Medicopolitical Digest

Juniors dismayed at lack of progress on hours deal

Junior doctors do not believe that sufficient progress has been made in the past few months to carry forward the new deal on hours. Despite continual verbal commitments to the new deal from the government and the creation of an options appraisal group, the Junior Doctors Committee has asked its executive committee to consider how junior doctors should be consulted and what sort of action to recommend. There were differing views at last week's meeting of the JDC but industrial action has not been ruled out.

The appraisal group, which has been asked to report in October, consists of representatives of the profession, the NHS Management Executive, and NHS managers. Dr Edwin Borman, who was re-elected chairman of the JDC, reported the outcome of the recent meeting of the group. He believed that there was a recognition that working practices would have to change but he feared that the management executive would like to see a relaxation of manpower controls and an expansion of the subconsultant grade. Although the decisions have not been agreed by both sides, Dr Borman hoped that something positive would come out of the review.

The JDC, however, did not find his report satisfactory. Insufficient attention had been put on the hours actually worked by doctors. It resolved that the "prime controls on hours worked should be a maximum of 56 hours actually worked within controls on duty hours in the terms and conditions of service." Dr Mark Porter, an anaesthetic registrar in Birmingham, who chaired the negotiating subcommittee last year, said that the motion got the committee no further forward. But Dr Paul Miller, a senior registrar in psychiatry in Liverpool, who defeated him in this year's election, said that it would deliver one aspect of the new deal.

In a letter to all junior doctors Dr Borman points out that the following criteria are necessary if the new deal is to succeed: appropriate pay for the actual intensity of work; creation of admissions wards and units; sharing of tasks with other professional workers; less urgent work performed during the day and not at night; wider adoption of structured shift patterns; good quality data on actual hours of work; and adequate consultant expansion.

THERE MUST BE MORE CONSULTANTS

More consultants are needed not only to ensure that the new deal succeeds but also so that the recommendations in the Calman report on specialist medical training and *Achieving a Balance* are implemented properly. Last week the JDC considered two papers on possible mechanisms for consultant expansion and minimising the gap between acquiring the certificate of completion of specialist training (CCST), as recommended in the Calman report, and being appointed a consultant.

The negotiating subcommittee suggested that the gap should be one year (18 months in the transition period) after which a new consultant post would be created if the doctor had been unable to get a consultant post. The doctor concerned would be automatically shortlisted for the new post. If no finite period was set the subcommittee believed that the specialist would be in limbo—effectively a subconsultant.

Dr Paul Miller said such a proposal would be a disaster, pointing out that more consultants could be appointed only if the number of junior staff was reduced. He proposed that those posts which became vacant when the incumbent was promoted should be converted to a consultant post. This would produce the required reduction in the numbers of juniors and increase in consultants without terminating anyone's contract. There should be the maximum possible period of job security for the specialist who had acquired the CCST but was unable to obtain a consultant post. Dr Miller said that he saw the period as more than 18 months.

Dr Mark Porter told the committee that the question of terminating contracts had not been discussed in the negotiations.

Supporting the negotiators' proposal, Dr David Spear from the South Western region warned that there would need to be a sensitive public relations exercise if people were to understand why doctors who had finished their training should be guaranteed a career post.

WORKING TIME DIRECTIVE DISCRIMINATES AGAINST JUNIORS

The JDC has deplored the omission of doctors in training from the proposed European Community directive on the organisation of working time and wants them to enjoy the same protection as other workers.

Dr Sharon Binyon represents the committee in several EC forums. During the summer she had drawn the committee's attention to the fact that the directive, which lays down a maximum of 48 hours a week, excluded junior hospital doctors and general practice trainees. The British and Irish governments had insisted on the exclusion, although Dr Binyon told the JDC last week that she believed that the British government had asked for the legislation, if implemented, to be deferred for 10 years.

The JDC adopted another motion from the West Midlands regional committee that if doctors in training were included in the directive it should be introduced over a similar 10 year period to enable the recommendations in the new deal to be fully implemented.

As employees consultants and other career grade doctors would be included, although the directive allows people to work more than 48 hours if they wished. Dr Binyon suggested that the directive would allow consultants to refuse to participate in onerous working patterns.

The junior doctors' opposition to their exclusion from the directive has been supported by several members of the European parliament. Even if the European parliament agreed to include doctors in training Dr Binyon said that it would be more difficult to persuade the British government to withdraw its support for the derogation.

The council of the BMA has awarded the gold medal for distinguished merit to Dr Tony Keable-Elliott for his outstanding services to the association. Dr Keable-Elliott, who retired as chairman of the journal committee this year after five years, was treasurer of the BMA, 1981-7, and chairman of the General Medical Services Committee, 1974-80

Health authorities are not implementing confidentiality code

A survey of directors of public health shows that some health authorities are not implementing fully instructions from the Department of Health about the need to ensure that medical confidentiality is safeguarded in the new climate of billing arrangements in the NHS.

There were 108 replies to the survey conducted by the BMA's medical ethics committee. Of these 81% were satisfied with local arrangements for protecting personal medical information. Although 85% said that release of personal medical information was a disciplinary offence, only 62% of authorities required staff to sign a confidentiality declaration. While 82% had a safe haven to receive information, fewer than half restricted access to the safe haven to those directly involved in handling the data. Only 38% had a list of people authorised to enter safe haven offices, and 22% of computer networks still allowed access to confidential patient related data outside safe haven offices.

The survey found that the transmission of personal medical information by fax machines was discouraged. The siting of machines, misdialling, and the procedures for receiving the information threaten confidentiality unless information is encoded.

The BMA council agreed last week to continue its efforts to persuade the government to require all health care workers to observe the agreed code of confidentiality for personal medical information.

CCSC produces model contract for medical directors

The BMA's Central Consultants and Specialists Committee has drawn up a model contract of employment for medical directors in NHS trusts. It covers terms of employment, remuneration, discipline, and grievance procedures. Medical directors should disclose to the trust board any financial interests or relationships which could affect its policies or decisions. The contract reminds directors that patient records and certain other trust matters, including the contracting arrangements with purchasing agencies, are strictly confidential. The CCSC also points out that medical directors should consider the question of superannuation when they are appointed. They might be able to achieve substantial extra benefits under the NHS pension scheme especially if the appointment continues to within two years of retirement. The CCSC's guidance booklet for medical directors gives further details. The BMA advises members to seek advice from their regional office before signing contracts of employment.

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