

started by 8.30 am and finished around 6 pm. Senior house officers and registrars in teaching hospitals also had higher averages of worked hours partly because of their longer days of duty

- Doctors who were on duty at the weekend from Friday until Monday averaged 124 hours of duty for the week. For doctors working shorter weekends the weekly duty hours were around 100. In terms of weekly hours of work the average was 67 to 68 for the two groups because specialties with shorter weekend rotas tend to be those with busier out of hours duties. Teaching hospital house officers with weekend duties had an average of 121 hours of duty for the week and 86 hours of work: paediatric trainees in the senior house officer grade worked 85 hours on average and those in anaesthetics and obstetrics and gynaecology 65 to 67 hours

- The longest period of rest for house officers on week nights averaged six hours but for a quarter of nights it was no longer than four hours and there was a 50% chance of a telephone interruption. For over half of the nights worked by paediatric senior house officers the longest stretch was less than four hours

- Time spent weekly on meetings, teaching, and in private study was limited. Senior house officers averaged two hours attending meetings and another two hours studying

- The interviewed doctors included 41 with honorary NHS contracts. They were doing six or fewer NHS sessions but some were doing ten. Almost all were rostered for out of hours duties, normally for acute admissions: a third were on rotas of one in three. During the week an average of about 40 hours was spent on NHS related activities, eight to nine hours being spent in clinics.

BMA calls report "a sad commentary"

Commenting on Dr Dowie's interim report, the BMA said:

This report underlines the major concerns the BMA has been voicing for some time about the unacceptably long hours worked by many of our junior hospital doctors. This is now the second major report to show junior doctors are disillusioned with hospital medicine and indeed a major proportion regret even having gone into medicine at all. This is a sad commentary on the management

of the NHS and must be of major concern to patients.

The BMA has over the years called for changes in juniors' contracts, so it is no longer economic to exploit them, an increase in the number of consultants, and the formation of a ministerial working party to make progress. These policies were based on our understanding of the problems faced by junior hospital doctors. This report shows how right we were.

Since the data for this report were gathered the government has launched two initiatives at our request. Junior doctors believe very little has changed. The real responsibility lies with the Department of Health.

The Minister for Health, Mrs Virginia Bottomley, said that the report couldn't be expected to reflect progress made during the past couple of years because it covered the period before the latest initiatives on junior doctors' hours of work had been launched.

¹ Dowie R. *Patterns of hospital medical staffing. Junior doctors' hours. Interim report.* London: British Postgraduate Medical Federation, 1990.

GPs' pay award 1990

OME recalculates GPs' pay

As a result of the government's decision to stage the recommendations of the twentieth report of the Review Body on Doctors' and Dentists' Remuneration (10 February, p 401) the Office of Manpower Economics was asked to recalculate general practitioners' fees and allowances to be paid from 1 April to 31 December 1990.

The government decided that higher target payments should be brought within average remuneration for the period April to December and it agreed that the review body's recommendation on the reimbursement of practice expenses in 1990-1—namely, that £15 893 should be reimbursed through fees and allowances—should remain unaltered.

The recalculated fees are set out below. The fees and allowances which were recommended by the review body and which will be paid from 1 January 1991 were published on 10 February (p 402).

Basic practice allowance*

First 400 patients	£2400
From 401 to 600 patients	£6.00
From 601 to 800 patients	£4.80
From 801 to 1000 patients	£3.60
From 1001 to 1200 patients	£2.40
Maximum rate for 1200 patients	£5760

Seniority payments*

First stage	£385 a year
Second stage	£2015 a year
Third stage	£4340 a year

Deprivation payments*

Patients in a high level deprived area	£8.50 per patient a year
Patients in a medium level deprived area	£6.40 per patient a year
Patients in a low level deprived area	£4.90 per patient a year

Standard capitation fees

Patients aged under 65	£11.95 a year
Patients aged 65 to 74	£15.75 a year
Patients aged 75 and over	£30.35 a year

Child health surveillance fee*

£4.85 a year

Registration fee*

£5.60

Night visit fees*

Higher rate	£43.35
Lower rate	£14.45

Target payments*

Childhood immunisation:	
Higher rate	£1737 a year
Lower rate	£579 a year
Preschool boosters:	
Higher rate	£579 a year
Lower rate	£193 a year
Cervical cytology:	
Higher rate	£2202 a year
Lower rate	£734 a year
The fee for providing a health promotion clinic is to be	£43.40*
The fee for doctors on the obstetrics list providing complete maternity services will be increased from	£136 to £145*

Temporary resident fees

Patients expecting to remain in the district for:	
Not more than 15 days increased from	£6.65 to £7.05
More than 15 days increased from	£9.95 to £10.60

The full postgraduate education allowance is £1955 a year*

The fee per session for taking part in the education of undergraduate medical students is to be £10.55*

The fee for doctors on the minor surgery list providing a minor surgery session is to be £96.50*

Rural practice funds will be increased by 7%; average remuneration from on cost and professional fees per unrestricted principal in respect of dispensing and supply of drugs and appliances will be increased by 7%, assuming no change in workload.

Associates' allowance*

First year	£18 870
Second year	£19 815
Third and subsequent years	£20 765

*New or recast fees.

"Broad ability" required for minor surgery

The Department of Health has confirmed that general practitioners have to convince family practitioner committees (FPCs) of "their broad ability over the field" to be included on the FPC's minor surgery list.

This clarification was achieved after the GMSC queried a department circular which advised FPCs that a general practitioner had to demonstrate competence to undertake all the procedures listed in the regulations in order to be included on the list.

The department has now stated that the level of skill required is constrained by paragraph three of the amended terms of service:

A doctor shall... not be expected to exercise a higher degree of skill, knowledge, and care than, in the case of a doctor providing... minor surgery services, that which any general practitioner included in the... minor surgery list may reasonably be expected to exercise.

Correction

Merit awards and UMTs

The second paragraph on merit awards and UMTs (10 February, p 402) should have read: "Units of medical time (UMTs) will continue to be paid on the same basis as for the year 1989-90. Class A: house and senior house officers 38%; registrars 34%; senior registrars 30%. Class A units over 96 hours are paid at double these rates. Class B: 10% for all grades." We apologise for this editorial error.