Correspondence

7 January 1967

Meeting at Exeter this seems to be stretching their powers of autonomy beyond any reasonable limit, and I wonder whether the Chairman and Committee could give the profession a statement of their authority and reasons—I am, etc.,

SIR,—Dr. B. Jolles (3 December, p. 1392) will welcome the opportunity as a member of the Compensation and Superannuation Committee to become well enough informed about National Health Service Superannuation arrangements, and the fairness of the new regulations that have just taken effect (Supplement, 10 December, p. 222), to enlighten and appease his co-signatories who may then be moved to write to this journal about the regulations.

The Government Actuary's figures are published for each seven-year period (some what in arrear) and discussed with the Association's Actuary. The Committee expeditiously has sent a draft and found them reasonably comparable with others in the public service sector, than which we must expect no better, even though some schemes of large-scale private enterprise are slightly more imaginative and generous.

Other critics who from time to time have waxed furious over retirement pensions have made too little of the lump-sum grant, which in the case of a single man is equivalent to three years' pension of tax, and cannot be accused of falling short of promises with regard to widows' pensions. It has devised means by which an officer can renounce a part of his pension (other than his terminal grant) to augment that of his widow.

But the most naive and vociferous complainers are those who overlook the fact that in the National Health Service—unlike the Kingdom of Heaven (Matthew, Ch. xx)—the pension is related to duration of contributory service. With few exceptions (for example, psychiatrists and transferred officers) consultants who entered the National Health Service in 1946 will retire in 1988 at the end of 40 years' contributory service on half-pay with a terminal tax-free grant and/or an appropriate proportional prospective award for his widow. Expenditure has to be matched by income. The emotional view that some widows now may be inadequately provided for cannot be grounded on a pension from public funds in respect of any number of years of non-contributory, non-superannuable self-employment.

Some there are, moreover, who took the chance to "opt out" at the beginning, but now indicate a preference for National Health Service Superannuation arrangements by their ineffectual wishes that they might opt back in!—I am, etc.,

D. STENHOUSE STEWART.

Pensions on Retirement

SIR,—Dr. B. Jolles (3 December, p. 1392) will welcome the opportunity as a member of the Compensation and Superannuation Committee to become well enough informed about National Health Service Superannuation arrangements, and the fairness of the new regulations that have just taken effect (Supplement, 10 December, p. 222), to enlighten and appease his co-signatories who may then be moved to write to this journal about the regulations.

The Government Actuary's figures are published for each seven-year period (some what in arrear) and discussed with the Association's Actuary. The Committee expeditiously has sent a draft and found them reasonably comparable with others in the public service sector, than which we must expect no better, even though some schemes of large-scale private enterprise are slightly more imaginative and generous.

Other critics who from time to time have waxed furious over retirement pensions have made too little of the lump-sum grant, which in the case of a single man is equivalent to three years' pension of tax, and cannot be accused of falling short of promises with regard to widows' pensions. It has devised means by which an officer can renounce a part of his pension (other than his terminal grant) to augment that of his widow.

But the most naive and vociferous complainers are those who overlook the fact that in the National Health Service—unlike the Kingdom of Heaven (Matthew, Ch. xx)—the pension is related to duration of contributory service. With few exceptions (for example, psychiatrists and transferred officers) consultants who entered the National Health Service in 1946 will retire in 1988 at the end of 40 years' contributory service on half-pay with a terminal tax-free grant and/or an appropriate proportional prospective award for his widow. Expenditure has to be matched by income. The emotional view that some widows now may be inadequately provided for cannot be grounded on a pension from public funds in respect of any number of years of non-contributory, non-superannuable self-employment.

Some there are, moreover, who took the chance to "opt out" at the beginning, but now indicate a preference for National Health Service Superannuation arrangements by their ineffectual wishes that they might opt back in!—I am, etc.,

D. STENHOUSE STEWART.

Merit Awards

SIR,—I see from this morning's press that the General Medical Services Committee have submitted their report on merit awards for general practitioners to the Minister of Health. In view of the resolutions and opinion expressed at the Representative