

British Medical Association

Annual Representative Meeting

The first report on the ARM, held in London from 15 to 17 July and chaired by Dr A A Clark, appeared last week and included the Chairman of Council's opening address, the statement and ensuing debate on the "crisis of confidence" between the profession and the Government, and some of the resolutions passed. In this issue some other major debates are reported, together with a further selection of resolutions. (An index to the reports on the BMA's conference week will be published in the next issue, together with reports on a final selection of ARM debates.)

Incomes policy

Meeting deplores "dishonoured" pay agreement

Dr I J Thomas (Swansea and West Glamorgan) moved:

"That this meeting deplores in the strongest possible terms the Government's decision whereby the income of all doctors is frozen at an arbitrary level, thus dishonouring previously negotiated pay structures."

He asked the Representative Body to pass the motion unanimously. The profession had the welfare of the country very much at heart. He supported the incomes policy but did not like a policy which was manifestly unfair to members of the medical profession.

Mr A P J Ross (Council) then moved the following amendment: "To add the following words: 'It therefore requests the CCHMS to prepare plans for action if contractual increments are not restored, and, in the meantime, advises all consultants who are not receiving salary increments to which they are entitled to reduce the number of hours which they are currently working in the NHS by an appropriate amount until such time as they are restored to their correct position on the incremental scale.'"

Those consultants who were not receiving the increments to which they were entitled should reduce their work load accordingly, demanded Mr Ross. They had heard many platitudes about the plight of the younger consultants, but there was little evidence of action. The BMA should give them the protection—

which they could do, as a trade union—to allow them to reduce their work load where such unfairness applied. He urged the meeting to support the amendment.

Dr R A Keable-Elliott understood the motion to be an instruction to consultants. If they followed that advice would they be breaking the contract? If so, he thought it wrong for general practitioner representatives to instruct their colleagues to break their contract.

Mr Walpole Lewin said that for the second time that day the RB was being asked to give specific instructions, including sanctions, on a matter of detail to a section of the profession. That was the responsibility of Council. "We must know whether this proposal is inside or outside the pay code and whether it legally breaks the contract," he added. If the motion stopped after the request that plans should be prepared for action if the increments were not restored, it would be acceptable.

Mr Ross asked if Council was directed to carry out RB policy?

Mr Lewin replied that the Council was the executive of the RB on policy decisions, but in the RB's remit were matters of broad policy: any question of implementation of sanctions had to be a Council decision.

3000 consultants affected

Mr A H Grabham, chairman, CCHMS, said that there was a limit to what consultants would tolerate. Over 3000 young consultants had been affected by the embargo on increments and they had virtually lost a million pounds: they had been badly treated and the Government should be shown that it could no longer treat them in this way.

Mr D E Bolt (CCHMS) reported that when the negotiators had originally met the Department of Health on the pay code—the previous code, not the one coming into effect in August 1976—they had repeatedly made it clear that the pay code was not a fair arrangement for the profession. They had been told on that occasion that the policy had been done in a hurry and was a form of "rough justice."

The new pay code, to come into operation next August, might be marginally less rough but its impact was still overwhelmingly upon the young consultant, the man less able to cope with additional financial strain. There was "a massive feeling of injustice" among this group which had led to this motion.

During the Owen Working Party a DHSS questionnaire had shown a part-time consultant's working week was around 60 hours. With the unjust treatment of the pay code could you blame consultants if they no longer felt obliged to do NHS work in their free time?

Incomes policy: RB resolution

That this meeting deplores in the strongest possible terms the Government's decision whereby the income of all doctors is frozen at an arbitrary level, thus dishonouring previously negotiated pay structures. It therefore requests the CCHMS to prepare plans for action if contractual increments are not restored, and, in the meantime, advises all consultants who are not receiving salary increments to which they are entitled to reduce the number of hours which they are currently working in the NHS by an appropriate amount until such time as they are restored to their correct position on the incremental scale, and calls on the Government to recognise the content of "the social contract of medical practice" which has governed the profession's work in the National Health Service for a generation.

There was no doubt about the widespread feeling among junior consultants that they had been badly victimised, stated Dr W J Appleyard (Kent). He spoke of "wicked travel expenses," which meant they were running their cars for the NHS at their own expense. Then the meeting had heard today that private practice was going to be phased out arbitrarily.

What could they do about it? If only they could argue: "Look, junior doctors are earning more than us. Why can't you pay us more?" The junior consultants were giving up to 100% more hours to this country than they were paid for. Unless the Government was prepared to pay for this it was small wonder that consultants were going to cut down their work.

Dr Keable-Elliott said he was deeply concerned about the amendment. His sympathy for the consultants was tremendous. Those on the junior scale were "monstrously paid," and it was something that had to be rectified. But they must look carefully at the advice they were about to send out. He believed the amendment meant two things: "Firstly, you must break your contract, but you will have to bear the consequences." Did the RB want to give an instruction to break contracts? Secondly, the meeting might be advising the profession to break the incomes policy. "I do not believe we wish that either," he said. He suggested that the amendment be accepted as a reference to Council, so that when the answers to those two questions were known the Council could advise what action should be taken.

About a fortnight ago, reported Dr R B Hopkinson (HJSC), he had been phoned by a senior registrar recently appointed to an over-subscribed specialty. He said he was suffering a salary cut of £3000—for the privilege of becoming a consultant. No wonder that even such specialties as surgery were feeling the strain at the top because they could not attract suitable men. Action was urgently needed to improve the lot of the junior consultant.

Dr D F H Guèret Wardle, Chairman,

HJSC, said that he was extremely grateful for the support Representative Body had given that morning to the juniors (24 July, p 254). Junior consultants had really suffered greatly and the Government had done nothing to help them. Dr Keable-Elliott had argued that this might not be the right way to go about it but had he not heard Dr Keable-Elliott say a short time ago that if the Government did not pay for extra work then the work would not get done? Consultants were having to do more and more work, and all the motion was saying was: "Cut back on this work until your increments are paid."

If the amendment meant what it said Mr M J Gilkes (Council) stated that he would support it to the full. "We are beleaguered," he said. "We are not going to tell anyone to break their contract. Over the past two years consultants have already been altering the way in which they work: they have been doing better work, rather more slowly, over less time. But we must not go on doing work for which we are not paid."

Dr J S Noble (Council) observed that the motion was the will of the hospital medical staff. It was the normal custom of the Representative Body to accept the will of a craft conference. The resolution asked the Council to prepare plans. "I say vote on this and support your colleagues in what they want."

After the Chairman had read the opinion of the Solicitor: "If a consultant reduces the hours he works below the number of hours he has contracted to do, regardless of any incremental payments, then he is in breach of contract," the meeting carried the amendment by an overwhelming majority.

Mr J S Elkington (Wirral) then moved as a further amendment: That the following words be added: "and calls on the Government to recognise the content of 'the social contract of medical practice' which has governed the profession's work in the National Health Service for a generation."

He said his division wanted the profession to put across the concept of a social contract

of medical practice. On the one hand there was a professional man's pay, determined by the Review Body, of a magnitude that in one's maturity would allow the doctor to purchase a detached house and to permit the education of his children. On the other hand, society was entitled to expect their skill, their years of training, and years of long and extremely hard and arduous work; finally, there were the ethics of the properly behaved professional man of medicine. He believed this was a balance which constituted the social contract in the practice of medicine. It was now being torn apart. Before they saw the Secretary of State to find out what was his "new and understanding relationship" between him and the doctors they should state unequivocally what their view was.

Mr Gilkes was not clear: did Mr Elkington mean that they should go to the Government and say, "If you pay us properly we will not attempt to measure on a meter what we do"? If so, he was all for it. Replying, Mr Elkington said, "Yes, the Government should pay, and pay generously."

The amendment was carried.

Dr D J Hudson (Cornwall) pointed out that the Chairman of Council and the chairman of the GMSC had blandly said that they accepted a statutory incomes policy in the nation's interests. "We have never been asked that and I do not think that it can be said that the Representative Body endorses it." The amendment had made it quite clear that they were no longer in favour of a statutory incomes policy.

Declaring that he was "fed up with propping up the Health Service," Mr R K Greenwood (CCHMS) said that he did not care if he broke his contract, for the Government had already broken it. He intended to do less work. "I am going into reverse." His goodwill had gone, his morale had gone. He was going to fight and he urged other representatives to fight to have the policy reversed.

The amended motion was carried by an overwhelming majority (see box at p 314).

Royal Commission on the NHS

Dr M S A Townsend (Lincolnshire) moved: "That this meeting, deploring the absence of an NHS regional consultant and of a junior hospital doctor in the membership of the Royal Commission on the NHS, calls for appropriate additional appointments to be made to rectify both these omissions."

Regional consultants and junior hospital doctors formed the essential work force in the hospital sector. The commission contained two GPs, when one would have been enough, he maintained. It would be impossible for hospital doctors and patients to feel that the commission's findings had the benefit of first-hand knowledge of the problems of the hospital service.

An amendment by Waltham Forest, "That this meeting strongly requests Government in consultation with Council to review the membership of the Royal Commission on the NHS in order to ensure that the medical membership should be acceptable both in numbers and in composition to the profession as a whole," was formally moved and carried, as was an amendment by Winchester to add the following words: "The additional appointees should hold the confidence of the medical profession."

Dr J S Horner, chairman, CCCM, agreed that the omission of the two categories was a serious one. However, who in his right mind would accept the task of joining the Royal Commission at this stage? "It is the Government in the dock, not the profession," he declared. He urged the BMA to concentrate on

the task of assembling the strongest possible body of evidence.

The Representative Body should pass the motion unanimously, urged Mr R K Greenwood (CCHMS). The Royal Commission was a calculated and deliberate insult to the profession. The principal unrest in the Health Service was to be found in hospital practice, where morale was nil. Most seriously ill patients were being cared for in district general hospitals, which were grossly understaffed and where the senior and junior doctors were overworked. These two groups must be represented. The Association must go direct to the chairman of the commission and also petition the Queen.

Chairman of Council's comments

Mr Walpole Lewin explained to the RB that already a main BMA working party had been set up to receive all the evidence to prepare the report. In addition, they had prepared the outline of six working panels involving about 50 doctors. These panels would consider: organisation and administration of the NHS, to include the relationship of politics and political control; finance and financing of the Health Service; future health patterns in the community and priorities in health care; manpower and staffing in the NHS, both as regards quantity