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Ophthalmic Group Committee

At a meeting of the Ophthalmic Group Committee held on 3 November, Mr. A. G. CROSS was re-elected chairman and Dr. D. STENHOUSE STEWART deputy chairman.

Central Professional List

The CHAIRMAN reported on a meeting between representatives of the General Medical Services Committee and representatives of the Ophthalmic Group Committee, the Ophthalmic Qualifications Committee, and the Faculty of Ophthalmologists on 13 October to discuss criteria for admission to the central professional list of ophthalmic medical practitioners.

The Chairman said that he had reminded the representatives of the G.M.S. Committee that the fundamental requirements for acceptance of any doctor on the central professional list were that he should have the Diploma of Ophthalmology and two years' full-time (or its equivalent of six sessions a week) experience in ophthalmology. The G.M.S. Committee had asked for some modification in these requirements.

The Group Committee agreed that the Diploma of Ophthalmology and two years' experience should remain the criteria for admission to the central professional list.

The next matter to be discussed by the joint meeting, said the CHAIRMAN, had been the constitution of the Ophthalmic Qualifications Committee. The G.M.S. Committee's representatives had thought that a period of membership of the committee of six years was too long, and they wanted a shorter period—say three years. They had welcomed the suggested addition to the Ophthalmic Qualifications Committee of a general practitioner whose name was on the central professional list, but had thought there might be difficulty in finding a nominee. They had also asked for provision for the appointment of a deputy.

Mr. N. CRIDLAND referred to the period of service on the Ophthalmic Qualifications Committee, and said that in his view it did not matter much whether election to the committee was for six or three years. Appointment for six years was perhaps wiser. It ensured continuity in a committee which had a difficult task to perform and much of whose work depended on its own precedents.

Mr. T. KEITH LYLE suggested that if it were common practice for members to be re-elected, which apparently it was, it would be simple to reduce the period. Mr. M. J. GILKES agreed. One of the underlying factors was a feeling that there was a touch of the "old boy network" about it.

The Group Committee agreed that members of the Ophthalmic Qualifications Committee should retire every three years, retiring members being eligible for re-election.

The CHAIRMAN reported that the G.M.S. Committee's representatives had said that it might be difficult to nominate a general practitioner to the Ophthalmic Qualifications Committee whose name was on the central qualifications list and who was also a member of the G.M.S. Committee. Mr. CRIDLAND said that the G.M.S. Committee could co-opt such a member. The CHAIRMAN thought that if a doctor was a member of the Ophthalmic Qualifications Committee he ought also to be on the central professional list. The G.M.S. Committee had also asked that there should be a

deputy for the general-practitioner member, the Chairman said, and there seemed to be no objection to that provided the deputy's name was also on the central professional list.

Mr. GILKES proposed, and the Committee agreed, that the general-practitioner member of the Ophthalmic Qualifications Committee should be on the central professional list and that provision for a deputy would be welcomed, provided the deputy was also on the central list.

Membership of Appeals Committee

The CHAIRMAN said that the G.M.S. Committee's representatives had thought that it was undesirable for a member of the Ophthalmic Qualifications Committee to serve on the appeals committee that considered appeals from doctors who had unsuccessfully applied to the Ophthalmic Qualifications Committee to have their names placed on the central professional list of ophthalmic medical practitioners. An appeals body, they thought, should not include members who had already taken a decision on the case. They had envisaged that a representative of the Ophthalmic Qualifications Committee would present the Committee's case but would not join in the discussion. The G.M.S. Committee's representatives had also hoped that there would be some general-practitioner representation on the appeals committee, and that the possibility of increasing the Ministry of Health's representation might be considered.

Mr. GILKES said that he strongly agreed with the view, expressed by the G.M.S. Committee's representatives, that the appeals committee must not consist of people who made the original judgement. The CHAIRMAN said that the ophthalmic representatives had thought it essential for a member of the Ophthalmic Qualifications Committee to be present at an appeal to put the case. Mr. CRIDLAND said that any appeals committee could either be completely free to make any decision it desired, irrespective of the regulations, or it could feel bound by the regulations even if it chose to interpret them liberally at times. Mr. V. PURVIS agreed that those who judged a case should not also be judges at an appeal.

Mr. P. D. TREVOR-ROPER suggested that any appeals committee should have large representation from the Ophthalmic Qualifications Committee, because the problem was always that of precedent. Mr. GILKES pointed out that it had been made clear that in any independent appeals committee the precedents set would be precedents only for a particular case. Mr. KEITH LYLE said that an appeals committee must be properly constituted, and it would be wrong to have on it members of the Ophthalmic Qualifications Committee with voting powers. It should be completely independent.

Mr. CRIDLAND said that if an appeals committee was to be bound strictly by regulations and was to differ from the Ophthalmic Qualifications Committee only in the way it interpreted the regulations it did not matter what its composition might be.

The Group Committee agreed that the membership of an appeals committee should consist of a member of the Group Committee, a member of the Faculty of Ophthalmologists, a member of the National Ophthalmic Treatment Board Association, a general practitioner on the central professional list, a representative from

the Ministry of Health, and a member of the Ophthalmic Qualifications Committee in attendance but not voting.

The Group Committee also agreed that exceptional cases which were clearly outside the regulations would be referred to the Group Committee by the Ophthalmic Qualifications Committee.

Residential Appointment Necessary

The CHAIRMAN said that another point discussed with the G.M.S. Committee's representatives had been the requirement of a general practitioner applying to go on the central professional list that he should have had at least six months in a resident hospital appointment in ophthalmology. Only if the practitioner had been qualified for over seven years would the Ophthalmic Qualifications Committee waive this requirement. The G.M.S. Committee's representatives had thought that that period should be reduced to five years. They accepted the need for adequate ophthalmic experience, but wished a general practitioner to be able to obtain that in the shortest possible time. It was suggested that there might be a scheme for trainee ophthalmic medical practitioners and that their experience could count towards approval for the central professional list.

The Group Committee decided that the period of experience should not be reduced any further. The Group Committee also thought that there was no substance in the suggested scheme for trainee ophthalmic medical practitioners.

Solar Retinopathy

Mr. GILKES drew the attention of the Group Committee to a paper by Dr. A. E. A. Ridgway on solar retinopathy (*B.M.J.*, 22 July, p. 212). The author had advocated more effective methods of prevention, and had urged that the public should be warned of the dangers. Mr. Gilkes recalled that it was a point he and his colleagues had made when they took the matter up before a major eclipse in 1961. He said that representations should be made to the Ministry suggesting that it should issue a national warning before every solar eclipse about the dangers of looking directly at the sun and of using inadequate filters. The Ministry should be told that representatives of the Group Committee would be prepared to discuss the matter with the Ministry.

The Committee agreed to Mr. Gilkes's suggestion.

Mr. PURVIS emphasized that polaroid sunglasses offered no protection against the sun's rays, and the importance of making that known to the public.

Hospital Medical Staff's Negotiators

The Joint Consultants Committee (J.C.C.) has appointed the following as its representatives on the Negotiating Subcommittee of the Central Committee for Hospital Medical Services (C.C.H.M.S.): Sir John Richardson, Bt. (chairman of the J.C.C.); Mr. T. L. T. Lewis (in place of the vice-chairman of the J.C.C., Mr. Walpole S. Lewin, who is one of the C.C.H.M.S. representatives on the Subcommittee); Dr. C. W. Clayson, P.R.C.P.Ed. (representing Scotland); and Dr. K. Robson and Dr. D. P. Stevenson (Joint Secretaries of the J.C.C.).

The Central Committee for Hospital Medical Services at its meeting on 20 October (*Supplement*, 4 November, p. 36) deferred until its meeting on 14 December the appointment of the Negotiating Subcommittee for 1967-8, and it reappointed the existing Interim Negotiating Subcommittee to complete the preparation of evidence for the Review Body.

Public Health Medical Officers' Salary Claim

At a meeting on 16 November the B.M.A.'s Public Health Committee considered an amendment to the offer of the Management Side of Whitley Committee C in response to the public health medical officers' salary claim (*Supplement*, 28 October, p. 27). After some debate the Committee resolved:

"That the Council be informed that a firm offer has now been received from the Management Side of Committee C to the claim on behalf of public health medical officers. This offer, though not entirely satisfactory, does in the opinion of the Committee represent an acceptable basis for the conclusion of negotiations, and the Staff Side has been asked to negotiate a number of drafting amendments to the offer. The Committee therefore recommends that the

ban on advertisements for local authority medical appointments in the *B.M.J.* be removed."

Dr. C. METCALFE BROWN was in the chair. The Committee's recommendation will be before the Council at its meeting on 29 November.

Travelling Expenses

Dr. David Owen, of Fishguard, failed to persuade the Court of Appeal that travelling expenses from his home to hospital for emergency cases ought to be deductible for income tax purposes under Schedule E (*The Times*, 6 November).

Dr. Owen carried on general practice in Fishguard and held part-time appointments as obstetrician and anaesthetist at the Pembroke County War Memorial Hospital in Haverfordwest, 15 miles from Fishguard. He had to do stand-by duty and "flying squad" duty. All his work at the hospital was to do with emergency cases.

The Court of Appeal found by a majority (Lord Denning dissenting) that Dr. Owen was not performing the duties of his office while travelling. It was not a necessary part of his duties that he should live 15 miles from his place of work, and the expenses were not "wholly exclusively and necessarily" incurred in the performance of the duties of his office. Accordingly the appeal was dismissed. Leave was granted to appeal to the House of Lords.

Memorial to Dr. Kate Harrower

On 7 November the General Medical Services Committee (Scotland) remembered one of its most distinguished former members, the late Dr. Kate Harrower. During a short ceremony the chairman, Dr. A. A. CLARK, recalled Dr. Harrower's outstanding contribution to general practice in Scotland (see *B.M.J.*, 10 December 1966, p. 1459). As a memorial to her a watercolour, "A West Coast Bay," has been hung on a wall of the committee room in the B.M.A.'s Glasgow Regional Office, with which Dr. Harrower had close associations. It was presented by past and present members of the G.M.S. Committee (Scotland), together with members of the Scottish Council of the British Medical Association.

Association Notices

Fellowship and Awards for Medical Research

The Council of the British Medical Association invites applications for the following fellowship and research awards.

Fellowship

A new whole-time research fellowship to the value of £1,500 is offered to assist research into any subject relating to the causation, prevention, or treatment of disease. It will be tenable for one year, and normally renewable for a second year subject to a satisfactory progress report.

Research Awards

The Council will also consider applications for the Ernest Hart and Walter Dixon Research Awards, each up to the value of £300, and other research awards. The awards are granted to assist

specific research work in any subject relating to the causation, prevention, or treatment of disease.

Applications for the fellowship or research awards should be submitted not later than 27 January 1968. The appropriate form and information on the conditions of the awards are obtainable from the Secretary, British Medical Association, Tavistock Square, London W.C.1.

DEREK STEVENSON, *Secretary*.

Diary of Central Meetings

NOVEMBER

27 Mon. Alcohol and Road Accidents Committee, 2 p.m.
29 Wed. Council, 9 a.m.

DECEMBER

1 Fri. Planning Subcommittee (Occupational Health Committee), 10.30 a.m.
1 Fri. Working Party on Medical Assistants (C.C.H.M.S.), 2.15 p.m.