of "units of medical time," etc. will result in a restriction of individual freedom in the exercise of professional duties.

(2) The new contract would require work done to be monitored. This may accelerate the trend to administrative and eventual external control of the profession.

(3) Overtime payments weaken the case for better increases in basic salary. The Review Body is very unlikely to accept the proposed 40-hour working week of the new contract as equating with the basic salary now paid.

(4) The move to a "payment for work done" contract can be effected only once, and any short-term monetary gain would be quickly eroded by inflation. There is a danger that the increase in remuneration could restrict subsequent increases in basic salary.

(5) Recruitment of medical staff to para-clinical posts, where a 40-hour week is usual, will be threatened. Salary differentials will lead to division within the profession.

(6) There is no provision for teaching or research duties to qualify as "units of medical time."

We believe that junior hospital doctors should consider these points carefully in relation to the proposed contract.—We are, etc.,

DESMOND MURPHY, COLIN M. FURNIVAL, DUNCAN MACINTYRE, ALLAN PACK, I. ROSS McDUGALL, DAVID M. WARD, J. FRASER MACKENZIE, WALTER F. KEAN, PETER STROMBERG, G. M. MCKENDRICK, D. BROWN, G. MCINTYRE, B. L. DEVINE, I. N. SCOBIE, D. C. CUNNINGHAM OWENS, A. STRONG, ALEXANDER R. M. W. M. DOUGALL, D. R. T. GUNDRY, C. E. LANGAN, M. M. BERRY, D. E. MITCHELL, M. H. DELANEY, JOHN REILLY, WILLIAM G. CAMPBELL, K. R. PATEL, A. SHENKIN, P. R. BECK, MARGARET C. SMITH, M. MCENANEY, A. D. HOWIE, A. MILNE, A. K. HENDERSON, GAVIN BOYD, I. D. HAY, CAROLINE MCKILLIP, JAMES MCKILLIP, JOHN A. BURTON, PETER M. KYLE, I. MACKENZIE, K. A. MCCLAY, BRIAN F. O'REILLY, JOSEPH CARLIN, DENNIS L. CITRIN, MICHAEL J. SMYTH, J. M. SIMMS, HENRY J. G. BURNS, DAVID HENRY, W. F. BREMNER, JANE L. H. C. THIRD, R. G. MURRAY, JOHN V. JONES, GORDON LOWE, R. D. STURROCK, PATRICK J. ROONEY, ARTHUR L. C. MCCLAY, B. F. BOYCE, W. D. THOMPSON, W. A. REID, JAMES RODGER, RAYMOND P. O'HARE, K. A. FLEMING, KIERAN O'REILLY, ANNE M. MCNICOL, W. S. STOCKWELL, N. M. PETTIGREW, J. M. BELL, ANN HARVIE, DAVID R. MORGAN, M. WALKER, PUNNYADASA, J. F. WINCHESTER, I. M. R. ROGERS.

Royal Infirmary,
Glasgow

¹ *Lancet*, 1975, 1, 796.

"Latched-on" Doctors

SIR,—During the reorganization of the N.H.S. doctors wishing to pursue a career in the administrative and epidemiological

aspects of the new service were required not only to compete for posts apparently similar to those which they had held previously but to submit themselves to the stringent requirements of a consultant's appointment committee. Those who were unable to obtain or were unwilling to seek appointments on this basis remain with an uncertain status and with no immediate prospects of a permanent post.

The Central Committee for Community Medicine is most concerned about this group of doctors and has set up a working party specifically to formulate proposals for resolving the difficulties which are arising, since all the previous solutions proposed have been shown to be inadequate. The working party is seeking to contact all such doctors who seek a permanent post in the new service so that a confidential questionnaire may be completed and the extent of the problem determined. At present estimates vary between 40 and 400 doctors involved. The questionnaires have now been distributed to all such doctors who appear to the working party likely to wish to pursue a permanent career in the administrative and epidemiological aspects of the new service. If any doctor who believes himself to be in this category has not received a copy of the questionnaire it would be helpful if contact could be made with Mrs. P. J. Everett at B.M.A. House as soon as possible.—I am, etc.,

J. STUART HORNER

Chairman,
Central Committee for Community Medicine

B.M.A. House,
London W.C.1

Consultant Negotiations

SIR,—The comments of the Secretary of the B.M.A. on the letter from Mr. G. H. Jantet (10 May, p. 338) seem to comprise yet another step in the B.M.A.'s extraordinary campaign to blame the Hospital Consultants and Specialists Association for the rift between the two associations.

He cites as evidence in support of his claim the fact that the H.C.S.A., on 12 March, had decided to adopt the suggestions of a joint committee of the two associations to increase pressure on the Government while the B.M.A. had not, though even after that decision both associations were still recommending the application of "sanctions."

Does the Secretary of the B.M.A. really believe that a difference in the recommended intensity constituted a "breach of the joint B.M.A./H.C.S.A. policy on 'sanctions'" which excuses his behaviour and that of his colleagues who went behind the backs of the H.C.S.A. negotiators and did a deal with Mrs. Castle?—I am, etc.,

N. A. SIMMONS

Potters Bar, Herts

** We are informed that the minutes of the last meeting of the Joint Sanctions Committee to be held before the C.C.H.M.S. met on 13 March (22 March, p. 696) record that there was a discussion on various possible ways in which pressure on the Government might be intensified. The minutes—on this occasion prepared by the H.C.S.A. secretariat—make no mention, however, of any recommendation for their implementation.—ED., B.M.J.