

## General purposes subcommittee

Dr W J Appleyard (Canterbury)\*  
 Dr J M Cundy (Bromley)\*  
 Dr Joy Edelman (London)\*  
 Dr J A Ford (Glasgow)  
 Mr L P Harvey (Rugby)\*  
 Dr J P Lee-Potter (Poole)\*  
 Mr R T Marcus (Stratford upon Avon)\*

## Negotiating subcommittee

Mr D A Aitken (Sheffield)  
 Dr W J Appleyard (Canterbury)  
 Dr J M Cundy (Bromley)  
 Dr Joy Edelman (London)  
 Mr L P Harvey (Rugby)  
 Dr J P Lee-Potter (Poole)  
 Mr Tom McFarlane (Manchester)  
 Mr R T Marcus (Stratford upon Avon)

The negotiating subcommittee also includes the chairman and deputy chairmen of the CCHMS (ex officio) and representatives of the Scottish CHMS, Welsh CHMS, Joint Consultants Committee, associate specialists subcommittee, Medical Academic Staff Committee, and the British Dental Association, with observers from the Northern Ireland CHMS, the Central Committee for Community Medicine and Community Health, and the Hospital Junior Staff Committee.

The chairman and deputy chairmen serve ex-officio on the general purposes subcommittee; they also serve on the Joint Consultants Committee, together with those members whose names are marked with an asterisk.

## Dangers of increased alcohol consumption

Though the general purposes subcommittee had made no objection to the government's recent proposals to reform the licensing hours by allowing longer opening times, several members of the CCHMS warned of the dangers. According to Professor R G Priest, chairman of the psychiatric subcommittee, the government had not heeded the profession's advice on the risks of increased consumption. There was a link between availability and morbidity, and alcoholism was increasing, particularly among women. The government was implying that there had been no change in Scotland, where the opening hours had been extended, but there were many variables in assessing the consequences. If the reforms had been coupled with stronger measures to curb consumption they might have been more acceptable to the Royal College of Physicians and the Royal College of Psychiatrists, which, he was sure, would oppose the reforms.

In Dr J M Cundy's view hospital casualty departments were taking the strain of the effects of increased alcohol consumption. Of the 450 people injured by assault and attending Lewisham Hospital in the past three years alcohol had been found to be the provoking factor in 60% of them.

Dr Peter Hawker believed that the position in Scotland had been confused by a reduction in the amount of disposable income (because of the recession), which, coupled with increased avail-

ability was the major cause of increased consumption. As a gastroenterologist he saw the consequences of increased consumption.

Putting the opposite view, Dr E B Lewis declared that there was no evidence that opening hours had anything to do with consumption. He believed that there had been a lot of scare-mongering and recalled seeing many more people the worse for alcohol years ago.

## Measures to check the use of locums

The committee has recommended that a working party of representatives of the JCC and the DHSS should be set up to review the use of locum agencies by health authorities. There had been several reports of possible risk to patient safety when junior doctors were hired at short notice. The committee hoped that such a working party would consider the following points.

- Locum agencies should be licensed as nursing agencies were required to be under the Nurses Agency Act 1957
- The rates paid by health authorities to locum agencies should be limited
- Regional health authorities should be encouraged to establish their own locum banks
- NHS locum rates should be reviewed.

## BMA meets insurers on medical reports

The BMA met the Association of British Insurers on 22 September to discuss medical reports for insurance purposes. At the annual representative meeting the BMA decided to advise doctors that they should refuse to complete a medical report for insurance purposes unless they were satisfied that the following criteria were met:

- (i) That written consent has been given.
- (ii) That a separate copy of the consent is provided for the retention of the reporting doctor.
- (iii) That the consent form incorporates a form of words which is acceptable to the BMA council.
- (iv) That requests for medical information comes from the company's chief medical officer and be returned only to him.

The BMA, represented by members of the central ethical committee, put the following points to the Association of British Insurers, which agreed to consider them.

That doctors should be free to show applicants completed medical reports before these are sent to insurance companies.

That the doctor must be assured that the patient has given valid consent in writing and that the patient fully understands the nature and extent of the information being sought.

That questions about an individual's human immunodeficiency virus (HIV) state should be addressed to the applicant and that insurance companies should not ask doctors to speculate about their patients' lifestyles.

The BMA's representatives also made the point that they saw the question about HIV counselling and testing now recommended by the Association of British Insurers as confusing the information

that insurance companies received. The question suggested by the insurers' association is:

"Have you ever (a) been counselled or medically advised in connection with AIDS or any sexually transmitted disease; (b) had an AIDS blood test—if so please give details, dates, and results."

The BMA believes that people who could best be described as the "worried well" would need to answer yes to questions on counselling and that could result in companies drawing wrong and damaging conclusions about an applicant's health.

## Improved fees for local authority work

The BMA has negotiated improved fees for work done by doctors for local authorities and police authorities. The changes affect work done directly for local authorities or done under collaborative arrangements. Some examples of the increases are given here along with a list of relevant BMA leaflets containing full details of the changes. Members can obtain these leaflets from their local association offices.

The rate for a consultant session (normally one and a half to two and a half hours) under the collaborative arrangements will be £51, retrospective to 1 April 1987; a new item of service fee equivalent to a sessional rate of one hour or less has been introduced, retrospective to 1 October 1985.

General practitioners' reports—for example, to support priority housing or telephones for the blind—will attract a fee of £11.20. The list of forms for adoption and fostering has been expanded to include extra forms recently recommended by the British Agencies for Adoption and Fostering.

A revised mileage rate for work done directly for local authorities has been negotiated retrospective to 1 April 1987; this will be 35.8p a mile.

Increased rates for police work will operate from 1 July 1987; the initial day call out fee for police surgeons will rise from £17.80 to £19 at the lower rate, and from £24 to £25.70 at the higher rate; the annual availability fee will go up to £1440.

The relevant BMA fees leaflets are:

- "Work under the collaborative arrangements" (namely, work for local authorities by district health authorities) FS23
- "Visiting medical officers to establishments maintained by local authorities" FS24
- "Doctors assisting local authorities" (including part time occupational health work) FS25
- "Medical referees at crematoria" FS26
- "Police surgeons" FS27
- "Home Office appointed pathologists" FS28
- "Coroners' analytical work" (fees payable under section 25 of the Coroners' Act 1887) FS29
- "Coroners' work: reports" (fees payable under section 25 of Coroners' Act 1887) FS30

## Correction

### Fate of ARM motions

When we published the list of motions submitted to the annual representative meeting but referred to a craft conference (25 July, p 282) the following motion from Northampton was omitted. It was referred to the senior staffs conference but was not reached: "That we wish to express our concern at the continuing decline in the basic consultant salary in relation to those of comparable responsibility outside the profession."