SUPPLEMENT

B.M.A.'s Sanctions Plan

Dr. Derek Stevenson, Secretary of the B.M.A., has just sent a short progress report on current medicopolitical events to B.M.A. branches and divisions, regional committees for hospital medical services, regional hospital junior staffs groups, and to the regional representatives on the Central Committee for Community Medicine. Accompanying his letter is the B.M.A.'s "Sanctions Plan for Emergency." Derived from experience gained in the dispute with the Government in 1970 this memorandum has been prepared with the help of the Association's major standing committees. The recipient bodies—local medical committees are also being sent the plan—have been asked to send any comments on the memorandum, which is published in full here, as soon as possible. A leader appears at page 305.

Introduction

(1) When the B.M.A. is in serious dispute in some matter relating to the N.H.S. the following sanctions will be organized. In general, they are designed:

(*a*) To affect administration rather than clinical care.

(*b*) To affect only the National Health Service; not local government, nationalized industry, the universities, or other employers not involved in the N.H.S.

(2) The plan is in two separate parts: (I) non-cooperation, and (II) cancellation of the existing N.H.S. contract. The **first part** will involve (*a*) suspension of co-operation in the **central (or national)** administration of the N.H.S., and in the administration of sickness benefit; and (*b*) suspension or restriction of all those extra services and facilities which doctors normally provide over and above their contractual obligations. The **second part,** which will be implemented only after full consultation with the profession, will involve withdrawal from the existing N.H.S. contract and the provision of medical services to the N.H.S. on an entirely new basis.

Part I: Non-cooperation

(3) Doctors will be recommended not to participate in any central (or national) negotiating, advisory or administrative bodies (together with their committees and subcommittees) connected with the National Health Service. Examples are given in Appendix A.

(4) The medical profession will be recommended not to implement any decisions taken by such bodies in the absence of their medical members.

(5) Doctors should continue to serve on the medical practices committees, and on all other committees concerned with appointing doctors to vacancies in any branch of medical work.

(6) It will be recommended that no National Insurance or private certificates of incapacity for work should be issued by doctors, or be authorized for issue by any agent (for example, a ward sister) on behalf of a doctor. This applies only to certificates of **incapacity for work,** for example, Forms Med. 3, Med. 5, and Med. 10, together with all private certificates of incapacity for work.

(7) All other certificates should be issued as usual, for example, birth, death, and cremation certificates, certificates for expected confinement (Form Mat. B1), for confinement (Form Mat. B2), for special or welfare foods, and to certify inability to travel, to attend school, or to sit on a jury. Certificates should not be withheld from children under 15, or from pensioners and persons over retirement age.

(8) Patients who are refused certificates should be advised to contact their local office of the Department of Health and Social Security. The Department has machinery for considering claims without medical certification. If a private certificate of incapacity is requested for an employer, for a trade union, or for any other purpose, the patient should again be advised to contact the local social security office.

(9) Doctors will be recommended to suspend or restrict all services and facilities which they normally provide by goodwill over and above their contractual obligations. Injured and acutely-ill patients will of course continue to receive the highest priority, and in many cases their treatment will occupy the whole of the doctor's contractual time. However, there need be no delay and inconvenience in the treatment of non-urgent cases because doctors will offer their services for non-contractual work on the basis described in paragraphs 12 and 13 below.

(10) Hospital doctors will be recommended to limit their services to those which can be properly performed within the notional half-days on which their remuneration is based (bearing in mind that, in the eyes of the administration, a notional half-day lasts 3½ hours). This may necessitate some reappraisal of fixed sessions, admissions, etc., to ensure that emergency services are fully staffed, and it may be necessary to concentrate the services of accident and emergency or casualty departments upon their proper function, which is to treat accidents and emergencies. Detailed advice to hospital staff will be available from the Central Committee for Hospital Medical Services.

(11) With effect from 1 July 1974, the standard working week of hospital junior staff is one of 80 hours. Hospital junior staff will be recommended to restrict their work to 80 hours a week.

(12) Hospital doctors (both senior and junior) will be invited to register with the British Medical Association, which (acting as an employment agency) will offer their services on payment to the health authorities, for the performance of non-contractual work. In the same way, community physicians and transferred R.H.B. medical administrative staff and public health medical officers (including those doing clinical work) will be invited to register with the Association, which will offer their services on payment to the health authorities for the performance of additional work outside their normal job descriptions or contracts. Hourly rates of payment to the doctor will be fixed by the B.M.A. and the Association will charge an agency fee from the health authority for making a successful introduction. Further particulars of this scheme are in Appendix B.

(13) General practitioners will be recommended to operate a plan which is intended to cause the maximum discomfort to the administration with the minimum of inconvenience to the doctor. Furthermore, it should demonstrate to patients the cost of medical care in current values of money. It will not involve any breach of the terms of service (apart from the non-cooperation in the payment of sickness benefits outlined above) nor will it prejudice the provision of medical care to patients. It will not affect superannuation rights or the security of tenure of practice premises; nor will it involve the repayment of loans under the Group Practice Loans Scheme or from the General Practice Finance Corporation. In order to achieve the maximum impact from its sudden introduction the General Medical Services Committee has decided, after careful consideration, that knowledge of the proposed action should be confined to the members of the negotiating team. If and when it becomes necessary to put it into operation a full explanation will be given to all general practitioners who will be invited to participate in it.

(14) Community physicians will be recommended to work strictly in accordance with their job descriptions, with no overtime and taking time off during the day in lieu of evening commitments. They (and transferred R.H.B. medical administrative staffs and public health medical officers) should perform any additional work only in accordance with paragraph 12 above. The community physician should be co-opted on to the local action committee so as to keep his colleagues informed of the effects of the sanctions within the Service.

(15) The measures described above are interlocking. Senior hospital doctors, junior hospital doctors, general practitioners, community physicians, and transferred R.H.B. medical administrative staff and public health medical officers will all be expected

to adhere strictly to their own N.H.S. contracts and/or job descriptions, and not to undertake any extraordinary work which is properly the function of another branch of the profession.

(16) The policy of non-cooperation will apply only to administration under the N.H.S. Acts and the National Insurance Acts. It will not apply to administrative bodies functioning under other Acts (unless the exigencies of the particular dispute make such an extension necessary).

(17) The above steps are those which will be recommended to the whole profession in the N.H.S. It will, however, be open to local action committees to initiate additional measures locally, and some examples of such optional sanctions are set out in Appendix C.

Part II: Cancellation of the Existing N.H.S. Contract

(18) If no settlement is reached in spite of the actions recommended in Part I, a new situation arises. If it has become clear that the existing arrangements for the employment of doctors in the National Health Service have become untenable, doctors will be ballotted on their willingness to withdraw from these arrangements and to offer their services on an entirely new basis.

(19) Withdrawal from the N.H.S. may be:

(*a*) universal; or

(*b*) partial.

In the latter event, all doctors aged 60 or over would be recommended to give notice of resignation: they are entitled to draw a N.H.S. pension if they have at least five years' superannuable service, and any further work which they may subsequently undertake for the N.H.S. qualifies for a second pension, provided they rejoin before reaching 70 years of age (65 for general practitioners). Additionally, general practitioners in certain areas, and hospital doctors on the staffs of certain specific hospitals, might all be willing to tender their resignations.

(20) Undated resignations will be collected and held by the negotiators, for submission en bloc as a last resort.

(21) The following options would be open to resigning doctors:

(*a*) *Private Practice*

General practitioners would charge fees and the patients would be given receipts and would be advised to seek reimbursement from the social security office. They should also be advised to seek reimbursement for the cost of drugs. Hospital doctors would continue working in the hospitals, but as independent contractors. (This is the way in which hospital doctors work in public hospitals in many other countries.) The doctor would treat each patient in the hospital as a private patient and before undertaking treatment, each patient would be asked to sign an undertaking to pay his fees (in the same way as private patients in N.H.S. hospitals are asked to sign undertakings at present). The form of undertaking would include advice to the patient to seek reimbursement from the hospital authority or from the social security office.

(*b*) *Enrolment with an Employment Agency*

Hospital doctors, community physicians, and clinical public health medical officers would be invited to register with the British Medical Association, acting as an employment agency. The agency would supply medical staff to the health authority on contract terms settled by the British Medical Association (see Appendix B).

SUPERANNUATION

(22) Doctors below the age of 60 would have the following options:

(*a*) To leave their superannuation contributions untouched if they have five years or more contributing service to their credit. (If in any year they have had a superannuable income of £5,000 or more they will have *no* option but to leave their contributions in the scheme whatever their length of service.) If they subsequently return to the N.H.S. their superannuation rights will be unaffected, except for the loss of the intervening period. If they do not return to the N.H.S. their preserved benefits in the scheme will be increased in line with the cost of living and come into payment when they reach age 60.

(*b*) To claim a refund of their superannuation contributions less tax, provided they have not at any time had a superannuable income of £5,000 or more in any one year. Application should be made to the Health Services Superannuation Division, Department of Health and Social Security, Hesketh House, 200-220 Broadway, Fleetwood, Lancs. (In Scotland, to the last employing authority or health board.) They might then wish to insure privately against retirement, and for other benefits. The Medical Insurance Agency in B.M.A. House has considerable knowledge of these matters.

(*c*) To apply for membership of the Federated Superannuation Scheme for nurses and hospital officers (F.S.S.N.). There are regulations which enable persons on leaving the N.H.S. to transfer intact the accumulated benefits earned in the N.H.S. Superannuation Scheme, thus permitting continuity of superannuation provision. Moreover, a "transfer value" payment can be made back to the N.H.S. Superannuation Scheme provided the person re-enters the N.H.S. within five years. (Transfer arrangements have been agreed with a limited number of other employing authorities—further details can be obtained from the Health Services Superannuation Division. In Scotland, from the Health Services Superannuation Branch of the S.H.H.D.)

(23) For doctors aged 60 or over who have at least five years' service in the N.H.S., their pension and lump sum retiring allowance would come into payment immediately if they resigned. Such doctors who subsequently returned to work in the N.H.S. would thereby qualify for a second N.H.S. pension, provided they rejoined before 70 years of age (65 for general practitioners).

ALTERNATIVE MEDICAL SERVICES

(24) Alternative ways of financing the N.H.S. are constantly under investigation and under discussion with the Government. In addition, measures are being explored to develop the agency scheme in Appendix B into an entirely new system for the provision of medical services to the N.H.S., under which doctors would be in contract with the agency, not with the N.H.S., and the Government would have to obtain medical services from the agency on terms settled by the agency.

PUBLICITY

(25) The imposition of sanctions will be accompanied by well-prepared and reasoned publicity both to the medical profession and to the general public. As well as press statements and interviews on radio and television, there will be a need for big advertisements in the national daily newspapers, and for posters for display in doctors' surgeries and in hospitals.

Appendix A

Central or National Bodies in which Doctors will be Recommended not to Participate

Central and Scottish Health Services Councils, and their committees; Central Manpower Committee, and its subcommittees; investigating panels (under HM(61)112) and committees of inquiry (under SHM 49/1968); medical advisory committees under the N.H.S. (Service Committees and Tribunal) Regulations; Inducement Payments Committee; joint pricing committees; Central Advisory Committee on the Postgraduate Education Fund; Committee of Management of Prescribers Journal; Central Advisory Committee on the Rural Practices Fund; Scottish Rural Practices Fund Committee; Vocational Training Allowance Advisory Committee; Ad hoc committee on Vocational Training (Scotland); Joint Negotiating Committee for Hospital Medical and Dental Staff, and its Scottish counterpart; Welsh Medical Committee and its subcommittees; Hospital Building Liaison Committee; Joint Negotiating Committees for Community Medicine (English, Scottish, and Welsh); any other negotiating bodies or joint working parties (except, of course, the body in which a settlement of the dispute can be negotiated).

Appendix B

Scheme for an Employment Agency

(1) An employment agency for doctors has existed for many years at B.M.A. headquarters. Branches of the agency will be opened by the B.M.A. in Birmingham, Cardiff, Edinburgh, and Glasgow. They will be located in the B.M.A. offices in these cities, and will be managed by the officials of the Association who are located in those offices.

(2) The doctor will be invited to register with the nearest office of the agency, which will give him a copy or copies of the printed form of application (see paragraph 4 below).

(3) The doctor will inform his employing authority that, with effect from a certain date, he will limit his services to those which he can properly and adequately perform within the notional half-days or hours

to which his N.H.S. salary is related; but that he can be engaged to perform extra services (which he will specify) through the nearest office of the B.M.A. Employment Agency.

(4) The doctor will give to his employing authority a form of application for him to perform these extra services. The application form will be on these lines: To the Manager, B.M.A. Employment Agency (address).

(*a*) I hereby apply for the services of (name of doctor) to perform duties or provide cover at (name of hospital or other institution) during the following periods.

(*b*) Periods of duty: (here will be inserted the days and times of the duties or cover which the doctor is willing to provide, and which the authority wants from him).

(*c*) I undertake (on behalf of the employing authority), to pay the doctor for the duties or cover provided at the appropriate hourly rate currently laid down by the British Medical Association. This remuneration will be paid weekly in advance.

(*d*) I further undertake to pay to the B.M.A. Employment Agency the agency's fee of £15 (plus V.A.T.) for making available the doctor's services.

Signed (on behalf of the employing authority)

.....

Date: .....

(5) The doctor himself will complete (*a*) on the form, and will give it to the representative of the employing authority for completion of (*b*) and signature. When the form has been signed by the representative of the employing authority, he will send the completed form to the named office of the B.M.A. Agency, and give a copy to the doctor. The manager of the agency will scrutinize it to make sure that all is in order and will then authorize the doctor to undertake the duties specified on the form with effect from a date fixed by the local action committee.

(6) The agency scheme outlined above is intended to operate on a limited scale at the beginning, as an introducing agency. As and when required, the agency will be expanded, both in the number of its offices and the scope of its activities. It is intended to become an employing agency which will actually employ and pay the doctors, and provide their services (on its own terms) to the National Health Service.

(7) The scheme outlined above will be amended and improved as necessary.

Appendix C

Additional Sanctions which could be Applied Locally, by Local Decision

The following are examples of local sanctions which could be applied at the discretion of local action committees.

(1) Withdrawal of co-operation in the **peripheral** (as opposed to central) administration of the N.H.S. In general, it is felt that withdrawal of the medical profession from the regional, area, and district management of the N.H.S. would have many disadvantages: but the profession in a particular region, area, or district might take a different view. In this event, the local action committee could recommend clinicians (but not administrative medical officers) not to participate in some or all of the following local administrative and advisory bodies: regional health authorities, regional medical committees, regional manpower committees, area health authorities, area health boards, area medical committees, allocation joint committees, district management teams, district medical committees, other medical advisory committees, and cogwheel committees. The local profession would be recommended not to implement any decisions taken by such bodies in the absence of their clinical members.

(2) Doctors should continue to serve on committees concerned with appointing doctors to vacancies in any branch of medical work.

(3) Hospital doctors could be recommended to suspend or restrict all non-contractual services such as:

(*a*) examinations and reports required by Government departments as employers, on their employees (except N.H.S. employees involved in the clinical care of patients) or prospective employees;

(*b*) examinations and reports on persons referred by medical boards of the Department of Health and Social Security;

(*c*) examinations and reports on persons referred under the National Insurance (Industrial Injuries) Acts;

(*d*) examinations and reports on persons referred by a medical referee appointed under the Workmen's Compensation Act;

(*e*) examinations and reports on persons referred by medical recruiting boards.

(4) General practitioners could be recommended to suspend or restrict the following non-contractual services:

(*a*) routine examinations and general health and hygiene supervision at approved schools;

(*b*) attending a consultation between a patient and an examining medical officer (R.M.O.);

(*c*) giving courses for disabled resettlement officers;

(*d*) service as a member of a medical board (Government departments);

(*e*) examinations and/or reports on prospective N.H.S. employees, not involved in the clinical care of patients;

(*f*) giving lectures to nurses.

(5) Hospital doctors could be recommended to cease using their private cars for N.H.S. purposes, except in emergency. A hospital doctor in the N.H.S. is not obliged to use his private car for the business of his employing authority. H.M.(56)53 included the following paragraph:

"Possession of a motor car not to be a condition of appointment

2. The General Council of the Whitley Councils for the Health Services (Great Britain) have expressed the view to the Minister that it is undesirable for employing authorities to make possession of a motor car a condition of the appointment of an officer. The Minister agrees with this view and asks hospital authorities to act accordingly."

A doctor is entitled to reimbursement of travelling expenses on official journeys (this does not normally include any journey between home and headquarters hospital). The relevant rules are to be found in Section XIX of the General Council Conditions of Service. The Section includes the following paragraphs:

"(*h*) Taxi or cab fares and any reasonable gratuity shall be payable only in cases of urgency or in other cases in which transport is reasonably required and an adequate public service is not available, but where these conditions are not fulfilled an officer using a taxi or cab shall be entitled to claim the sum he would have paid had he travelled by public service vehicle.

(*i*) Payment for travel by a hired motor vehicle other than a taxi or cab shall not exceed the mileage allowance which would have been payable had the vehicle belonged to the officer who hired it: provided that where the employing authority so approves, payment may be increased to an amount not exceeding the actual cost of the hiring."

(6) It is open to a local action committee to devise other sanctions and to implement them locally, with the support of the local profession: but this should not be done without first consulting B.M.A. Headquarters.

Consultants' No Confidence in Halsbury

The Executive and Negotiating Subcommittees of the Central Committee for Hospital Medical Services met last week and discussed the correspondence between Lord Halsbury and the B.M.A. (*B.M.J.*, 2 November, p. 303). In a press statement after the meeting they maintained that Lord Halsbury had failed to repudiate the statements attributed to him in the article in *Pulse*, particularly the expression "I think we would be foolish to recommend any Government to break its own laws or violate its own policy." In their opinion Lord Halsbury had clearly shown a serious lack of impartiality and they concluded, "that though we retain full confidence in the Review Body itself, we no longer have confidence in Lord Halsbury as its Chairman."