Equal pay for equal status

SIR,—While the terms and rates of overtime payments for junior hospital doctors are being debated I would like to suggest that the introduction of such payments into medicine was a serious error and that they should be phased out as soon as possible. We should return to the previous scheme in which equal status is rewarded by equal pay. My reasons for saying this are as follows.

(1) The concept of overtime is inappropriate to the practice of medicine and, despite what its advocates say, promotes a "clock-watching" type of approach. The problem of excessive hours worked by some junior doctors should be tackled by the provision of a limit on the number of hours to be worked.

(2) If some doctors are earning large amounts by overtime then in any future pay review these are bound to be taken into consideration and depress the basic salary. What is required is a proper salary structure in the hospital service which gives due reward to promotion and is commensurate with general practice and other professions. The promotion from senior registrar to consultant makes nonsense if it is accompanied by a fall in income, as occurs in some cases as a result of overtime pay. Further, two posts at the Department of Health and Social Security were recently advertised (*BMJ*, 20 September, p xxxiv) for work on smoking and health and environment and health. Requirements were that candidates should be over 28 and a higher qualification would be an advantage—salary £11 400 a year. What possible justification can there be for giving a salary far in excess of the top of the consultant scale to such non-clinical desk posts?

(3) Specialties where there is little scope for overtime—for example, radiology, pathology, rheumatology—which are already undersubscribed will become even more so as fewer doctors will be able to afford to enter them. The same will apply to research and academic posts.

(4) The provision of substantial overtime payments to some doctors will divide the profession as never before, will provide grounds for endless wrangles over rates for different jobs, and create an even more disunited front than already exists—an easy prey for any Secretary of State or other predators.

R S ELKELES

Northwick Park Hospital,
Harrow, Middlesex

Junior hospital staff contract

SIR,—It seems to me that the major defect of the proposed junior doctors' contract is that the baby has been thrown in with the man nearing his bath chair. It appears quite inappropriate to suggest that the defined working week of a 23-year-old house officer should be identical with that of a senior registrar in his mid-thirties.

The newly qualified house officer is at the stage of learning his professional skills. Unless he is available for a sufficient number of hours he will not see a wide range of clinical situations and his training will suffer. The work is largely undemanding—of course he often feels busy—but that is inexperience. He is not making major decisions; someone else sorts out the arrhythmia or coma, decides whether to operate urgently and does the sweating when on-table surgical disasters threaten. Alternate free nights and weekends seem reasonable off duty. If he has had a bad night he can doze the following day on the ward round or while hanging on to a retractor in suspended animation. His duties should not include working in casualty or outpatients. These are things to be defined in a new contract.

Senior house officers and registrars need time off both to study and to limit fatigue from loss of sleep. At registrar level in particular demanding clinical decisions have to be made, and the stresses on the wards, in theatre, and outpatients are much more apparent. Two nights off in three seems a reasonable compromise between clinical experience and necessary off duty. Of course this is an "80-hour week," but no one in the profession really believes the myth which is constantly fed to the lay press that doctors in clinical specialties work in any sense intensively throughout the 80 hours.

It is at senior registrar level that the idea of a 40-hour week merits consideration. There should be minimal involvement in sleeping in on duty. Depending on the specialty and the extent of out-of-hours calls an A or B rate for on call *at home* may be appropriate. In some instances registrars in highly specialised units might merit similar consideration. There is danger, however, in directing too much additional money toward the busy glamour specialties, thus prejudicing recruitment in the equally essential service specialties.

It was naive in the extreme for those wishing to be called members of a profession to seek a uniform "40-hour-week" contract—matched only by Mrs Castle's naivety in accepting it earlier in the year. The present clash was predictable and inevitable. If there is to be a defined contract then let it be one that is realistically based. Then overtime could be priced at realistic rates instead of the seemingly derisory levels offered.

B S SMITH

Hallam Hospital,
West Bromwich

SIR,—In their "work to rule" at various hospitals the junior doctors have stated their wish to be of as little harm to patients as possible. This same sentiment is put forward by the consultants in their "work to contract." Both these actions are putting a considerably increased burden on the general practitioner, who has the invidious task of rescuing the urgent patients and in so doing salving the conscience of the junior hospital doctors and the consultants respectively.

So far the consultants have shown little acknowledgement of this debt to the general practitioner and even less gratitude for what he has been doing for them. It is to be hoped that the junior doctors will be more ready to acknowledge the situation, because, surely at this time, it is vitally important that both the junior hospital doctors and the consultants should keep the sympathy and support of their colleagues in general practice.

D M BRIERLEY

Worcester

A workable week

SIR,—Most of the country and all the medical profession are behind the junior hospital doctors in their demand for a workable week. Unfortunately this demand has become clouded by an apparent pay demand being the main break-point in their patience. This must inevitably lose support in the profession and public eye. It also brings them inevitably to the point of immoveable confrontation with Government.

If they were willing to take the present total pay award and restructure it to give normal pay for 40 hours per week, overtime pay, however small or large it would work out above that, and an absolute bar on working over say, 100 hours per fortnight, that would meet acceptable criteria. It would prevent the dangerously inefficient overtired worker. It would keep within the pay code, which we as a country must keep to in order to survive. It would cover adequately all emergency work, all urgent work, and a good proportion of desirable work. It would force the authorities—administrative and medical—to prune some of the overgrowth of expensive and marginally advantageous procedures. It would make the country see that health services are very costly and that demands cannot be made without proper provision.

Most important of all it would give a lead to other pressure groups in demonstrating that an acceptable balance can be made rather than obtaining a hollow victory which turns sour by loss of respect and increased inflation. The JHDs would gain self-respect and public respect and would lose nothing of value.

ARTHUR S GARRETT

Reepham, Norfolk

Profit and loss accounting

SIR,—One recurring theme in medical meetings that practitioners attend is that introduction of certain tests or treatment has been postponed for lack of funds. In other words, "NHS Ltd" is regarded as a company which sustains losses but never makes a profit. If an operation costs £2000 but enables a man to earn £4000 which he might otherwise not have done the benefit is obvious. This is not an isolated instance. It was not for several years after the M1 motorway had been constructed that our clever civil servants discovered that it earned the nation its cost every four years, and there are few places where you can invest your money at 25%.

Heads of departments requesting grants should be capable of making these calculations themselves and expressing the pure financial gains (ignoring the personal and social factors) to the community against the cost of apparatus and procedures required. I was at a meeting recently when it was stated that chromosome studies on amniotic fluid were not being performed at a London teaching hospital for reasons of costs, yet it was pointed out that the cost of the preventable birth of a severely handicapped child was £150 000, not to mention the distress and suffering sustained by its family.

B JAMES

Marlow, Bucks

Modifying the reorganisation of the NHS

SIR,—The suggestion by Professor M D Warren (18 October, p 183) that the existing regional and area health authorities in England should be replaced by 28 area health boards would result in further erosion of the democratic process by reducing the level of direct public participation in the management of health services through membership of health authorities.

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