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 wish. This we feel is only just, but of course implies a 10-session commitment to the National Health Service for all concerned. We note with concern, however, the following sentence: "Those who opt for private practice: "[The 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 has had no relevance 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.,

THOMAS S. WILSON
E. V. B. MORTON
Barnsbourne Hospital,
Redruth, Cornwall

SIR—I should like to put it to my colleagues in the hospital service that we should be unwise to express any opinion on an unpriced contract. I believe that a contract is the definition of a financial arrangement between two parties. I suggest that the point at issue between the Department and ourselves is the value of a consultant's work per hour or per item of service performed during the normal working week for the N.H.S. It will be assumed that the fact of payment as the chief cause of resentment by consultants. Once it is agreed, all the other problems shrink. It must of course be linked to an inflation index. It implies the need to fix different rates for stand-by duty and work outside normal hours. It provides flexibility by variation according to seniority, experience, and any other special contribution. Indeed, it solves all our problems. I apologize to my colleagues who think that this straightforward approach is mercenary or unprofessional. I would remind them of the old proverb, if you fall among wolves you must learn to howl.

It may be that I have made no suggestion for this hourly rate of consultant remuneration in this letter. I realize that several factors must be taken into consideration— including, of course, the country's economic plight. However, I should be most interested to hear others' views.—I am, etc.,

JOHN HOPPELL
London S.W.19

SIR,—Our negotiators constantly tell us that they are negotiating for the whole profession and are not sacrificing the interest of one section for those of another. However, it appears that the new sessional contract will undoubtedly sacrifice the interests of the whole-timer for those of the part-time consultant. The new 11-session contract is less advantageous to the whole-time consultant and the effect of this will be to erode the salary differential that at present exists between the part-timer and whole-timer from 2/11ths to 1/11th (this reduction may be slightly decreased depending upon the premium loading of the 11th session). In addition to the erosion of the differential, the 11th session means that the whole-timer will be unable to undertake private practice and will presumably have to work the 11th session on a Saturday morning. He will also not be able to claim the tax advantages that accrue to the part-timer.

It seems incredible that our negotiators are prepared to negotiate a contract which is substantially less advantageous to whole-time consultants than the one offered by the Government. I feel that the negotiators can obtain our trust and confidence only if they can show that they are representing equally all sections of the profession.—I am, etc.,

T. F. MACKINTOSH
Department of Paediatrics,
Basingstoke District Hospital, Basingstoke, Hants

SIR,—It now seems likely that a 10-session contract with payments 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 probable consequences would, in my view, be predictable. 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 fee demands of 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 review it would be average 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 was considered reasonable. These 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 individual consultant, consequently he would not be able to decide when his services are required.

The 10-session contract may have some attraction to those in the supporting specialties such as pathology who have duties 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 continuing 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 our patients and ourselves without any 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 part-time 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 part-time scheme should regard the salary 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.,

J. P. LYTHGORE
Department of Surgery,
Preston Royal Infirmary, Preston, Lancs

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 the past there would still be children employed in the mines.—I am, etc.,

KATHLEEN MAY FRITH
Oldchurch Hospital, Romford, Essex