Déjà vu for consultants

Why should a consultant in the NHS not do as he wishes with his free time? After all, the DHSS places no restrictions on the outside activities of either GPs or junior doctors. The CCHMS has made no secret of its aims in its latest efforts to negotiate a new contract for its constituents: all consultants should have the same flexible, work-sensitive contract, giving them a basic commitment that would "normally consist of 10

notional half days weekly. . . ." Outside that five-day week commitment they could choose whether to do extra NHDs for the NHS, practise non-NHS medicine, or pursue their leisure activities. This has been a main principle of the contract, yet, after a year of informal and, since 1 August 1977, formal discussions with the DHSS in which the CCHMS's negotiators seemed to be making steady progress, the Secretary of State has struck at the very roots of the negotiations, by resurrecting the principle of a continuous commitment allowance (or something equivalent) for consultants prepared to commit themselves entirely to the NHS (p 1555). A comparison with Barbara Castle's wrecking activities of exactly three years ago is unavoidable,1 and consultants cannot be blamed for a depressing sense of déjà vu.

A full and sombre meeting of the CCHMS last week heard Mr A H Grabham, chairman, and Mr D E Bolt, chairman of the negotiating subcommittee, spell out clearly and unemotionally what Mr Ennals's recent letter about the contract meant for consultants (p 1557). It must have been a bitter blow for them and their colleagues, yet to their great credit they eschewed rhetoric, instead seeking a constructive way out of what seemed to be a negotiating cul de sac. Sensing that most consultants would prefer a contract to a confrontation, the CCHMS followed their lead, and the long debate with many speakers was extraordinarily powerful for its air of quiet determination. (It should, incidentally, have impressed the two representatives of the Advisory, Conciliation, and Arbitration Service, who were attending as part of the investigation into representation of hospital staff.)2 The committee's final decisions (p 1566) were unequivocal and unopposed, and were overwhelmingly endorsed next day by the Scottish Committee for Hospital Medical Services. The day's events should prompt the Secretary of State to think most carefully before he takes his next step.

Mr Ennals entered office with the hospital service in disarray, largely owing to his predecessor's politically motivated actions.3 He has made efforts to improve the climate, but he must know that his latest negotiating shuffle is unlikely to revive hospital doctors' trust in the DHSS. Why then did he do it? Did the recent antagonistic leading article in the Guardian4 alert his colleagues in the Government and Labour Party? Did the comments of a few whole-time consultants influence the last minute volte-face? Was he really unaware of what his civil servants and Mr Roland Moyle, the Minister of State, had been up to with the consultants? Or was the intervention by RHA chairmen a convenient excuse for stalling negotiations? It is hard to say, though inaccurate leaks about the progress of negotiations may well have caused disquiet among some whole-time consultants.

Even the most die-hard supporter of the 1948 NHS private practice arrangement would have to agree that, despite its advantages,5 this compromise has created divisions among consultants. The architects of this new contract were well aware of these and constructed their proposals to minimise them, without damaging either group's interests. It was no easy task, but they appeared to have prepared a workable formula and presumably the four whole-time consultants (including two professors) who were on the contract working party also thought so. It may help sceptical hospital doctors to study the basic commitment paragraphs in the statement by Mr Bolt on page 1558. In addition, a BMA background brief explains the position as follows:

"The notional half day will be essentially as defined at present for part-time consultants, subject to some changes in the arrangements for travelling time. . . . The NHD will continue to consist of three and a half hours' work, carried out flexibly, the occasional NHD which is discharged in less than three-and-a-half hours being balanced by others which may, on occasions, exceed three-and-a-half hours. . . ." The two NHDs in recognition of unscheduled work are important to all consultants. Those individuals who are presently whole time and work all the normal working hours from Monday to Friday will, inevitably, need to maintain this pattern and will, as a result, be paid for twelve NHDs each week. Ms. Ennals's negotiator must have a significant private practice will be able to accept the basic contract and discharge it fully while retaining sufficient free time to carry on his private practice successfully. Effectively, therefore, the present two-elevens differential between those with and without a commitment to private practice will have been increased slightly to one-fifth.10

Thus any criticisms that the contract was drawn up by part-timers for part-timers should by now have been dispelled. Furthermore, the reconstituted CCHMS is well representative of all interests and Mr Grabham has always taken great pains to ensure that everyone's voice is heard. In addition, there is the protection of the pre-acceptance ballot which has been unequivocally promised by the BMA.

Mr Bolt admitted during last week's meeting that decisions about when to report publicly on the progress of negotiations had been difficult. As success had seemed so close it had been decided to await the December CCHMS meeting and combine publicity with a "teach-in." The intention had been for members of the committee to brief their regions and thus allow consultants and senior registrars ample time before a ballot was held. A positive result would have allowed the proposals to be dispatched to the Review Body for pricing in April 1978—another major political hurdle because of the Government's rigid policy on public sector pay settlements—after which, according to Mr Grabham, the CCHMS would decide whether a second ballot was necessary before final acceptance.

But this timetable has now been disrupted. Even should it be possible to conclude the negotiations to the profession's satisfaction before the New Year—as the negotiators will now strive to do—it is unlikely that any pricing could be done by the April 1978 award. This may not, however, be as disastrous as it sounds. Some consultants would argue that as they have waited so long it would do no harm to delay the pricing a few more months until the Government's "third phase" of pay restraint dies on 31 July. The Review Body's recommendations would then be unfettered. Certainly, this seems to be the only piece of silver lining in an otherwise black cloud hanging over NHS consultants' prospects.

1 British Medical Journal, 1976, 2, 655.
3 British Medical Journal, 1975, 1, 6.
5 British Medical Journal, 1976, 1, 1170.
8 The Times, 1 August 1977, p 1.