

scheme will be increased by 6½% with effect from 15 August 1983.

The revised figures in the schedules to the statement of fees and allowances will be:

Paragraph 51, Schedule 1

	£
Practice unit—one general practitioner consulting at a time	33 700
—Two general practitioners consulting at a time	61 600
—Three general practitioners consulting at a time	92 700
—Four general practitioners consulting at a time	112 600
—Five general practitioners consulting at a time	132 900
—Six general practitioners consulting at a time	150 000
—Seven general practitioners consulting at a time	168 900
—Eight general practitioners consulting at a time	187 500
—Nine general practitioners consulting at a time	206 400
—Ten general practitioners consulting at a time	225 300
Optional additional rooms	£307 per square metre.

Paragraph 51, Schedule 2

Combined consulting and examination room
£4790.

Paragraph 56, Schedule 2

- (1) Minimum cost £550.
- (2) Premises not previously used for practice purposes:
 - (a) Maximum grant per doctor £5300
 - (b) Overall limit £18 500
- (3) For grants up to £5300 projects costing up to £15 900—three years.
For grants over £5300 projects costing over £15 900—four years.
- (4) Minimum cost above which estimates must be produced by suitably qualified person—£5300.
- (5) Maximum cost up to which no reference to specialist regional medical officer necessary—£2650.
Minimum cost above which reference to specialist regional medical officer must be made—£2650.
- (6) Minimum estimated cost qualifying for instalment payments if requested—£5300.

Joint planning of training grade numbers

The Department of Health and Social Security, the Joint Consultants Committee, the Committee of Vice Chancellors and Principals, and the Medical Research Council have reached agreement on proposals to set up a joint planning advisory committee to advise the DHSS on the national targets for the total number of senior registrar posts by specialty group and regional quotas—that is, a regional distribution of the national totals for the same specialties or specialty groups.

In its report on medical education the Short report¹ had recommended that academic posts should be subject to the same manpower controls as NHS posts. In its response the government had said:

“The DHSS has for some time been concerned that the same degree of control over the numbers in the various training grades should apply to academic posts with honorary contracts as to equivalent NHS paid posts. This is particularly important at senior registrar level. . . . It is hoped that agreement will shortly be reached on arrangements which will be similar in effect, though perhaps different in detail, to those which apply to NHS paid posts in England and Wales. The DHSS and Department of Education and Science are aware of the considerable strength of feeling on the subject both among NHS and university staff. The government recognises that any new arrangements must take account of the position of universities as autonomous bodies. It hopes that agreement can be reached on a system for England and Wales which meets the need for manpower control while maintaining academic independence.”

The four organisations have agreed that the proposed advisory committee should be fairly small but contain sufficient representation from the universities and the Medical Research Council. Within each region the distribution between honorary and NHS posts of the regional quota would be discussed between each regional health authority and the one or more universities with medical schools in its region. Special consideration would need to be given to the position of the University of London and its several medical schools.

¹ Social Services Committee. *Fourth report. Medical education with special reference to the number of doctors and the career structure in hospitals.* London: HMSO, 1981. (Short report.)

Shortage of preregistration posts

The BMA is worried about a shortage of preregistration posts. In a press statement issued last week the association says that the full registration of at least 10 newly qualified doctors is being held up because hospital jobs which they should begin on 1 February are not available. The Joint Consultants Committee was told of the February shortage of preregistration hospital jobs by the new Chief Medical Officer, Dr Donald Acheson, at its meeting on 24 January. The JCC is to have urgent discussions with the Department of Health on how to cut down the delay in putting doctors on the Register, and the BMA has urged the following lines of action:

- Health authorities should be reminded not to appoint doctors who are already registered to posts which have specifically been established for preregistration purposes.
- Universities should allocate preregistration house officer posts early in the year taking full account of the expected rate of qualification; it should then be easier to identify the number of posts required.
- Up to a given date, preregistration posts should only be filled by British trained postgraduates seeking preregistration appoint-

ments so as to avoid these being blocked by doctors who are already registered and for whom they were not intended. (As most doctors graduating during the year will be requiring jobs in August 1984, the BMA suggests that this date should be 31 May.)

● The BMA particularly asks those preregistration doctors who already have a post not to make further applications once they have accepted an appointment as this causes blocking of posts for those who do not have them.

Deputising doctors: minimum recommended fees

The BMA's private practice committee has recommended a minimum fee of £41.30 for a six hour session by a deputising doctor, or £5.16 an hour plus £2.36 a call, whichever is the greater. For work between the hours of 11 pm and 7 am the minimum six hourly rate should be £61.95 or £6.88 an hour plus £3.15 a call, whichever is the greater.

The committee had considered a report from the deputising doctors subcommittee and had been concerned that cut price services that had attracted particular criticism were in many cases paying low fees. It was agreed to recommend minimum rates based on the average net remuneration of general practitioners.

Review of scheme for doctors with domestic commitments

Negotiations will shortly be taking place between the profession and the Department of Health and Social Security on possible modifications to the existing schemes for part time postgraduate training of doctors with domestic commitments. The chairman of the Central Manpower Committee, Dr G H Hall, would like to hear from anyone who has had difficulty in this aspect of postgraduate training or who has any suggestions for improving the schemes. Dr Hall's address is 5a Victoria Park Road, Exeter EX2 4NT.

Correction

From the GMSC

In the first item of Briefly in the report of the General Medical Services Committee on 28 January (p 338) we wrongly attributed an incorrect statement to Dr John Marks, chairman of the representative body. The subject was the government's Trade Union Bill and he was reported as having “assured the GMSC that the election of its members would not be affected because the articles and bylaws of the BMA describe it as a subcommittee of the council.” The first half of the sentence is correct, but the second half (from “because” onwards) was not part of Dr Marks's comments. The GMSC is a standing committee of the BMA not a subcommittee of the council. We apologise for these errors.