Medicopolitical digest

Prime minister reaffirms review body's independence

The prime minister has reaffirmed the government's commitment to the independence of the doctors' and dentists' review body.

In a letter to the chairman of the BMA council, following the government's comprehensive spending review (25 July, p 231), Mr Tony Blair has reiterated the additional areas which all the review bodies will have to take into account when making their recommendations (25 July, p 231), but says that there will be discussions with the review body chairmen before the new terms of reference are finalised and that representatives of the medical profession will be fully involved in the discussions.

This assurance did not satisfy the BMA council when it met last week. The chairman, Dr Ian Bogle, said that he had already had a meeting with the chairman of the doctors' and dentists' review body. Mr Brandon Gough told him that the review body would continue to work with its current remit until the two parties—the government and the profession—agreed a new one. Dr Bogle said that he would seek a meeting with the health secretary.

Loss of comparability

Dr Judy Gilley, one of the General Practitioners Committee's (GPC) deputy chairmen, said that the main loss in the downgrading of the review body system was the loss of comparability. "If the widening gap between public and private pay is allowed to continue it will destroy the NHS and doctors will no longer be able to cope." One of the Junior Doctors Committee's deputy chairmen, Mr Andrew Hobart, said that if the review body lost its independence the profession might as well negotiate directly with the health departments.

Dr David Pickersgill, a GP in Norfolk, criticised the comment in the comprehensive spending review that money would be linked to results. "How can doctors produce results without extra money, and where are the 7000 extra doctors promised by the health secretary after the review (25 July, p 231) going to come from?"

The chairman of the GPC, Dr John Chisholm, said that his committee was disappointed at the emphasis in the review on secondary care when much of the care in the NHS was "low tech" and provided in primary care. GPs needed investment in premises, staff, and equipment.

PRESS ASSOCIATION

Mr Blair's assurance has failed to satisfy the profession

The council agreed that the BMA's health policy and economic research unit should be asked to prepare a paper for the next meeting in October on how the profession could negotiate pay outside the review body system.

Quality document is too centralist

The BMA council and the General Practitioners Committee have criticised the government's consultation document—*A First Class Service* (11 July, p 97)—as being too centralised.

At last week's council meeting the chairman of the Central Consultants and Specialists Committee, Mr James Johnson, said that a lot of failsafe mechanisms would have to be built in if the functions of the confidential inquiries and the Clinical Standards Advisory Group were to be subsumed into the National Institute for Clinical Effectiveness (NICE) and the Commission for Health Improvement (CHIMP).

Dr Mark Porter, chairman of the Junior Doctors Committee, welcomed the emphasis on clinical governance—that is, the vehicle for continuously improving the quality of patient care—and the statement that care would be based on best possible evidence. This required lifelong learning on the part of doctors, but there was no mention of extra money for study leave or to pay for the work to be done when doctors were away.

At the GPC meeting the week before Dr Fay Wilson (Birmingham) warned that if GPs did not take the initiative there would be a consultant led primary care service. She believed that clinical governance should be based on minimum standards which GPs could achieve if they were provided with proper support mechanisms.

Dr Laurence Buckman, one of the GPC's negotiators, said that there was no attempt to create a working environment where doctors could deliver quality work. Without additional funding *A First Class Service* "will build up hope without being able to deliver."

But one of the Medical Practitioner Union's representatives, Dr Helen Groom, urged a positive approach. "The NHS must be persuaded to change its focus so that it can give patients a high quality service wherever they live." There had to be GP representation on NICE and CHIMP; otherwise the profession would be given inappropriate guidance.

GMC consults on consent

The General Medical Council (GMC) has started a consultation process on its guidance on consent.

The new edition of *Good Medical Practice* (23 May, p 1556) makes clear that doctors must respect patients' rights to be fully involved in decisions about their care, and to refuse treatment or to take part in research. The draft guidance, *Consent: The Ethical Considerations,* which will be published in 1999, expands on the council's advice and sets out good practice in seeking patients' consent to treatment, investigations, screening, or research.

The guidance says that effective communication is the key to enabling patients to make informed decisions and emphasises the need to provide sufficient information, perhaps using visual and other aids to explain complex aspects. Pressure must not be put on patients to make a particular decision, and advanced statements or living wills should be respected if they were made when the patient was competent and provided that they are applicable to the present circumstances.

The GMC says that patients can indicate their informed consent either orally or in writing. Whether written consent is required for a particular treatment or investigation would depend on the nature of the risks to which the patient might be exposed.

The consultation period ends on 14 August.

Medicopolitical digest is prepared by Linda Beecham