Supplementary Annual Report of Council 1974-5

Members are asked to keep this Supplement until the matters it contains have been discussed by their Divisions. (The main Annual Report was published in the B.M.J. on 26 April (p. 216)).

Contents

Appointment of Secretary:

Constitutional Procedure Governing the Appointment

(37) The Council wishes first to remind the Representative Body of the constitutional procedure governing the appointment of a new Secretary of the Association. It is:

(1) By-law 81 which states that:

> All salaried officials holding any medical qualification shall be appointed and may be dismissed by the Council, and shall hold office for such period and perform such duties and receive such remuneration as the Council may from time to time determine.

The opinion of the Association's solicitor has been taken on the interpretation to be placed upon this By-law so far as the appointment of, or promotion to the office of, Secretary is concerned. He is in no doubt that this By-law does, and always has, empowered the Council to make the appointment and that both under the present and new constitution it enjoys sole powers in this respect.

(2) The remit of the Council's General Purposes Committee, which includes, inter alia, a duty to "make recommendations to Council regarding the appointment of all officials with medical qualifications."

(37.1) By-law 81 and the above terms of reference of the Council's General Purposes Committee provide the sole constitutional procedure governing the appointment of Secretary.

Steps Taken to Date

(37.2) Meeting on 2 April the Council, having been informed that the present Secretary is due to retire in July 1976, gave preliminary consideration to the appointment of his successor. During the course of discussion, in camera, a motion that the post of Secretary be publicly advertised was lost by nine votes to 23.

(37.3) The Council in discharging its constitutional responsibilities accordingly requested its General Purposes Committee to consider, in the first instance, the question of making the appointment of a new Secretary from among the present medical members of the Secretariat and to report to the next meeting of Council.

(37.4) The General Purposes Committee met on 21 May and for part of the time was joined by the chairmen of the Standing Committees of the Association whose advice was greatly appreciated.

(37.5) The Committee informed the Council of its strongly held view that the occupant of the post of Secretary should be medically qualified and that, having reviewed the qualifications and experience of all the present medical members of the Secretariat, it was completely satisfied that it includes a number of candidates from among whom it would be possible to select one who has the necessary aptitudes to discharge the duties of the important post of Secretary.

(37.6) In the ordinary way, and in accordance with its remit, the Committee would have proceeded to the next stage of submitting to Council the names of appropriate candidates for the appointment of Secretary on Dr. Stevenson's retirement in July 1976. The Committee, however, was aware that after the matter had been referred to it by Council, four Divisions of the Association had tabled resolutions to the forthcoming A.R.M. at Leeds, all of which specify that the post of Secretary should be widely advertised.

(37.7) In these new circumstances the Committee advised Council that it felt it would be unwise for it to proceed further at that stage by putting forward any named candidates from among the present medical staff for the Council's consideration.

(37.8) The Council has no doubt about the wisdom of the advice it has received from its General Purposes Committee. It is quite essential that whoever is appointed Secretary should enjoy the full confidence of the membership at large and a most invidious situation would occur if the Council proceeded to make the appointment in the knowledge that the Representative Body one month later was to debate the issue of open advertisement.

(37.9) The Council wishes to emphasize that it has followed meticulously step by step the procedure laid down in the constitution for appointing a new Secretary. Nevertheless, as the question of advertisement is to be raised in the Representative Body and as the detailed procedure for the appointment of a new Secretary is not dealt with in the revised constitution and has not been examined by the Representative Body since the beginning of the century, the Council believes it would be wrong to proceed further until the Representative Body has had an opportunity to express an opinion on whether the post should be openly advertised.

(37.10) The Council, therefore, agreed at its meeting on 4 June:

(1) That the Representative Body be informed (*a*) of the constitutional steps taken so far in finding a successor to the present Secretary on his retirement in July 1976; and (*b*) that in its opinion the present medical secretariat includes a number of candidates from whom it would be possible to select one who has the necessary qualifications and experience for the post of Secretary.

(2) That the Representative Body should have the opportunity to express its opinion on the motions calling for open advertisements before Council proceeds any further.

(37.11) Accordingly the Council recommends:

(1) That the Council in the next session should proceed further with the appointment of Secretary in the light of the opinion expressed by the Representative Body.

(2) That the Council, through the Organization Committee, be asked to consider whether, for the future, any change in the existing By-law appertaining to the procedure for appointing a new Secretary is either necessary or desirable.

Medical Superintendents Society

(38) In 1886, the Medical Superintendents Society was formed by the superintendents of the metropolitan infirmaries with an annual subscription of three shillings and sixpence. The society steadily grew in stature and in influence having a membership of 670 at the inception of the National Health Service in 1948. Thereafter the trend towards non-medical administration, in part supported by doctors reacting against wartime recollections of military discipline, resulted in the influence and membership of the society progressively diminishing. In 1970, following a petition to the Council of the Association, a Group for Medical Administrators was formed, taking over the functions of the Medical Superintendents Society which met for the last time in February 1972.

(38.1) Dr. A. D. Morris, an eminent medical historian, has written the society's history, and the Presidential Jewel is to be presented to the British Medical Association. The Council wishes to place on record its appreciation of this gesture.

Review Body

Introduction

(39) At its meeting in Hull the Representative Body passed the following resolution:

> "That this Meeting, noting that under the restrictions imposed by the statutory pay policies of successive governments the Review Body is obliged to comply with such constraints, doubts whether the Review Body enjoys that degree of independence envisaged by the Royal Commission, and instructs Council to consider the advantages and disadvantages of the continuation of the Review Body system as it is now and to report back with recommendations."

(39.1) In carrying out the Representative Body's wishes the Council has consulted the chairmen and other representatives of the standing committees primarily involved in Review Body matters and who make up the profession's Joint Evidence Committee: the General Medical Services Committee, the Central Committee for Hospital Medical Services, the Central Committee for Community Medicine, and the Hospital Junior

Staffs Group Council. The views which follow can therefore be said to reflect the opinions of all those directly concerned with the Review Body.

Royal Commission

(39.2) The Review Body came about as the result of recommendations made by the Royal Commission on Doctors and Dentists Remuneration chaired by Sir Harry Pilkington which reported in 1960 after some four years' work, and whose recommendations were accepted by the Government and the profession. During the course of its investigations the Commission gathered a mass of detailed evidence from the profession and from Government.

(39.3) The Commission itself was the result of many years of acrimonious public wrangling between the Government and the profession about pay.

Commission's Aims

(39.4) The Commission set out to achieve three objectives in particular which it considered to be of great importance. viz.:

"The first is the avoidance of the recurrent disputes about remuneration which have bedevilled relations between the medical and dental professions and the Government for many years. Whatever the rights or wrongs of these disputes, they do nothing to promote the smooth working of the National Health Service.

"The second aim is to give these two professions, most of whose members derive the greater part of their livelihood from the National Health Service, some assurance that their standards of living will not be depressed by arbitrary Government action. It may sometimes be expedient to avoid increased expenditure on the remuneration of people paid from public funds; it may be tempting to describe this as an economic necessity or in the national interest. While clearly the Government of the day must govern, doctors and dentists must have some confidence that their remuneration will be settled on a just basis. Hitherto, many doctors and dentists have regarded the Spens Committee's reports as providing, among other things, a firm basis for their remuneration. As we have said in Chapter V, we do not think that these reports should continue to govern the remuneration of the professions. It thus becomes necessary for us to suggest some other source of assurance.

"On the other hand it is possible that for one reason or another a Government might allow the remuneration of doctors or dentists to rise above a reasonable level. For example, in recent years dentists' remuneration has been allowed to rise, as we have seen, to higher levels than were intended. Our third aim therefore is to avoid a situation in which the tax-payer has to pay more than he should towards the remuneration of doctors and dentists."

(39.5) These aims, set out by the Royal Commission, were in fact largely those of the profession itself and had been emphasized in the evidence which the Association had given.

Establishment of Review Body

(39.6) With these aims in view the Commission recommended the establishment of a Review Body with the following terms of reference:

"To advise the Prime Minister on the remuneration of doctors and dentists taking any part in the N.H.S."

(39.7) The *raisons d'être* of this type of review machinery were stated in the opening chapters of the Commission's report, viz.:

"13. We recommend the setting up of a Review Body, somewhat similar to the Advisory Committee on the Higher Civil Service, to watch the levels and spread of medical and dental remuneration, and to make recommendations to the Prime Minister. The main task of this Body will be the exercise of the faculty of good judgment, and it must be composed of individuals whose standing and reputation will command the confidence of the professions, the Government, and the public. It must be regarded as a better judge than either the Government or the representatives of the professions as to what the levels and spread of medical and dental remuneration should be.

"14. While the Government cannot abrogate its functions and responsibility for ultimate decisions, we are insistent that the recommendations of the Review Body must only very rarely and for most obviously compelling reasons be rejected.

"15. We attach special importance to prompt action by the Government in dealing with any recommendations that may be made by the Review Body. In both professions there has been a lack of faith that the Government will act speedily, and a widespread conviction that this is due to deliberate delaying tactics. Nothing will restore confidence between the professions and the Government more than experience of really prompt action on the recommendations of the Review Body.

"16. Now that the vast majority of their earnings come from the state, a monopoly employer for practical purposes, doctors and dentists should have their remuneration settled by external comparison, principally, though not necessarily exclusively, with professional men and others with a university background in other walks of life in Great Britain.

"17. In deciding where doctors and dentists should stand at any one time in relation to members of other professions, regard should be paid among other matters to the general trend of recruitment in quality and quantity, and to the relative status of the medical and dental professions and of other occupations in other countries."

(39.8) The case for the present Review Body machinery was elaborated in Chapter 10 of the Commission's report. (Copies of chapter 10 can be obtained from the Secretary of the B.M.A. and will be available at the A.R.M.)

Alternatives

DIRECT NEGOTIATION AND ARBITRATION

(39.9) Up to the time of the Royal Commission direct negotiation with the Government on matters of pay had failed again and again to settle the major issues. An essential feature of any system of direct negotiation—the right to unilateral arbitration—was missing and whenever an impasse was reached in negotiation the professions found it impossible to take the Government to arbitration except with the latter's consent. Needless to say this was rarely forthcoming—the only obvious exception was the Danckwerts Adjudication in 1952.

(39.10) All the profession's experience in the past has shown that any system of direct negotiation with the Government will fail on major issues unless there is a built-in means of solving the inevitable disputes which arise when large sums of money are involved. Could the profession secure a satisfactory means of arbitration if it reverted to a system of direct negotiation? The Council has doubts. Its main reason for this view is the fact that any award to the profession which is paid from public funds must be sanctioned by Parliament, which constitutionally cannot be bound in advance to accept the findings of an independent arbitrator.

(39.11) Moreover, there are other weaknesses in a system of direct negotiation for doctors in the N.H.S. Should it fail, the professions as a whole, and the medical profession in particular, find it repugnant to resort to the traditional weapon of the "strike" employed by the trade unions.

(39.12) In a system of direct negotiation any major dispute usually results from what the "staff side" consider to be an unsatisfactory offer made by the employer. But the adequacy or otherwise of any offer is essentially a matter of opinion. If, on the other hand, an independent body gives an award which the Government refuses to honour in full, the issue is much more clear cut and the justification for more drastic action is abundantly clear.

(39.13) Overall, the Council has come to the conclusion that direct negotiation, even if combined with the limited rights of arbitration which might be attained within the constitutional framework, could not provide a satisfactory means of deciding the profession's pay.

WHITLEY AN ALTERNATIVE?

(39.14) It has also re-examined the possibility of using the Whitley machinery which was established in the N.H.S. This too has proved unsatisfactory in the past except for the settlement of minor matters. In essence, Whitley machinery is no more than a formalized system of direct negotiation and as such offers no cure for all the defects of such a system in so far as doctors in the N.H.S. are concerned. Furthermore, arbitration remains a prerogative of Government.

Criticisms of Review Body Machinery

(39.15) The Council recognizes that there are valid criticisms of the Review Body machinery and it deals with these in succeding paragraphs of this report.

IS THE REVIEW BODY INDEPENDENT?

(39.16) Undoubtedly the Review Body machinery is open to certain criticisms. Doubts have been voiced about its independence and probably the main development of recent years which has caused this is the emergence of the statutory incomes policy—the six months freeze of 1966 and more recently the three phases of the last Conservative Government's prices and incomes policy which began in November 1972.

(39.17) The Council well understands the basis for this criticism. But while it is fundamental that the Review Body shall be independent of Government pressures, it cannot be expected to disregard the law of the land and to make recommendations which the Government would promptly and legally repudiate. Again, would the profession's interests have been better served by an alternative method of assessing its pay? The Council thinks not. Whatever method is used at the time of a statutory incomes policy, the result must be within the constraints of that policy.

(39.18) The Review Body has itself sought to demonstrate its independence on a number of occasions. Though there have been times when it has had to make its recommendations within the constraints of a statutory incomes policy, it has not been prevented from drawing attention to the consequences which Government policy was having on the National Health Service. For instance, in the supplement to its fourth report, the Review Body drew the

Government's attention to the dangers facing the N.H.S. if medical pay remained depressed. This at least is the sort of authoritative independent statement that would never emerge from any other method of negotiation between the profession and the Government. It then proceeded in its fifth report to make recommendations which remedied the shortfall reported in the supplement to its fourth report. The award was substantial and was honoured by the Government in spite of difficult national economic circumstances.

(39.19) Finally, in this context it is important to examine the Review Body's own views on its independence. The following is taken from chapter 1 of its fourth report in June 1974:

"We believe that it is important to re-state our position as we see it, in order to reassure those who have expressed concern to us about our independent status. We continue to be an independent Review Body, and we have long-standing assurances that our recommendations will not be referred to any other body. Because our independence, like any other freedom, is circumscribed by the law, we have taken steps to assure ourselves that our recommendations conform to the requirements of the Pay Code. It has been represented to us that a recent settlement elsewhere in the public sector which exceeds the strict limits generally imposed by the Code, made under the consents procedure (Schedule 2, paragraph 6) of the Counter-Inflation Act, would provide justification for recommending exceptional treatment for the medical and dental professions. For our part, we see it as appropriate to consider the position of N.H.S. doctors and dentists primarily in the context of the position of other professional groups at comparable pay levels, and we consider that their broad relative position in the professional structure ought not to be affected by the circumstances of a settlement in an unrelated field of employment. We also regard it as important to consider the position of doctors and dentists within the National Health Service as an entity."

(39.20) The Council is satisfied that within the terms of the Review Body machinery set out in chapter 10 of the Royal Commission's report and in the light of the above extract from the Review Body's fourth report, the Review Body has acted independently of Government.

REVIEW BODY SECRETARIAT

(39.21) Another matter which the Council felt necessary to look at again, because of criticism within the profession, is the means by which the Review Body is serviced. One principle which the profession established in the discussions following the Royal Commission's report and the appointment of the first Review Body, was that its secretariat should be part of the Cabinet Office.

(39.22) This arrangement, which operated successfully during the lifetime of the Kindersley Review Body, came to an end with the formation of the new Review Body then chaired by Lord Halsbury. A common secretariat, the Office of Manpower Economics, was established to provide services for the new Top Salaries Review Body and the Armed Forces Review Body as well as the Doctors' and Dentists' Review Body. In addition, a system of cross representation between the various Review Bodies was established.

(39.23) Clearly there is advantage in some degree of co-ordination in the work of bodies which are performing a similar task for different sections of the community. But equally it can give rise to the impression that the doctors' own Review Body is now expected to have regard not only to the facts of the medical profession's own particular case but to considerations applying to the work of the other Review Bodies. Moreover, such impressions have undoubtedly been heightened by the fact that all the Review Bodies in recent years have had to work within the restraints of Government incomes policies.

(39.24) The Council for its part takes the view that the present arrangements have had no effect upon the awards which have been made to the profession and it is confident that subsequent reviews will prove this to be the case.

(39.25) Despite the misgivings which have been expressed it does not suggest that any good purpose would be served by seeking a change in the present arrangements.

GOVERNMENT INTERFERENCE WITH THE REVIEW BODY'S AWARDS

(39.26) Another major cause of dissatisfaction has been Government interference with the Review Body's awards—the phasing of the general practice award in 1966 and the drastic reduction of the award made to the profession as a whole in 1970 are the two most blatant examples.*

(39.27) But, is this sort of unilateral action unlikely in other circumstances and would the profession have fared any better on those occasions from a different method of determining its pay? The Council thinks not.

(39.28) For reasons which have been explained in the earlier part of this report, it is unrealistic to imagine that the profession would ever secure a situation in which the Government could not, if it so wished, interfere with any award or apply its power of veto. At least with the present system, on those occasions when the Government has interfered with Review Body awards it has had to publicly dishonour its obligations and try to explain why it had renegued on an award made by a body independent of both of the parties involved. And on the last occasion, it must be remembered, the Review Body itself resigned in protest at the Government's unilateral action.

SUBMISSION OF EVIDENCE AND IMPLEMENTATION OF AWARDS

(39.29) Under this general heading there are a number of particular issues which have given rise to concern in the past.

Delays in Publication and Payment

(39.30) The first of these is the fact that invariably in past years the Review Body reports have not been published until well after the start of the operative date of each award. The result of this, combined with the mechanics of payments, has been that the profession has often had to wait for several months before any increase is paid. With ever growing inflation, this has acted increasingly to the detriment of the profession. Once the report has been submitted to the Prime Minister, publication rests entirely with the Government, and the Council must place on record its concern that on certain occasions in past years delays in publication have undoubtedly taken place for political reasons.

*Moreover in 1975 while the Government accepted the Review Body's recommendations it applied staging to the increases of some doctors.

(39.31) The Council therefore feels strongly that the Government should accept a time limit for publication of a report. In Council's view if this were fixed at three weeks after its receipt by the Prime Minister, it would not be unreasonable to expect the Government by then to have reached a decision on whether or not the report is acceptable to it. This would meet the view expressed by the Royal Comission in para. 436 of its report that "in the interests of preserving confidence and good will it is moreover essential that the Government should give its decision on the Body's recommendations very quickly."

Evidence

(39.32) Secondly, there have been suggestions that the annual reviews should be undertaken earlier to enable the Review Body to report to the Prime Minister in good time before 1 April. The present timetable for submitting evidence does, in fact, create problems, but as experience of the last review has shown it is nevertheless possible to keep to a timetable which will enable the Review Body to complete its deliberations during March. The main difficulty is that much of the statistical data upon which the profession must rely in formulating its claim—in particular, the National Earnings Survey, Inland Revenue figures on medical earnings, and the analysis of general practitioners' expenses (also from Inland Revenue)—do not become available until late January or early February each year. All the statistics are getting out of date when they become available to the Review Body, some of them considerably so—for example, data on doctor migration and on incomes of fee-earning professions. And it is not always easy, particularly during inflation, to project the data from the past to the present and near future. There should, therefore, be the smallest possible gap between the availability of data and the Review Body award. The Council's experts are agreed that this means an April award; there is certainly little point in seeking to change the date of annual reviews, since they are largely dependent upon statistics which become available only shortly before the new review period.

(39.33) There is another matter under this heading which has caused some concern. Probably because of the pressure of events, the convention that the profession and the Government should submit their written evidence simultaneously has fallen into disuse in recent years. Invariably the Department has been later than the profession in so doing and its written evidence has often commented upon the profession's submissions. The Joint Evidence Committee has, of course, taken the opportunity of remedying the situation as far as possible in the course of oral evidence, but it is clearly unsatisfactory that it should have to do so. The Council takes the view that, save in exceptional circumstances and by mutual agreement, the written evidence of both the profession and the Health Departments should be submitted and exchanged simultaneously.

Effects of Inflation on Annual Reviews

(39.34) There is the further objection that the Review Body awards themselves set out to "put the profession right" on 1 April of each year and in times of rapid inflation doctors im-

mediately begin to fall behind other sections of the community. During the period of three-yearly reviews the first Review Body attempted to meet this situation by setting levels of pay which they thought would be correct at the mid-point of the review period. The present Review Body has steadfastly refused to adopt this principle, largely on the grounds that to anticipate inflation is, in itself, inflationary.

(39.35) In present circumstances and with ever increasing inflation the Council cannot agree that such an approach is fair to the profession. The first Review Body followed the practice of establishing the proper level of remuneration at the mid-point of the review period. At that time inflation was running at a much lower rate. At today's level of inflation the case for reverting to the practice of the "mid-point" is unanswerable. The Council intends to pursue this point vigorously at the next review.

(39.36) Furthermore, the Council feels that in present circumstances the profession must exercise the right which it has to approach the Review Body at any time if, in its opinion, circumstances have changed to the extent that a further adjustment during the course of a review period is necessary. This right was, indeed, exercised in 1974 and though it produced no additional net income it was, in fact, effective to the extent that there was a mid-year adjustment in the expenses element in general practitioner remuneration.

Methodology

(39.37) Another aspect of the Review Body's reports which has given rise to increasing concern is its apparent reliance in recent years on statistical evidence of the movement of comparable incomes—the "percentile points" approach.

(39.38) The Council appreciates that this is but one indicator used by the Review Body and that other information is made available to it, not only by the profession and the Department, of Health, but also by its own secretariat from the Office of Manpower Economics before it makes a judgement.

(39.39) Nevertheless, it seems that this, as a main method of approach, must carry the risk in that the statistical material on which it is based is not always complete. The main index used for the purpose, for instance, shows movements only in salaried employees and excludes the self employed. Moreover, it represents a departure from the cirteria suggested by the Royal Commission in its report that the profession's remuneration should be measured against the movement of incomes in other professions—who are mainly self employed with incomes which may at times increase more quickly—as well as against changes in the cost of living.

(39.40) Moreover, the time may well have come when the medical profession takes the lead—and not merely follows meekly behind the professions generally—by stressing how far professional incomes have fallen behind in real terms both before and particularly after tax. Since Government policies, statutory or voluntary, have had the effect of depressing the pay of the higher incomes groups, a new approach on these lines is needed if the concertina is to be opened up again. What can now be shown—and has become most important to show—is (i) that real incomes before tax have risen less fast for doctors than for other groups, and (ii) that real disposable income (after tax) is falling in absolute terms.

Comparisons with Pay in E.E.C. Countries

(39.41) Little regard has been paid so far, in the profession's evidence and in the Review Body's reports, to the possible effect of Britain's entry into the E.E.C. In the Council's view, now that the medical directives governing free movement of doctors have been agreed, it is essential that medical earnings in Europe should be taken fully into account by the Review Body in settling levels of medical pay. The Council has already commissioned, and received, the results of a full-scale statistical inquiry into the earnings of doctors throughout the Community. These show quite clearly that the pay of the profession in the U.K. lags dramatically behind that of their counterparts in Europe. The Council has already informed the Review Body of the overall results of the survey and with the aid of its economic advisers it is proposed to put forward a fully documented case on this issue in good time for the next review, and then to keep the figures up to date year by year.

Council's Conclusions

(39.42) The Council, having considered the advantages and disadvantages of the Review Body system, believes, on balance, that it is in the best interests of the profession that it should be maintained. Nevertheless, the Council intends to pursue the following issues:

(1) The independent Review Body should always publish in its reports its views on the proper levels of remuneration for doctors in the N.H.S. even though at the time of a report there may be statutory limitations on pay increases.

(2) The functions of the secretariat of the Review Body should continue to be carried out by the Office of Manpower Economics but the position should be kept under review with particular reference to the independence of the secretariat.

(3) As has been demonstrated in the 1975 review, it should be the pattern in future that the Review Body's reports be completed before the end of March and presented forthwith to the Prime Minister.

(4) The profession should be informed immediately the Prime Minister receives the Review Body's report and it should be published within three weeks of that date. It would also expect the Government's decision on implementation to be announced within a similar time limit.

(5) Save in exceptional circumstances and by mutual agreement the written evidence of both the profession and the Health Departments should be submitted and exchanged simultaneously.

(6) In deciding upon the level of its awards the Review Body should revert to the practice of its predecessor of setting a figure which it believes would be correct at the mid-point of the review period.

(7) At least once a year, probably in the autumn, the Review Body should agree to meet the Association's representatives to discuss changes which may have taken place since the last review and to prepare the ground for the next review.

(8) In future, if Britain remains in the Common Market, the level of earnings of doctors in E.E.C. countries should be a major factor in the Review Body's considerations.

Organization

Roll of Fellows

(*Continuation of paragraph 29.4*)

(40) The Council has approved for admission to the Roll of Fellows the names of the following members of the Association, in addition to those referred to in the Annual Report:

Nominating Body	*Nominee*
Bristol Division	BAILEY, Peter Bryan, M.B., CH.B., D.R.C.O.G.
Junior Members Forum	BRAMBLE, Frank James, M.B., B.S., F.R.C.S.

Main Events

European Economic Community

(Continuation of paragraph 7)

(41) The Council has given special consideration to certain aspects of the draft medical directives, namely, those Articles in the directives which deal with
(*a*) proof of good character and good repute,
(*b*) physical and mental health,
(*c*) information centres and language assessment,
(*d*) a preparatory training period in order to become eligible for appointment as a doctor of a social security system,
(*e*) a statement by the Council of Ministers on general practice, and
(*f*) the manner in which the experts of the practising profession should be nominated to H.M. Government for appointment by the Council of Ministers to the Advisory committee on Medical Training.

(41.1) The Council considers that where proof of good character or good repute is required (Art. 11.1) the necessary certificates should be issued by the General Medical Council acting independently, and by no other agency. The Council further believes that certification of physical or mental health is also a matter for the General Medical Council.

(41.2) The Council considers that at information centres (which may be set up to enable migrant doctors to obtain information on health and social security laws, and on the professional ethics and other aspects of medical practice in the host state) there should be available for E.E.C. migrants a form of language assessment or test of ability to communicate, perhaps similar to the test included in the T.R.A.B. test.

(41.3) On the matter of the desirability of introducing a preparatory training period in order to become eligible for appointment as a doctor of a social security scheme (Art. 21) it seems that a possible way of doing so would be to specify that a certain number of hours of training (on the N.H.S.) be included in the preregistration period. The require-

ments would have to be imposed on U.K. nationals as well as E.E.C. migrants, to avoid discriminating against the latter.

(41.4) The Council notes with regret that general practice has not been recognized as a specialty under the terms of the directives (because no two member states at present consider it in law to be a specialty) but is glad to learn that the Standing Committee of Doctors of the E.E.C. has urged the European Commission to refer the question of general practice to the Advisory Committee on Medical Training as soon as it is appointed.

(41.5) When the time comes for experts of the practising profession to be nominated by H.M. Government to the Council of Ministers for appointment to the Advisory Committee on Medical Training, the Council of the Association has asked to be fully consulted by the Government.

Consultants' Dispute

Mr. Grabham's Statement to Council

In the Council meeting on 4 June Mr. A. H. Grabham, Chairman of the Negotiating Subcommittee of the Central Committee for Hospital Medical Services, made a statement about the consultant contract discussions and consultant representation. His comments are published here.

The issue before consultants fell into two parts, declared Mr. Grabham. Firstly, there was the "deal" that had been concluded at the all night discussion on 16/17 April with the Secretary of State; secondly there was the relationship between fellow consultants in the B.M.A. and the H.C.S.A.

Describing the progress made at the meeting with Mrs. Castle as "quite miraculous" he said that what had been achieved had been clearly set out in the *B.M.J.* of 26 April (p. 202). In the light of the Secretary of State's letters, a special meeting of the C.C.H.M.S. had passed by 35 votes to 2 votes a resolution that formal negotiations should be resumed without prejudice and that any sanctions being imposed should be lifted. Mr. Grabham confirmed that at no stage during the all night meeting, either implicitly or otherwise, was any deal done with regard to the Review Body or the implementation of the Review Body's Fifth Report.

It was proposed to establish several small joint working groups with the Health Departments to consider the outstanding items on the "shopping list" of improvements to the present contract, he continued. Those groups would consider family planning; administration and additional voluntary sessions; recall fees; cars and telephones; and distinction awards and career service supplements. The Negotiating Subcommittee had also formed groups to consider the advantages and disadvantages of an item-of-service contract, the problems facing the medical assistant grade, and Categories I and II services. "At the moment I am as happy with the situation as I was at that all night meeting," added Mr. Grabham. "We have had the implementation of a good Review Body award, and I feel we shall make real progress which will please the people I represent during the next few months." For the foreseeable future, he added, negotiations would be centred on improving the present contract.

Rift with H.C.S.A.

The matter that had given rise to concern was the rift which had widened in the last two months between the C.C.H.M.S. and consultant colleagues in the H.C.S.A. "During some six months we had been working side by side getting along reasonably well," he continued. "The split began at the meeting of the C.C.H.M.S. on 13 March when we received the second rejection by the Prime Minister of our request for intervention. Several courses of action were open to us. The H.C.S.A. Executive had met already and was to announce its decision that they thought it would be necessary to increase pressure in order to make progress. The C.C.H.M.S. considered the alternatives and took a different line: that we should have one last try at approaching the Secretary of State to tell her we thought an agreement was possible. We said that if that fails we would consider judicial arbitration.

"On that day the paths of the B.M.A. and the H.C.S.A. began to diverge. We sought the meeting with the Secretary of State which led to the agreement I have outlined. It was not in any way a series of secret meetings. The details and our rate of progress were communicated to the President of the H.C.S.A. by Dr. Astley, Chairman of the C.C.H.M.S. Dr. Astley said that this was a B.M.A. exercise in the first place. We did not say at any stage subsequently that if negotiations were resumed the H.C.S.A. could not be represented.

"Immediately after the C.C.H.M.S. took its decision to advise the lifting of sanctions, the H.C.S.A. reaffirmed their previous position and said they wanted to get tougher. The fact that the H.C.S.A. have said this clearly justifies the decision of the C.C.H.M.S. not to take the H.C.S.A. with us. We have reached an agreement with the Government, which I have outlined and which will improve our contract immeasurably; it will be broadly acceptable to the vast majority of consultants. The H.C.S.A. have stated that the agreement is not acceptable to them in any way. So the split would have taken place anyway.

"The first task of the C.C.H.M.S. is to get on with the negotiations and to secure the improvements, but I do acknowledge that many of our colleagues in the periphery do not know all the arguments, yet see differences of this sort between members of the profession. How do we reconcile this?

WHO WILL ULTIMATELY NEGOTIATE?

"The battle is over who will ultimately negotiate with the Government. Do you have one negotiating committee which comes from one central body negotiating on behalf of hospital doctors, or do you have at the negotiating table two, three, or four bodies, who will try and represent hospital doctors? I believe that such a joint negotiating panel would be inefficient. If the H.C.S.A. hope to persuade my colleagues that we should accept the concept of a joint negotiating panel, they will fail.

"That is not necessarily the end of the line. There is a suggestion the C.C.H.M.S. made a year ago that in some fashion the H.C.S.A. should come into the C.C.H.M.S. and bring their expertise and knowledge into that body, and from that body a new negotiating panel will be formed. During all the acrimony which has flowed during the last month or so talks between officials from the two organizations have taken place, and the possibility of a new unified C.C.H.M.S. has been examined. If the H.C.S.A. were able to look again at their attitude towards membership of a single, central body, I think possibly we could reach agreement with them. If, however, they want to go on with their previous policy of having a so-called 'joint negotiating team,' I fear we shall have to go on trying to produce the goods ourselves. I feel sure that the profession as a whole will see the advantage of having a single negotiating body within this House."

The Chairman of Council reported at the end of Mr. Grabham's statement that when the C.C.H.M.S. representatives had been invited by the Secretary of State to hear from her on the pay beds issue they had pointed out that they intended to bring the President of the H.C.S.A. with them: that had been done.