

BMA council election 1987

Nomination of craft representatives

Nominations are sought in the first stage of the election of voting members of the council of the British Medical Association for the session 1987-8 for candidates to fill the stated number of seats in the following categories:

- Six members engaged wholly or mainly in NHS general practice.
- Four members employed wholly or mainly as senior hospital doctors.
- Five members who are hospital doctors in the training grades.
- Two members engaged wholly or mainly in community medicine or community health.
- Two members to represent doctors in the armed forces, being either serving officers or those in receipt of "retired pay" but not retired from medical practice.
- Two members employed whole time in universities and/or in medical research.
- Two members employed wholly or mainly in occupational medicine.

Candidates must be current members of the BMA and nominations should be made on forms that are available from BMA regional and national offices and division secretaries. Each nomination must be signed by the candidate, a proposer, and a seconder, all of whom must be in active practice in the same discipline. The BMA membership number of all three persons must be quoted on the nomination form, which should be returned to the secretary at BMA House, Tavistock Square, London WC1H 9JP not later than *Friday 7 November 1986*. Ballot papers will be issued on *Monday 24 November 1986*.

J D J HAVARD
Secretary

Timetable

1986

Craft representation

Saturday 18 October	Nominations to be sought via <i>BMJ</i>
Friday 7 November	Closing date for nominations
Monday 24 November	Ballot papers to be issued
Thursday 11 December	Closing date for return of ballot papers
Saturday 3 January 1987	Results of craft elections to be published in <i>BMJ</i>

1987

Regional/country representation

Saturday 10 January	Nominations to be sought via <i>BMJ</i>
Thursday 29 January	Closing date for nominations
Monday 16 February	Ballot papers to be issued
Thursday 5 March	Closing date for return of ballot papers
Saturday 14 March	Results of regional elections to be published in <i>BMJ</i>

National representation

Saturday 14 March	Nominations to be sought via <i>BMJ</i>
Thursday 2 April	Closing date for nominations
Thursday 16 April	Ballot papers to be issued
Thursday 7 May	Closing date for return of ballot papers
Saturday 16 May	Results of election to be published in <i>BMJ</i>

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The representative of the associate members group committee, Mr J M Fielden, told the committee that many students did not think that there was any point in doing research to become a consultant in a district general hospital.

Unpaid clinical staff salaries

Although it has been agreed that clinical academic staff salaries should be on a par with those of their National Health Service colleagues, academic staff have still not received the increases awarded in the NHS by the 1986 review body report.

The chairman of the Clinical Academic Staff Salaries Committee, Professor J P Payne, reported that Mr Kenneth Baker, the Secretary of State for Education, would meet the Committee of Vice Chancellors and Principals on 13 October. Parity was no longer the issue; it was the level of additional funding required. The Clinical Academic Staff Salaries Committee, which would meet on 31 October, accepted the vice chancellors'

interpretation of the government's undertaking that the universities would not be given less favourable treatment than the hospital and community health services in any decisions to provide additional funds to meet additional costs arising from review body pay awards.

The government had now introduced a new idea, that of linking the salary increase to that given to non-clinical staff. In August the Department of Education and Science said that it would compensate universities for the full amount necessary to cover the difference between the cost of applying the NHS pay award to clinical academics and the pay settlement for non-clinical academics.

That was irrelevant, Professor Payne said. The issue was the failure of the government to provide the appropriate funding. That was what members should emphasise in letters to their members of parliament, which he urged them to write. The secretary of the MASC would be pleased to help or answer questions.

Reference

- 1 Department of Health and Social Security, Joint Consultants Committee, chairmen of regional health authorities. *Hospital medical staffing: achieving a balance*. London: DHSS, 1986.

Conservative doctors' response to green paper

In its response to the government's consultation paper, *Primary Health Care—An Agenda for Discussion*, the Conservative Medical Society has emphasised that the primary care services need to be adapted to meet more effectively the needs of the patients. It would like the government to bring forward in 1987 the legislation required to allow new developments to occur.

The society believes that high standards should be rewarded and that there should be incentives provided for improving standards and quality of care. Patient care should be improved by more consultants working alongside family doctors in the community. The autonomy of family practitioner committees is welcomed and the society suggests that the amalgamation of the committees and district health authorities should be kept under active consideration.

To help patients to make informed choices family practitioner committees, dentists, and family doctors should provide written statements of practice organisation and the services provided. Such statements should be approved by the family practitioner committee and local medical committee. The society suggests that the patient's