BRITISH MEDICAL JOURNAL
SUPPLEMENT

LONDON SATURDAY 6 NOVEMBER 1971

BRITISH MEDICAL ASSOCIATION

Meeting of Council

The Chairman reported that the Review Body's recommendations should soon be with the Prime Minister.

The Council agreed (1) to apply for the B.M.A.'s admission to the Special Register under the Industrial Relations Act; (2) to give advance notice to the Health Departments and other employers of doctors that once registered the B.M.A. intended to apply for sole bargaining agencies on behalf of doctors; (3) to apply promptly for sole bargaining agencies when registered; (4) to set up a working party to look into the question of agency shop agreements.

After the Chairman had reported on discussions about the G.M.C. with its President, Lord Cohen of Birkenhead, the Council decided to set up a working party to study what changes there should be in the G.M.C.'s functions. The Council is to decide later whether to call for an independent review of the G.M.C.'s functions.

It was agreed that representatives from some of the major committees should meet the Government as soon as possible to discuss the implications for medicine of the forthcoming value-added tax. Separate approaches would be made about the B.M.A.'s position.

Memoranda of evidence to the independent committee of inquiry into the armed Forces medical services and to the Government inquiry into abuse of social security benefits were approved.

The Council supported the Public Health Committee's plea for another approach to the Government about mandatory medical examinations for all immigrants in their country of origin.

A meeting of the Council was held on 27 October with Mr. WALPOLE LEWIN in the chair.

Before proceeding to the business of the meeting, the CHAIRMAN reported with regret the deaths of Dr. J. L. McCallum, a member of the Council from 1955 to 1971; Dr. J. L. Gilks, a member of the Council from 1935 to 1946 and a Vice-President of the Association; Dr. J. W. Wigg, a member of the Council from 1959 to 1965; and Mr. A. Hedley-Whyte, a member of the Council from 1939 to 1943.

Chairman's Report

Reporting on recent events, the CHAIRMAN said that the Association had concluded its oral evidence on the pay of N.H.S. doctors to the Review Body. Lord Halsbury, its chairman, intended to issue the report with all speed, and it should be in the hands of the Prime Minister in the very near future. The Secretary would be writing to Sir Keith Joseph to remind him of his promise made in 1970 that there would be no undue delay in publication of the report. Immediatly after the publication of the Review Body's report, work would start on a major review for 1972 and subsequent years.

There had also been a long meeting with the Secretary of State on the question of superannuation and pensions in the N.H.S., and a discussion with Lord Cohen of Birkenhead, President of the General Medical Council, both of which would be dealt with later on in the day.

Since the last meeting, the B.M.A. had had the double honour of being asked to act as hosts and provide secretarial services for an international conference held by the Organization for Economic Co-operation and Development on drugs and driving, and of having Dr. J. D. J. Havard (Under Secretary) appointed chairman of the conference. It had been a highly successful meeting at which all the countries in Europe were represented.

On 11 September Senator Edward Kennedy, accompanied by some of his political associates, had visited B.M.A. House to discuss various aspects of the National Health Service. The Senator and his party had been received by the Chairman of Council and representatives of the Central Committee for Hospital Medical Services, General Medical Services Committee, Public Health Committee, and the Hospital Junior Staffs Group Council.

Referring to activities within the Association, the Chairman said that the Secretary, Dr. D. Stevenson, had attended the World Medical Assembly in Ottawa and had been re-elected Chairman of its Council for a further year.

Sir Paul Chambers was still hard at work attending committee meetings and talking to various people. It seemed probable that his report would be finished in a few months' time. Sir Paul's ideas concerning the constitution of the B.M.A. were at a fairly advanced state of preparation.

Finally, the Chairman reported that for many years the B.M.A., through the Commonwealth Medical Association, had unsuccessfully sought observer status at a meeting, convened every two years by the Prime Minister, of all the health ministers and departmental chiefs of the various health departments in the Commonwealth. This year an invitation had been extended to the C.M.A. to attend the conference as an observer.

The Chairman welcomed Dr. M. C. Chabrel, representing the armed Forces, Mr. F. J. Bramble as the Chairman of the Hospital Junior Staffs Group Council, Mr. L. P. Harvey, a representative of that Group Council, and Professor J. P. Quilliam, who was serving on the Council as a Visitor for the session 1971-2. He announced that Professor D. E. C. Mekie had been returned unopposed as a member of Council for the remainder of the session to represent overseas members in place of Dr. J. L. McCallum.

Council received a letter from Mr. J. S. Elkington tendering his resignation from the Council, and expressing thanks to members for the kindness which had been shown him.

Mr. BRAMBLE paid tribute to Mr. Elkington, ex-chairman of the H.J.S. Group Council, and said that Mr. Elkington had done a great deal not only for hospital junior staff but also for the B.M.A.

Dr. JEAN LAWRIE expressed anxiety about hospital junior staff who were giving a great deal of time to the activities of the Association. It was, she said, foolish to ignore the fact that many of their seniors were not sympathetically inclined towards those activities, and she hoped that members of Council would be able to support junior doctors who faced any difficulty in making a transition from senior training posts to a consultant appointment.

N.H.S. Reorganization

The CHAIRMAN said that the official report of the Council and the standing committees, approved by the Special Representative Meeting held on 24 July, had been sent to the Secretary of State. Representatives of the B.M.A., the royal colleges, and the Joint Consultants Committee would be meeting Sir Keith Joseph on 1 November. The Secretary of State had asked to meet representatives of the whole profession, but it seemed most unlikely that with a party of such size and constitution it would be possible to deal only with some of the broad issues, and the Association must discuss further with the Secretary of State all the various resolutions which had been adopted at its Special Representative Meeting.

Industrial Relations Act

The CHAIRMAN recalled that on 24 July 1971 the Special Representative Meeting had adopted the following resolutions:

"That in order that the Association may continue effectively to protect the interests of the profession from the outset, the Council be authorized to apply for the admission of the B.M.A. to the Special Register under the Industrial Relations Act provided that such action involves no change in:

(a) the status and character of the Association and its autonomous committees;

(b) the existing channels of negotiations for the various branches of the profession; and

(c) the control of funds of the Defence Trusts."

"That the following words be added to Recommendation (b) '. . . save that the Association shall continue to strive for the inclusion of public health medical officers in the remit of the Review Body'."

The second resolution had been carried as a reference to Council, he added.

The Industrial Relations Act had received the Royal Assent, and on 1 October 1971 the Chief Registrar of Trade Unions and Employers Associations had started work. A memorandum prepared by the Secretary was before members of Council, and the Chairman invited Council to authorize the following action:

(1) An immediate application for enrolment of the B.M.A. in the Special Register.

(2) Advance notification to the Health Departments, the local authorities, and other larger employers of doctors that the B.M.A. (when registered) intends to apply for sole bargaining agencies.

(3) Prompt applications (as soon as the B.M.A. is registered under the Act) for such sole bargaining agencies.

(4) That the question of applying for agency shop agreements be referred to a small working party for urgent consideration and report to Council.

Mr. BRAMBLE, Chairman of the Hospital Junior Staffs Group Council, said he could see no problem in the B.M.A. being registered, but he was concerned about the position of the autonomous committees, particularly the C.C.H.M.S., which did not work on a "one man-one vote" basis. The Registrar of Trade Unions and Employers Associations might turn down the constitution of the C.C.H.M.S. on the ground that it was not a democratic constitution.

Dr. J. C. CAMERON, Chairman of the G.M.S. Committee, said that his committee supported wholeheartedly the immediate application for enrolment of the B.M.A. in the Special Register, but reserved its position on the question of autonomy of his committee until such time as the new constitution of the B.M.A. had been evolved, and until his committee had had an opportunity of consulting its constituents on the kind of reform which was acceptable. Mr. N. LEIGH TAYLOR, the Association's Solicitor, replying to Mr. Bramble, pointed out that the C.C.H.M.S. was a committee of the B.M.A., and it was the B.M.A. which was registering under the Act, not the C.C.H.M.S.

Dr. C. D. L. LYCETT, Chairman of the Public Health Committee, then referred to the position of minority doctors who worked for employers who were not in contract with executive councils or employed by hospitals, and said they were very vulnerable. In his view it was essential that the B.M.A. should register at the earliest possible moment.

Council agreed unanimously that an immediate application be made for enrolment of the B.M.A. in the Special Register.

SOLE BARGAINING AGENCY

Turning to the second point, Dr. STEVENSON said that all the advice he had received pointed clearly to the fact that no harm could be done by, and possibly good could accrue from, the Council authorizing a letter to the Department of Health to the effect that: "When we have satisfied the Registrar that we are able to go on the Special Register, we are giving you immediate notification that the Council of the B.M.A. has it in mind to apply for sole bargaining agencies for the profession."

Dr. W. P. LAMBIE supported the proposal that the B.M.A. should apply for sole bargaining agencies, but said he was worried about a statement in the Secretary's memorandum that, despite Government assurances to the contrary, the Solicitor had advised that, as general practitioners were defined in the Act as workers and not as employees, they could not be covered by a sole bargaining agency arrangement.

Dr. C. J. WELLS shared Dr. Lambie's concern; he was not convinced that if the B.M.A. applied to become a sole bargaining agency on behalf of all N.H.S. doctors it would include general practitioners.

The SOLICITOR said he had no doubt about the position of general practitioners. The words "employee" and "worker" were not synonymous in the Act. Section 44(c) dealt with sole bargaining agents and made it clear that a sole bargaining agent meant certain things, but in relation to a "bargaining unit." It was the definition of bargaining unit that mattered, because the relevant clause started off by referring to "employees," and in the section of the Act giving definitions general practitioners were not employees; they were "workers."

Council then authorized advance notification to the Health Departments, the local authorities, and other large employers of doctors that the B.M.A. (when registered) intended to apply for sole bargaining agencies, and agreed that prompt applications be made (as soon as the B.M.A. was registered under the Act) for such sole bargaining agencies.

Council further agreed to refer the question of applying for agency shop agreements to a small working party for urgent consideration and report to Council.

The recommendation that the words "save that the Association shall continue to strive for the inclusion of public health medical officers in the remit of the Review Body" be added to (b) of the resolution was approved.

General Medical Council

The CHAIRMAN reported that in furtherance of resolutions adopted at the A.R.M. 1971 relating to the General Medical Council, he, Mr. J. S. Elkington, and Dr. J. H. Marks had met the President of the G.M.C., Lord Cohen of Birkenhead.

Many matters were discussed, continued the Chairman, and the G.M.C. representatives had accepted the need to implement the Brynmor Jones Report (*Supplement*, 6 March, p. 55) as quickly as possible. Lord Cohen had expressed the hope that the necessary legislation would go through Parliament during the coming session, and in that connexion the G.M.C. wished to take advantage of the opportunity to include four other matters of a minor nature in the draft Bill.

Referring to the proposal to admit to membership of the G.M.C. appointees of the newer universities and royal colleges, Lord Cohen had given an unequivocal assurance that the G.M.C. would not seek to secure the representation of additional universities and colleges until legislation on the Brynmor Jones Report had been completed.

On the question that all the Crown nominees on the G.M.C. should be lay members—the subject of an A.R.M. resolution referred to the Council—Lord Cohen did not think that the proposal should be included in the present discussions as it diverged from the Brynmor Jones recommendations, and it would not therefore be proper to discuss it without first referring it to the constituent bodies. That would take time and could jeopardize the rest of the constitutional reforms.

On electoral machinery, Lord Cohen had said that the G.M.C. was proposing to consider at its November meeting the alternative schemes annexed to the Brynmor Jones Report, continued the Chairman. It had been agreed that the Registrar of the G.M.C. and the Deputy Secretary of the B.M.A. should hold preliminary discussions without delay. Lord Cohen had said that women practitioners should be eligible to fill any seat on the G.M.C. There were at present three women members, and his view was that they should take their place through the normal electoral machinery rather than by special provision being made for them.

The Chairman said he had asked to what extent it would be possible to restructure the committees of the G.M.C. in line with the recommendations of the Brynmor Jones

Report but preceding legislation. Lord Cohen had replied that the G.M.C. had already taken steps to introduce more elected members on to the committees in question, though not to the full extent recommended in the report. In general the G.M.C. considered that, while the changes in committee structure recommended in the report would be appropriate to the reconstituted and enlarged G.M.C. which would follow legislation, it would create a serious imbalance if those changes were carried through in advance.

The B.M.A. representatives had referred in particular to the Education Committee, and Lord Cohen had considered that the best way to meet present difficulties during the transitional period was by the use of co-option from among G.M.C. members, which would enable a committee to draw upon any particular class of experience in which it might be deficient. The Chairman of Council said he had reserved the right to pursue the question of committee structure further in correspondence with the G.M.C. and an appropriate letter had been sent.

Council would be glad to learn, the Chairman continued, that a categorical assurance had been given that the G.M.C. was not doing anything about specialist registration at the present time. It would not be in the proposed Bill. Should Britain go into the Common Market in the next two years the matter would be bound to come up, but it would be up to the Government and the profession to make its views known.

FUNCTIONS

The functions of the G.M.C. had also been discussed at the meeting, and Lord Cohen had stated that he would welcome a memorandum setting out the B.M.A.'s views on the functions of the G.M.C., including the present disciplinary machinery. The G.M.C. would then be ready to participate in discussions on its functions. The Chairman said that Lord Cohen could not accept that a joint working party should produce a report to which both the G.M.C. and the B.M.A. would put their names. The President of the G.M.C. had considered that it would be inappropriate for a statutory body —the G.M.C.—and a voluntary organization to produce a joint report. Nevertheless, he was very willing to consider any views the B.M.A. might have and to discuss them.

Mr. BRAMBLE referred to the Education Committee and said the B.M.A. needed adequate elected representation on it. He suggested that Lord Cohen should be asked whether he was going to implement the Brynmor Jones Report or not. Lord Cohen was apparently not prepared to agree to a review of functions, and the time had come when he should be told bluntly that either the G.M.C. went along with the report or the profession would not pay the annual retention fee. Mr. Bramble said he could see the profession's control of the G.M.C. slipping away, and he was terrified that Britain would enter the Common Market and the profession would have specialist registration forced upon it before the machinery to control it had been set up.

The CHAIRMAN pointed out that it would be the new General Medical Council which would deal with the new situation. If it were decided then that there would be specialist registration, there would have to be a further Act which could only be brought into being with the co-operation of the profession.

Dr. W. J. APPLEYARD moved, and Dr. C. C. LUTTON seconded, that an independent review by the Government be undertaken of the functions of the General Medical Council.

Dr. J. S. HAPPEL opposed the motion. Any modifications of the functions of the G.M.C. would not appear in the Bill in the current session, he said. Therefore, any discussions with the G.M.C. on its future functions would take place with the newly structured G.M.C., which would be a different organization. If an independent inquiry were instituted, the B.M.A. would give evidence, but it would otherwise have no influence whatever on the findings. It was preferable to deal with the problems face to face with the G.M.C.

Dr. E. B. LEWIS supported the motion. He could not believe that making representations to Lord Cohen was sufficient. It was a legislative matter and an independent inquiry was exactly what was needed. Dr. R. HILLMAN supported Dr. Happel, saying that the Council's concern was the functions of the G.M.C. in relation to doctors. Its responsibilities in relation to the public, which had been mentioned by Dr. Appleyard, were a matter for Parliament. An independent inquiry would bring evidence from many fields and would take a year or two to produce. His view was that the Representative Body had intended that matters of medicine and doctoring should be discussed with the G.M.C.

Dr. G. E. CRAWFORD supported the motion. Most of the junior members of the profession and a considerable number of senior members had lost faith in the G.M.C., he said, and it would be in the best interests of the Association to support an independent inquiry into its functions.

WORKING PARTY

Dr. S. WAND, Treasurer, suggested it was important for the Council to crystallize its own ideas first. The Government would have to be convinced of the need to set up an independent inquiry, and before doing so it would be necessary to spell out all intentions in regard to functions of the G.M.C. The B.M.A. would have to indicate why it wanted such an inquiry. Furthermore, if the Government accepted the request, the terms of reference would have to be decided and the Association should first make up its own mind.

He accordingly moved, and Dr. H. G. H. RICHARDS seconded, that a working party be set up to consider what changes in the functions of the G.M.C. were required, and to make recommendations, including those relating to the further steps to be taken.

Mr. BRAMBLE said he was not at all happy about the amendment. The Representative Body had originally asked for a review of the functions of the G.M.C. in May 1969; it was now October 1971. The profession had shown how dissatisfied it was with the G.M.C., and the B.M.A. had had ample opportunity to examine whether or not an independent inquiry should be instituted during those two years. There was little point in setting up a working party now to discuss whether there were any deficiencies in the way the G.M.C. had been running its affairs. An independent inquiry was required urgently which would provide answers so that the functions of the G.M.C. could be altered by legislation as soon as possible.

Dr. H. G. H. RICHARDS disagreed with Mr. Bramble. The B.M.A. had an important part to play in giving evidence to whatever body finally decided the functions of the G.M.C., and the first step was to consider how to put those functions right, he said.

Dr. I. E. BLACK said that the setting up of a working party would again delay action which needed to be taken. The younger members of the profession were disillusioned with the G.M.C.

Dr. R. E. W. FISHER, Chairman of the Occupational Health Committee, supported Dr. Wand's amendment, which was carried.

Dr. J. E. MILLER moved, and Dr. FISHER seconded, that on receipt by the Council of the report of the working party further consideration be given to instituting an independent review of the functions of the G.M.C.

The motion was carried.

Council agreed that the membership of the working party should be: Mr. J. Bramble, Dr. W. J. Appleyard, Dr. E. B. Lewis, Dr. J. S. Happel, Dr. J. E. Miller, and Dr. S. Wand.

Superannuation

The Council had before it a long letter from Sir Keith Joseph received after a meeting of the profession's representatives with the Secretary of State to discuss the Association's submissions on the superannuation of doctors. The letter would be considered at a meeting of the Compensation and Superannuation Committee on 25 November, the CHAIRMAN reported.

Mr. BRAMBLE said that for well over a year hospital junior staff had been asking for proper financial arrangements to be made by the Department for those doctors who died or were badly disabled through their work. However, the Health Department had given no help whatever. Further difficulty had been encountered because it appeared that doctors going out on maternity or accident flying squads were not insured for any mishaps which might occur on these duties after they walked out of the hospital door. The Hospital Junior Staffs Group Council felt that unless the Government made concrete proposals in the near future, it might be compelled to advise hospital junior doctors not to take part in any form of commitment in flying squads, dialysis units, and suchlike.

The CHAIRMAN said that the Joint Consultants Committee had been studying the problem, and the Government had made proposals which had been submitted to the Compensation and Superannuation Committee.

Value-added Tax

After considering the Green Paper on Value-added Tax, a note for discussion with the health professions from H.M. Customs and Excise, and a memorandum prepared by B.M.A. representatives, Council authorized the chairmen, or their nominees, of the C.C.H.M.S., G.M.S.C., and Private Practice Committee to seek an urgent meeting with the Government departments concerned with a view to (a) obtaining relief from value-added tax for health services on a uniform

basis, (b) such relief if possible to be by "zero-rating," but if that proved impossible to obtain for all types of practice then to seek exemption. In view of the common interests between the medical and dental professions, the chairmen concerned were authorized to consult with representatives of the British Dental Association.

The Treasurer was also authorized to ask for an urgent meeting with the appropriate Government departments to discuss relief from V.A.T. for the B.M.A.

The Council then proceeded to consider the reports of its committees.

Armed Forces Committee

Mr. R. MYLES GIBSON presented the report of the Armed Forces Committee.

He recalled that a working party had been set up to prepare evidence to a Government appointed independent committee of inquiry under the chairmanship of Sir Edmund Compton. The terms of reference for the inquiry were: "to review the arrangements for providing medical, dental and nursing services for the Armed Forces at home and abroad for peace and war in the light of developments in defence policy and to make recommendations."

The Armed Forces Committee had considered the memorandum of draft evidence prepared by its working party, and after certain amendments recommended to Council that the memorandum be approved and forwarded to the Compton Committee of Inquiry. The Council approved the memorandum of evidence.

C.C.H.M.S.

Dr. C. E. ASTLEY presented the report of the C.C.H.M.S. and drew particular attention to a recommendation that the cost of the National Conference of Hospital Medical Staffs (to be held on 27 November 1971) be borne by the Association. His committee considered that the present state of the finances of the Hospital Medical Services Defence Trust and the fact that the conference arose from a decision of the Annual Representative Meeting were good reasons for proposing that the cost should be borne by the B.M.A.

Dr. WAND, Treasurer, said the Finance Committee had considered the recommendation and was opposed to it, but it believed that important and major matters of policy were involved and the Council should make a decision.

Mr. BRAMBLE said he would be opposed to the B.M.A. paying the whole cost of the conference. In his view, the Hospital Medical Staffs Defence Trust should make some contribution, and Council should encourage that trust to put its own house in order and urge consultants to contribute more than they did at present. He also pointed out that the terms of the trust precluded hospital junior staff from contributing to it.

Dr. A. C. HOUGHTON stated that all the general practitioners in his area paid £25 per annum to their local medical committee, of which some £7 was passed on to the general practitioners' trust. Consultants should contribute more to building a healthier hospital defence fund.

Mr. D. BROWN said the Hospital Medical Services Defence Trust was in an unfortunate situation. If hospital doctors had a serious disagreement with the Secretary of State they would have great difficulty in knowing how to withdraw their services. He urged Council to consider the recommendation sympathetically.

Dr. J. E. MILLER, speaking, he said, as the deputy treasurer of the General Medical Services Defence Trust, suggested that if the Council agreed to the financing of the conference by the Association there would be considerable displeasure among general practitioner members of the B.M.A. about continuing to subsidize the political activities of the hospital medical service through part of their subscriptions to the B.M.A.

Dr. E. B. LEWIS pointed out that quite a few consultants currently in the service had previously been in general practice, and had subscribed to the large sum in the G.M.S.D.T. He agreed that it was necessary to get all hospital doctors to contribute to the Hospital Medical Staff Defence Trust but there had been practical difficulties in obtaining a list of members.

Dr. A. M. MAIDEN, Chairman of the Representative Body, said he was sure that a great deal of the backing for the A.R.M. resolution came from general practitioners who knew full well the great value of the annual conferences which local medical committee representatives had been holding since before 1948. He suggested that in the case of the proposed conference the treasurers of the respective trusts might get together and agree how to find it.

The following amendment to the C.C.H.M.S.'s proposal, moved by Dr. HAPPEL, and seconded by Dr. CRAWFORD, was carried: That the cost of the National Conference of Hospital Medical Staffs to be held on 27 November 1971 be underwritten by the Association and that the Treasurer of the Council and the Treasurer of the Hospital Medical Staffs Defence Trust have a further discussion on the actual apportionment.

Dr. ASTLEY pointed out to the Council that a similar situation had arisen in connexion with another recommendation concerning special distinction awards. The A.R.M. in 1971 had resolved that a new referendum of consultants be held on the distinction awards system, and the C.C.H.M.S. recommended that it be authorized to take the necessary action.

Dr. MILLER again protested against the B.M.A. being called upon to bear the financial responsibility, and consideration of the recommendation was deferred until the next meeting of Council.

General Medical Services Committee

Dr. J. C. CAMERON presented the report of the committee, and asked the Council to approve a memorandum of evidence for submission to the Committee of Enquiry into the Abuse of Social Security Benefits. The Council agreed, congratulating the G.M.S. Committee on an excellent document.

Private Practice Committee

Dr. H. FIDLER, deputy chairman, presented the report of the committee. He drew the Council's attention to the only recommendation of the committee: that non-members of the B.M.A. be required to pay £5 per copy for the 1971 edition of the booklet *Fees for Part-time Medical Services*, and that members of the Association requiring additional copies be required to pay £1 per copy. The recommendation was adopted.

Occupational Health Committee

Dr. R. E. W. FISHER presented the report of the committee. The Council adopted a recommendation that as soon as the Association had registered under the Industrial Relations Act a formal application be submitted to the British Railways Board, the London Transport Executive, the National Coal Board, and the National Dock Labour Board asking, where necessary, that the doctors with those organizations be identified as a separate bargaining unit and that the B.M.A. be recognized as the sole bargaining agent. Secondly, that at the same time a similar application be made to the Gas Council (and the Gas Boards as appropriate) on behalf of doctors in the gas industry. Thirdly, that in future a similar approach be made on behalf of any other group of doctors in an industrial firm provided that a clear majority of those doctors had indicated that they would wish the Association so to act.

The Council adopted a recommendation by the Committee that the B.M.A. should support the elimination of white lead wood primers by drawing further attention to the dangers of poisoning from that source; making representations to the local authority associations to seek their co-operation in discontinuing the use of white lead wood primers; and inviting the Industrial Health Advisory Committee to consider means of reducing the use of white lead wood primers by industry and by Government departments.

Public Health Committee

Dr. C. D. L. LYCETT presented the report of the committee and drew attention to three recommendations dealing with pollution, immigrants, and medical aid at sporting events.

The first recommendation was that a letter be sent to the Department of the Environment endorsing the views expressed by the Royal Commission on Environmental Pollution in paragraphs 89 and 90 of its First Report, and urging the Department to introduce legislation to provide mandatory control of pesticide products.

Secondly, the committee proposed that a letter be sent to the Government again urging the mandatory medical examination of all immigrants in their country of origin.

On medical aid at sporting events, the committee recommended that the memorandum by the British Association of Sport and Medicine be endorsed and drawn to the attention of the Secretary of State for Health and Social Security and the Minister for Sport, and that copies be made available on request of all interested parties.

The recommendations were adopted.

Doctors and Social Workers

Presenting the report of the Ad Hoc Committee on Doctors and Social Workers, Dr.

J. S. HAPPEL, its chairman, reported that the committee had considered *Confidentiality in Social Work, Discussion Paper No. 1*, by the British Association of Social Workers, which it welcomed as an important and responsible step forward by the new profession.

The Committee recommended: (1) that the Association's policy on confidentiality be reaffirmed and the profession advised to continue communicating confidential information on a doctor to doctor basis; (2) that the committee's comments (which were set out in its report) be approved; and (3) that a further meeting with the British Association of Social Workers be arranged and the points made by the committee pursued.

The recommendations were adopted.

Organization Committee

Dr. C. C. LUTTON presented the report of the committee. He informed the Council that the membership to date numbered 67,828, home membership being 51,653. It was interesting to note that the newly qualified intake was 148 up on last year's figure at the same time.

The Representative Body in 1971 was truly proportional, he reported; general practitioners attending had numbered 199 (48%); hospital doctors 130 (31%); public health doctors 33 (8%) and others 53 (13%).

Other Committees

Reports were also presented on behalf of the Board of Science and Education, Central Ethical Committee, Committee on Overseas Affairs, Finance Committee, Full-time Teachers and Research Workers Committee, and the Journal Committee, and approved.

On the motion of the CHAIRMAN, a large number of candidates were elected members of the Association, and the meeting terminated at 6.25 p.m.

"Challenge for Change"—I

In the aftermath of the Green Papers on reorganization of the N.H.S. the Nuffield Provincial Hospitals Trust invited several individuals prominent in their particular fields to analyse and comment on what they saw as the major problem in the Health Service in the next decade. The nine essays, some with joint authors, have been edited by Mr. Gordon McLachlan and issued as a book: "Challenge for Change" (published for the N.P.H.T. by the Oxford University Press, price £3.) The British Medical Journal has invited three people from different fields of medicine to review the book and comment on the issues raised in it. The first contributor is Sir Robert Aitken, formerly Vice-chancellor of Birmingham University. In forthcoming issues Dr. J. J. A. Reid, Medical Officer of Health for Buckinghamshire, and Dr. D. H. Irvine, a general practitioner from Northumberland, will give their views.

Sir Robert Aitken writes:

We are committed to a root-and-branch reorganization of the National Health Service. It is to assimilate the three separately administered sections into one system, it is to match its geography with that of the new local authorities, and it is to emphasize managerial efficiency. Its twin aims are a better service and economy; resources are limited and we tax our ingenuity to make them stretch further.

The Consultative Document is a sketchy outline of the new organization, leaving a great deal of important detail to be filled in by the Health Departments and their working parties. Just how much and just how important is this infilling will appear to anyone who reads this group of essays. The Nuffield Provincial Hospital Trust has excelled itself—which is high praise—in choosing their authors and in editing and publishing them at this time. John Revans and Gordon McLachlan rightly say in their introduction that the essays do not lend themselves to summarization, and there is no substitute for a close study of them. They explore the way in which the new Service will have to work, the way in which as their authors see it the Service ought to work, and the changes in organization, procedures, and attitudes that will be necessary to make it work. Their approach is entirely constructive, by people who see the N.H.S. as "an outstanding example of evolutionary progress." They accept the Consultative Document as the best pattern we have been able to produce for the next evolutionary step, and are concerned that we shall think hard about how to operate the new structure.

Management

On the problems of medical management by medical men Dr. K. R. D. Porter and Mr. R. F. A. Shegog are illuminating. The charismatic role of the archpriest-physician reached its high tide in the first half of this century, but it cannot endure as a principle of organization. Specialization, the complexity of modern medicine, and the fact that the doctor is dispensing public resources as well as his private skill, all combine to undermine it. Yet the doctor-patient relation remains, and the doctor's clinical activity is not to be directed from above. His decisions, indeed, must often be translated into a guide for management. A hospital is a factory where a big section of top management is on the shop floor. It is and has to be a non-hierarchical organization; yet it has to take a large number of decisions as an organization, over and beyond the doctors' individual decisions about patients.

First steps towards involving doctors effectively in hospital management decisions are the experiments with divisional organization arising from the Cogwheel report. From all accounts they promise well. The role of a divisional chairman, and especially that of a chairman of a medical executive committee, as a line of communication between his medical colleagues and the managing authority of the hospital, is interesting and crucial. He must convey the medical view of what should be done in any situation; if that conflicts with financial or other non-medical considerations he must argue the issue to a compromise; and into what is eventually decided he must carry the co-operation of his medical colleagues, even though he has no formal authority over them. The success of this will require, from all the shop floor managers, that degree of willingness to play which will make sanctions against rogues unnecessary.

The next step is to extend the principle of divisions to non-medical groups in the hospital: the nurses, the pharmacists, the physiotherapists, and all the other services. Within themselves these are often hierarchically structured; their leaders will then be in a position to direct their subordinates, but they will be wise, whenever possible, to engage their subordinates in discussing the ways in which they will be directed. All the leaders themselves may then with advantage constitute a multi-disciplinary "professional executive" under a co-ordinating chairman appointed by the managing authority. If that executive could include the finance officer it would be in a position virtually to manage the hospital, leaving to the formal managing authority no more than oversight, major policy decisions, formal approvals, and the resolution of disputes.

Following that comes the major exercise of knocking down the containing wall that surrounds the hospital or the hospital group, and assimilating it into the management structure of . . . what? Its district, or its area? Our essayists are not sure which. Repeatedly, however, they plead that it be made clear in good time just what the job of every person and group is, and to whom they are responsible. The Consultative Document reads as if the management of all services in a teaching district will be delegated to district level —presumably to some altered successor to a board of governors—while non-teaching districts will have both their hospitals and their other services centrally managed by the area authority. The book does not go into this problem. Indeed it makes very little mention of teaching hospitals. This is a pity, for much uncertainty surrounds their role in the new dispensation.

Finally there is the important question of the structural relationships between the area health authority and the local authority necessary to effect smooth working of the health services remaining under the latter with the new organization of the former. This too is not explored in any detail, but here again there is much thinking to be done before 1974.

Community Physician

Dr. Gatherer of Reading is refreshingly clear and precise on this rather hazy subject. Community medicine, he says in effect, is the study of the incidence of disease (or lack of health) in populations, and its environmental causes, coupled with a study of the means by which existing knowledge and services may be brought to bear on its prevention or treatment. The community physician is not a medical administrator, though part of his field overlaps that of medical administration. The community physician is emphatically not a general practitioner writ large, even though at least one academic "department of community

medicine" includes a general practice, and in the Cogwheel Report "community medicine" is used to refer to the division of general practitioners. The community physician is not a hospital physician who takes the trouble to follow his patients out of hospital and interest himself in their aftercare or social support; all physicians ought to do that, and likewise all psychiatrists, paediatricians, and other specialists, so that a term like "community paediatrician" is tautologous.

The community physician is a distinct species, evolved from the epidemiologist. He has first to ascertain the pattern of disease in his population, and then to pursue any factors in the environment that may be contributory causes of disease. This leads him into pollution and everything connected with it, and Dr. Gatherer would like to see him functioning as a member of a regional "unit of human ecology" which would among things bring together the public health laboratory, the public analyst, and public health inspectors in exploring the whole environment for noxa and monitoring their incidence. There are of course many environmental factors causing disease, other than pollution. Among them is lack of treatment, or rather of medical care. This is the logical ground for bringing the community physician to describe and study the "delivery" of medical care in the community, in a word the whole N.H.S. Finally he is the person, more than any other, who should take responsibility for health education and for the regional units for health education that ought to be established.

AT WHAT LEVEL?

Where should the practitioners of this multifarious specialty be fitted into the Health Service organization? At all levels, it seems. In the hospital and district there is need for a group of community physicians to collect the statistics of disease, and other information, from the district, to process that and to point out how far the services provided match the need, or fall short. That is essential management information for the hospital. It may point to altered development of resources. This is a large and challenging task. The community physicians should form a division of their own, but not one too self-contained, for they should infiltrate other divisions with their information.

There will be similar and co-ordinating functions for a community medicine unit at area level and again at regional level, with more emphasis perhaps on environmental investigation and on education. And no doubt there will be a community physician in the Health Department.

The essay might have added that this picture, here only sketched, should be filled in and made publicly clear as soon as possible, with a view to attracting good doctors as recruits to the specialty. The councils for postgraduate medical education should find out what sequences of appointments after registration offer the best basis for training in community medicine and incorporate them into the schemes of training operated by the regional postgraduate medical committees. There is academic backing already in the universities. There is a faculty of community medicine coming into action. There is a pool of recruits waiting in the Public Health Service, needing further training. But there is no time to lose if community medicine is to make a worthwhile contribution to the new order.

Medical administrators are a different though related species. Dr Gatherer would recruit them, probably at varying ages, from among community physicians to a large extent, but to some degree from other specialties as well. A short period of administrative training would be appropriate. This seems preferable to any attempt to train medical administrators as pure specialists in administration from youth up.

Quality of Health Care

Professor Dollery's essay, first in the book, tackles the basic problem of how to achieve and maintain high standards of medical care. It is a problem of newly enlarged dimensions, since the quality of medical care can now make the difference between life and death, or between health and disability, far oftener than ever before. Increasing public interest in medicine and increasing public expenditure on it make public and Parliament anxious to know how good the medical care they get really is. Yet there is no ready measure of its quality. Vital statistics and recovery rates are far too crude; cases differ so much that statistical comparisons are often inappropriate, and each case involves not only medical skill but also human consideration for patient and relatives, both of which may fall below a desirable standard.

Professor Dollery does not examine the existing influences in hospitals that promote high standards, namely the discussion of cases that goes on between colleagues, between seniors and juniors, in conferences and professional meetings, and in the journals; through these a man's reputation is made, and many men are jealous of their reputations. He looks for an additional and stricter method of assessment. He points to the success of the confidential inquiry into maternal mortality, and to the recently instituted Hospital Advisory Service, which has looked carefully at long-stay psychiatric and mental subnormality hospitals. He then advocates a similar advisory service which he would like to call an audit of health care, for the whole N.H.S. It would be staffed by doctors, be independent of the N.H.S. administration, and would study closely what goes on in hospitals, not to find fault with individuals but to seek improvements in the service as a whole and higher standards. It would begin cautiously, with well-defined problems, and try to extend its activities in a way acceptable to the medical staffs of the hospitals and eventually of the whole service.

This might go some way towards furnishing an assessment of hospital "performance," but there are difficulties. Medical skill and medical conscientiousness can be assessed only by medical assessors. Yet the performance of a hospital is affected by its organization, finance, quality of management, and other non-medical characteristics, which would need lay assessors. Perhaps a two-stage inquiry, medical first and lay superadded, would meet the case. In general there will be a strong disinclination to set up official or statutory watch-dogs. We are dealing, however, with an instance of the wide problem of accountability for public expenditure. There is in this country and elsewhere an increasing demand for stricter accountability. Apart from misbehaviour that leads to the courts, we have two means of calling to account people in the Health Service whose actions are apparently not up to standard: the Parliamentary question and the activities of the Comptroller and Auditor-General. Neither is a sufficiently perceptive means of dealing with medical situations. Were either to be used more extensively than they now are, we might come to realize that accountability through an independent and impartial body capable of exercising a professional judgment would be preferable. There would be no harm in the cautious experimentation that this essay suggests.

Professor Dollery goes on to discuss whether the main responsibility for research into health care should lie with the Health Departments, who now organize and support most of it, or with some independent body. He concludes in favour of a health care research board of the Medical Research Council, without precluding financial support to this board from the Health Departments. Certainly close association between the Health Departments and the research board would be necessary to ensure easy access of researchers to the Health Services themselves, and to make it possible for experiments to be mounted involving changes in the delivery of health care.

Two and a half years hence the switches will be thrown. A smooth changeover is scarcely to be hoped for. There is likely to be a period of difficult adjustment. At that time the hospitals will be the largest element of continuity between the old order and the new, and they should therefore be the chief stabilizers. In the meantime then, the more they can adapt their own organization to their future role, and the more fully they can work out their plans in consultation with the other interests concerned, the greater will be their contribution to the reorganized Health Service. They will look to the Health Departments to fill in the gaps in the Consultative Department quickly, in order to make this local preparation possible.

Cervical Cytology

From 1 January 1972 arrangements will come into operation to recall women for retesting for cervical cancer every five years. The scheme will be operated from the National Health Service Central Register, Southport (Department of Health circulars: E.C.N. 877, and H.M. (71)79).

Since 1966 women who have had a cervical smear examined within the N.H.S. have had their names recorded on the Southport register. Under the new scheme all women over 35 will be recalled after five years and women under 35 will be recalled when 35 or after five years, whichever is later. When invited to attend for re-examination the woman will receive a letter from her local medical officer of health stating that though the result of her previous test was negative it is advisable to repeat the test to make sure there has been no change.

Advance warning of this recall letter will be given to general practitioners, who will be given a chance to postpone or cancel the recall if the patient's medical condition makes it inappropriate.

At the time the scheme comes into operation the number of women having cervical smears each year is likely to be about two million.

Industrial Relations Act 1971

The Government issued in September "A Guide to the Industrial Relations Act 1971," copies of which are available free of charge at local offices of the Department of Employment. In the foreword the Department of Employment states that: "Authoritative interpretations of the Act's provisions can only be given by the courts, including the National Industrial Relations Court, and the industrial tribunals which will handle cases arising under the Act."

The general principles of the Act and the Code of Practice, along with some definitions of particular interest to doctors in the health services, are (with permission) reproduced below. Other chapters are devoted to the rights of workers collective bargaining; registration and conduct of trade unions, employers' associations and other organizations; institutions; revisions in the law on industrial disputes; emergency procedures; and general and supplementary provisions.

General Principles and the Code of Practice

The Act begins with an introductory part, which sets out the guiding principles for various individuals and institutions under the Act. It also deals with the Code of Industrial Relations Practice.

PURPOSE AND PRINCIPLES

The purpose of the Act is to promote good industrial relations in accordance with four general principles

(i) freely conducted collective bargaining which pays due regard to the community's general interests
(ii) orderly procedures for settling disputes peacefully and speedily by negotiation, conciliation or arbitration, with due regard to the community's general interests
(iii) free association of workers in independent trade unions and of employers in employers' associations which are representative, responsible and effective bodies for regulating relations between workers and employers
(iv) freedom and security for workers, protected by safeguards against unfair industrial practices.

Two groups of individuals or bodies must regard these principles as guiding principles. The first group has administrative duties:

The Secretary of State for Employment (who is subsequently referred to as the Secretary of State)
The Commission on Industrial Relations
The Chief Registrar of Trade Unions and Employers' Associations.

The second group comprises those bodies with judicial functions under the Act:

The National Industrial Relations Court
The industrial tribunals.

CODE OF INDUSTRIAL RELATIONS PRACTICE

Before August 1972 the Secretary of State will prepare a draft Code of Industrial Relations Practice containing practical guidance designed to promote good industrial relations. The Secretary of State may revise the Code in whole or in part after consulting with the C.B.I. and T.U.C. and in the light of the C.I.R.'s advice, which must be published. Parliament must approve the Code and any revision, together with the Order specifying when it will come into effect.

In preparing the Code, the Secretary of State must bear in mind that management is primarily responsible for promoting good industrial relations. He must also provide practical guidance about disclosure of information by employers and effective means of negotiation, consultation, and communication between management and workers.

Failure to observe the Code will not of itself render anyone liable to legal proceedings under the Act, but the Code may be used in evidence in any proceedings before the Industrial Court or industrial tribunals on matters arising under the Act. In determining a question the Industrial Court and industrial tribunals must take into account any relevant provisions of the Code.

INSTITUTIONS

The institutions set up or extended by the Act are briefly described here.

The Commission on Industrial Relations (C.I.R.) was originally established by Royal Warrant in March 1969. The Act re-establishes it on a statutory basis and gives it a leading role in the new system. Although it is given additional functions, the task of voluntary reform will remain its main job. The C.I.R. itself will have no powers to enforce compliance with its recommendations.

The National Industrial Relations Court (the Industrial Court) is the principal new institution established by the Act. It enjoys the status of the High Court and is, like any court, quite independent of the Government. Composed of lay members as well as judges, it determines the more important cases arising under the Act.

Industrial Tribunals were established by the Industrial Training Act 1964. Their composition is similar to that of the Industrial Court: legally qualified chairmen sit with laymen who have experience of industry. Their role is considerably expanded by the Act and along with the Industrial Court they will form a two-tier judicial system for cases involving industrial relations.

The Registrar of Trade Unions and Employers' Associations (Registrar) is a new office which will take over from the Registrar of Friendly Societies responsibility for trade unions and employers' associations. The Chief Registrar and Assistant Registrars will be responsible for keeping the new register of trade unions and employers' associations, and the Special Register for certain chartered bodies and companies. They will ensure that registered organizations meet the requirements of the Act concerning their rules and administration. The Registrar has power to investigate complaints concerning the treatment of its members or potential members by a registered organization, and can himself initiate investigations into certain suspected irregularities.

The Industrial Arbitration Board (Arbitration Board). The Industrial Court which was set up under the Industrial Courts Act 1919 is renamed the Industrial Arbitration Board to avoid confusion with the National Industrial Relations Court. Its work under the 1971 Act relates to terms and conditions of employment.

Conciliation Officers. The Act extends the conciliation service provided by the Department of Employment. Additional conciliation officers will be appointed to try to achieve voluntary settlements of complaints of unfair dismissal and infringement of a worker's trade union rights.

Definitions

Agency Shop Agreement.—An agreement made between one or more employers and one or more trade unions or between an employers' association and one or more trade unions, whereby it is agreed in respect of workers of one or more descriptions specified in the agreement, that their terms and conditions of employment shall include a condition that every such worker must either:

(a) be or become a member of that trade union or of one of those trade unions, as the case may be
(b) agree to pay appropriate contributions to that trade union, or (as the case may be) to one of those trade unions, in lieu of membership or (where permitted to do so) agree to pay equivalent contributions to a charity.

Bargaining Unit.—Those employees or descriptions of employees of an employer, or of two or more associated employers, in relation to whom collective bargaining, in respect of such matters as are not dealt with under more extensive bargaining arrangements, is, or could appropriately be, carried on by an organization of workers or a joint negotiation panel, or partly by an organization of workers and partly by a negotiating panel.

Collective Agreement.—Any agreement or arrangement which is for the time being in force and:

(a) is an agreement or arrangement made (in whatever way and in whatever form) by or on behalf of one or more organizations of workers and one or more employers, one or more organizations of employers or a combination of one or more employers and one or more organizations of employers
(b) is either an agreement or arrangement prescribing (wholly or in part) the terms and conditions of employment of workers of one or more descriptions or is a procedure agreement.

Where decisions of a voluntary joint negotiating body are presumed under the Act to be intended as legally enforceable, any reference to a collective agreement shall include such decisions, and the parties to the agreement shall include the parties represented on the body. This definition includes procedure arrangements which have been given effect as a legally enforceable contract by an order of the Industrial Court.

Where a collective agreement is made by two or more employers, or by one or more organizations of workers or employers, and is made on behalf of all the parties or organizations or on behalf of one or more of them specified in the agreement then for the purposes of the Act each employer, each organization of employers and each organization of workers on whose behalf the collective agreement is so made shall be regarded as a party to the collective agreement.

Collective Bargaining.—Negotiations with respect to terms and conditions of employment, or with respect to the making, variation or rescis-

sion of a procedure agreement, or with respect to any matter to which a procedure agreement can relate.

Contract of Employment.—A contract of service or of apprenticeship, whether it is express or implied, and (if it is express) whether it is oral or in writing.

Employee.—An individual who has entered into or works under (or, where the employment has ceased, worked under) a contract of employment.

Employer.—(a) where the reference is to an employer in relation to an employee, means the person by whom the employee is (or, in the case where the employment has ceased, was) employed
(b) in any other case, means a person regarded in that person's capacity as one for whom one or more workers work or have worked or normally work or seek to work.

Federation of Workers' Organizations.—An organization (whether permanent or temporary) whose membership consists wholly or mainly:

(a) of constituent or affiliated organizations each of which is an organization of workers or is an organization for the time being entered in the Special Register or itself consists wholly or mainly of constituent or affiliated organizations which are organizations of workers or are for the time being entered in that Register.
(b) of representatives of such constituent or affiliated organizations as are mentioned in the preceding paragraph,

and which (in either case) is an organization whose principal objects include the regulation of relations between workers and employers or between workers and organizations of employers or include the regulation of relations between its constituent or affiliated organizations.

Industrial Dispute.—A dispute between one or more employers or organizations of employers and one or more workers or organizations of workers, where the dispute relates wholly or mainly to any one or more of the following, that is to say:
(a) terms and conditions of employment, or the physical conditions in which any workers are required to work
(b) engagement or non-engagement, or termination or suspension of employment, of one or more workers
(c) allocation of work as between workers or groups of workers
(d) a procedure agreement, or any matter to which a procedure agreement can relate.

For the purposes of this definition a dispute between a Minister of the Crown and one or more workers or organizations or workers shall, notwithstanding that the Minister is not the employer of any of the workers to whom the dispute relates, be regarded as a dispute between an employer and the worker or workers, or the organization or organizations in question if the dispute relates:
(a) to matters which have been referred for consideration by a joint body on which, by virtue of any provision made by or under an enactment, that Minister is represented.
(b) to matters in respect of which a settlement cannot take effect without the exercise of a power conferred on that Minister by or under an enactment.

Organization of Employers.—An organization (whether permanent or temporary) which either:
(a) consists wholly or mainly of employers or individual proprietors of one or more descriptions and is an organization whose principal objects include the regulation of relations between employers or individual proprietors of that description or those descriptions and workers or organizations of workers
(b) is a federation of employer's organizations.

Organization of Workers.—An organization (whether permanent or temporary) which either:
(a) consists wholly or mainly of workers of one or more descriptions and is an organization whose principal objects include the regulation of relations between workers of that description or those descriptions and employers or organizations of employers
(b) is a federation of workers' organizations and includes any organization which is entered on the Special Register.

Sole Bargaining Agent.—In relation to a bargaining unit, the organization of workers or joint negotiating panel having negotiating rights in relation to that unit to the exclusion of all other organizations of workers and joint negotiating panels, except in respect of matters which are dealt with under more extensive bargaining arrangements.

Strike.—A concerted stoppage of work by a group of workers, in contemplation of furtherance of an industrial dispute, whether they are parties to the dispute or not, whether (in the case of all or any of those workers) the stoppage is or is not in breach of their terms and conditions of employment, and whether it is carried out during, or on the termination of, their employment.

Worker.—An individual regarded in whichever (if any) of the following capacities is applicable to him, that is to say, as a person who works or normally works or seeks to work:
(a) under a contract of employment;
(b) under any other contract (whether express or implied and, if express, whether oral or in writing) whereby he undertakes to perform personally any work or services for another party to the contract who is not a professional client of his;
(c) in employment under or for the purposes of a government department (otherwise than as a member of the naval, military or air forces of the Crown or of any women's service administered by the Defence Council) in so far as any such employment does not fall within either of the preceding paragraphs.

The Secretary of State may—subject to the approval of Parliament—make an order providing that the definition of 'worker' includes any individual regarded in his capacity as a person who works or normally works or seeks to work as the holder of an office specified in the order.

Note.—The following paragraphs have special application to the Health Service:
(a) 'worker' includes an individual regarded in his capacity as one who works or normally works or seeks to work as a person providing general medical services, pharmaceutical services, general dental services or general ophthalmic services.
(b) 'employer' includes any executive council in accordance with whose arrangements a person provides or has provided or normally provides or seeks to provide any services as mentioned in the preceding paragraph.

Association Notices

Diary of Central Meetings

NOVEMBER

9 Tues.	Panel on Medical Education (Board of Science and Education), 11 a.m.
10 Wed.	Negotiating Subcommittee (C.C.H.M.S.), 10 a.m.
10 Wed.	Civil Service Medical Officers Joint Committee, 10.30 a.m.
11 Thurs.	Hospitals Subcommittee (G.M.S.), 10.30 a.m.
11 Thurs.	Vocational Training and Continuing Education Subcommittee (G.M.S.), 2 p.m.
11 Thurs.	Junior Members Forum Advisory Committee, 2 p.m.
11 Thurs.	Postgraduate Training Subcommittee (C.C.H.M.S.), 2 p.m.
12 Fri.	Chairman's Subcommittee (Occupational Health Committee), 10.30 a.m.
12 Fri.	Ophthalmic Group Committee, 2 p.m.
16 Tues.	Panel on Biological Advances and Technological Devlopments (Board of Science and Education), 10.30 a.m.
17 Wed.	Panel on the Working of the Abortion Act (Board of Science and Education), 11.30 a.m.
18 Thurs.	General Medical Services Committee, 10 a.m.
18 Thurs.	Executive Subcommittee (C.C.H.M.S.), 10 a.m.
18 Thurs.	Working Group on an Alternative Family Doctor Service, (G.M.S.), 1 p.m.
19 Fri.	Working Group on the Functions of the G.M.C. (G.M.S.), 10 a.m.
19 Fri.	Local Medical Committees Conference Agenda Committee, 2 p.m.
24 Wed.	General Purposes Committee, 10.30 a.m.
24 Wed.	Young Practitioners Subcommittee (G.M.S.), 2 p.m.
24 Wed.	Finance Committee, 2.30 p.m.
25 Thurs.	Maternity Services Subcommittee (G.M.S.), 10.15 a.m.
25 Thurs.	Compensation and Superannuation Committee, 11 a.m.
25 Thurs.	Chairman's Subcommittee (Organization Committee), 11 a.m.
27 Sat.	National Hospital Staffs Conference, 10 a.m.

DECEMBER

1 Wed.	**Council,** 10 a.m.
3 Fri.	Hospital Service Development Subcommittee (C.C.H.M.S.), 2 p.m.
6 Mon.	Final Adjudicating Panel (Panel on Audio Visual Communication), 10 a.m.
7 Tues.	Final Adjudicating Panel (Panel on Audio Visual Communication), 10 a.m.
8 Wed.	Final Adjudicating Panel (Panel on Audio Visual Communication), 10 a.m.
8 Wed.	Private Practice Committee, 10.30 a.m.
8 Wed.	Journal, 2 p.m.
10 Fri.	Public Health Committee, 9.30 a.m.
10 Fri.	Staff Side, Committee C, Medical Whitley Council, 2.30 p.m.
13 Mon.	Working Party on the "Drinking Driver" (Board of Science and Education), 2.15 p.m.
15 Wed.	Central Ethical Committee, 11 a.m.
16 Thurs.	Central Committee for Hospital Medical Services, 10 a.m.
16 Thurs.	General Medical Services Committee, 10 a.m.