Consultant Contract

SIR,—We read with interest the report (14 December, p. 667) outlining progress of the Owen Working Party on consultant contracts. We are pleased that there appears to be an acceptance that all consultants, whether opting for private practice or not, have a right to a 10-session contract if they so wish. This we feel is only just, and of course implies a 10-session commitment to the National Health Service for all concerned. We note with concern, however, the following recommendation of the working party: "[T]he Government] is not, however, prepared to depart from the concept of devoting some element of additional remuneration to recognize an intangible advantage, as opposed to identifiable commitment in either work or standby." This would suggest to us that this not unreasonable proposal by the Government is being opposed by our representatives, and we wonder on what authority they are doing so.

Approximately 48% of consultants are whole-time. Some are so because their specialty is one in which private practice is remunerative, yet it is none the less a necessary one for the community. Other consultants are whole-time because the concept of payment by patients for their services is repugnant. We are physicians involved in geriatric medicine, an area in which the private element could well be of considerable financial advantage. However, we are in a specialty where available resources are in scarce supply. In the disposal of these resources we have to consider both social and medical priorities. We feel that an additional factor of financial commitment to individual patients would make our task even more difficult.

Since the inception of the Review Body which advises on doctors' remuneration it has been evident that the element relative to private practice has been a factor in the decision with regard to consultants' income. An inevitable result has been that the basic pay of whole-time consultants has been adversely affected because of this element, which had hitherto been of little concern to their income. We feel that the Government's proposal with regard to this aspect of consultants' pay will help to redress this anomaly and is a justifiable recognition of the circumstances. The options are available to each consultant to decide which is most appropriate to him and, provided that he can at any time vary his option in the light of his circumstances, we feel that this is a just provision.

We would suggest that our representatives have no authority to oppose this suggestion without the manifest support of the consultant body.—We are, etc.,

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SIR,—It now seems likely that a 10-session contract with payment for extra duties will be accepted as the outcome of the current negotiations.

Such a contract would be open to the possibility of serious abuse and if it should be adopted the probability of consequences, in my view, unpredictable. Consultants would quite naturally seek to increase their earnings by performing as many extra duties as possible, initially there would be a sharp rise in the demand for extra work and consultants from the N.H.S. Since no government would be prepared to pay salaries to consultants which were disproportionately large in comparison to the salaries of other professional men in the public service the following consequences would result. (1) In considering future salary reviews it would be averaged earnings rather than the basic sessional rate that would be considered. As inflation continued, scales of fees would be allowed to lag behind average earnings fell to a level that she has considered repugnant. This consultants would have to do more and more work in order to retain the same income. The precedent of the dentists' pay scales is there for all to see. (2) If extra duties are to be paid for the Government will insist that the basic sessions have actually been worked and this will lead to some form of "clocking in." (3) The Government will seek to verify that the extra duties have been carried out and that they were necessary. Some form of certification, either by an administrator or by a colleague, will be demanded. This would be an intolerable interference with the clinical freedom of the consultant and would be a considerable hindrance to decide when his services are required.

The 10-session contract may have some attraction to those in the supporting specialties such as pathology. It is self evident that duties are performed in normal working hours. In my view it is quite inappropriate to the work of a consultant with charge of patients. The job inevitably entails a continuous responsibility throughout the 24 hours and this is wisely recognized in our present contract. This gives us the freedom to come and go as we think fit, organizing our work in the best interest of consultants and our patients; a thought to fixed sessional hours. We would be foolish indeed to throw it away.

It appears that the Government has agreed that consultants will be given the option of remaining on the present maximum parttime contract if they so wish. When the time comes for the various contracts to be priced it will be important to insist that those who choose to remain on the present contract should receive substantially more than the rate for the basic 10 sessions of the new contract since they will forgo the right to receive extra payment for the out-of-hours duties which they will continue to perform.—I am, etc.,

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Sanctions

SIR,—I should like to make it clear that the letter from Miss Kathleen A. M. Frith, of Kingussie, Inverness-shire (7 December, p. 595) was not written by me.

Miss Frith can have little contact with the teaching profession if she believes it is no longer dedicated. The working conditions of teachers have deteriorated to a much greater degree than those of doctors. Teachers' salaries are by no means on the same scale as those of doctors. The problems of the teaching and medical professions when dealing with a monopoly employer are similar.

I would remind Miss Frith that if it was not for the action of the trade unions in past there would still be children employed in the mines.—I am, etc.,

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