Government plans shake up in NHS pay

Linda Beecham, BMJ

The UK government has told the doctors’ pay review body that it wants to see “an updated and modernised contract” for consultants, which fits in with the new NHS.

Mr Alan Milburn, the minister for health, in a letter to the review body’s chairman, Mr Brandon Gough, acknowledges that the current contract shares its origins with the birth of the NHS. There is now an opportunity to negotiate a new contract “which will see consultants working alongside managers, not only to deliver key service priorities but also to help to decide local NHS goals.”

Mr Milburn admits that most consultants work hard for the NHS but says that a minority do not properly cooperate in working productively for the NHS “and put their private practice before their NHS work.”

The minister says that negotiations on the consultant contract are part of a wider programme of pay reform across the NHS, and detailed proposals will be published in the spring. For example, the government wants to give better pay to nurses and other staff who enhance their job roles, take on extra responsibility, and show that they are providing high quality patient services. “Too many NHS staff work under outdated, narrow job labels and depend on a range of arcane allowances of varying value to enhance basic pay,” he said.

Mr Milburn ends the letter with the hope that, in its recommendations for 1999, the review body will not pre-empt negotiations on the consultant contract. “We would not find it helpful for the review body to give any indication of specific funds for pay reform for consultants or other doctors.” He says that the government’s plans are conditional on its ability to finance the costs of change, and that is why the review body has been asked to make recommendations for 1999-2000 which are affordable as well as fair.

Dr Peter Hawker, chairman of the Central Consultants and Specialists Committee, said, “Hospital consultants are working more than 51 hours a week across the board for the NHS, and the pressure of work is growing day by day. I completely reject any suggestion by Mr Milburn that the review body should hold back from making a fair award to hard pressed doctors this year simply because he wants to change our contracts for the future.”

“Mr Milburn focuses on a minority of consultants whom he alleges are not giving a full commitment to the NHS. He is wrong. The NHS gets an extremely good deal from its senior doctors, and I am confident that independent evidence collected by the review body will show that to be the case.”

First doctor suspended under GMC performance procedures

Simon Kirwin, BMJ

The General Medical Council has suspended a doctor from practice for poor professional performance, under regulations being used for the first time. The GMC has previously only disciplined doctors for professional misconduct.

Dr Arefaine Haile, a GP registrar in Yorkshire, was suspended in December for a year “for the protection of members of the public” after his case was heard by the GMC’s committee on professional performance (CPP).

The council had not received any complaints from the public, but Dr Haile’s trainers at the practice were worried about his performance. They gave him extra training and did not allow him to see patients except as an observer. When he did not improve, he was dismissed. His training course organiser referred him to the GMC, and the council’s assessment panel judged his medical knowledge and skills as “seriously deficient.”

Up until July 1997, the GMC could not discipline a doctor for poor performance, as opposed to misconduct, because the regulations did not allow it. Changing the regulations has been a slow process, and this case represents the culmination of more than six years’ work.

Change was first mooted in the late 1980s, following a series of well publicised cases in which patients reported their doctors to the council, alleging offences such as misdiagnosis and rudeness, but the council felt it was unable to act. Under the terms of the Medical Act, its conduct committee could only consider single misdeeds, rather than patterns of behaviour.

A change in regulations required primary legislation, and in 1995 the Professional Performance Act was passed. The new procedures came into effect in July 1997, and Dr Haile is the first doctor to have been disciplined under them.

The council has used the new procedures to make some doctors undergo retraining, as it has done in Dr Haile’s case, but it has not previously suspended or struck off a doctor under them.

Marianne Rigge, director of the College of Health, said, “many patients will find it reassuring that there is a system in place to deal with poorly performing doctors, without the need of complaints from the patients themselves.”

A spokesman for the Patients’ Association agreed but added “any doctor having to be suspended is bad news for both doctor and patient” since the doctor has usually been treating patients before suspension.

Although in this case the doctor was a GP registrar, the CPP can suspend any doctor whose medical or professional practice is deficient. Dr John Biggs, postgraduate medical dean at the University of Cambridge, said that this case was an excellent example of the work of the committee, although he expressed concern at the 13 month delay between the doctor being dismissed and the final hearing.