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Consultant Contract

SIR,—The letter from Dr. R. S. Francis and others (21 December, p. 721) is of importance in that it repeats what has been said again and again at meetings at all levels, district, regional, and national, in the past few weeks. Many whole-timers feel that the Central Committee for Hospital Medical Services and the Hospital Consultants and Specialists Association, by rejecting the Health Departments' proposals for a new contract, have dashed the cup from their lips. Their feelings can probably be compressed into that sporting Americanism, "We wuz robbed." This reaction and its underlying causes deserve further study in an attempt to come to terms with it.

The avowed intention of the Departments' proposals is to produce a full-time salaried service. This, of itself, is sufficient grounds for most consultants to reject them, but there is a definite minority, mainly already full-time and many in service departments, who cannot see any great objection to this move and wonder what all the fuss is about.

All who have taken part in recent meetings must have been struck by the deep-rooted differences in outlook, attitudes, and judgements between some whole-timers and their part-time colleagues. They must also have been struck by the disharmony that these honestly held differences produce. Apart from the question of a whole-time salaried service there is a more widely held difference over the vexed question of a differential, at present 2/11ths, between the whole-timer and his part-time colleague doing the same job and carrying the same responsibility. Whole-timers feel strongly that there should always be a substantial differential, while the attitude of part-timers is that only work done should be remunerated and that it is hardly logical to

pay someone for doing nothing, which is what is achieved by merely renouncing the right to private practice. This difference appears irreconcilable.

A complaint that I have heard again and again recently is that whole-timers are not adequately represented at the negotiating table and that their representation should be on a pro rata basis. A more general view is that negotiators should be chosen for their capacity to negotiate, at the same time giving some recognition to the various interests involved. Because of the depth of feeling on these issues and because some of them are fundamental I would like to put forward for discussion the suggestion that negotiations with the D.H.S.S. on terms and conditions of service be carried out by teams based on Cogwheel divisions—say, medical, surgical, and investigative. A divisional system should permit an accurate representation of views and aspirations based on differences in types and patterns of work of those concerned. In this fragmentation there might well be strength; certainly there should be less acrimony than at present. In any problem the search for a common denominator should be easier. Decisions about methods of remuneration would affect only the division concerned. In this might lie safety.

My experiences of the last few weeks have prompted me to put forward this suggestion. Some such arrangement should make for a happier senior hospital staff—and a contented consultant body is more likely to be united on the many important problems facing us other than those arising from terms and conditions of service.—I am, etc.,

T. M. HENNEBY

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SIR,—We would like to express our support with the views put forward in the letter from Dr. R. S. Francis and others (21 December, p. 721).—We are, etc.,

D. M. LYNCH
W. R. MCKIBBEN
A. S. R. GOONETILLEKE
J. D. STUDDY
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Turner Village Hospital,
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SIR,—Having talked with some leading members of the consultants' negotiating team I am convinced they have honestly tried their best for us. Nevertheless, to ask us to support sanctions on the contract issue is a disaster. This is exactly what the Government wanted; it is the trap they laid for us.

To the public sanctions have been presented as penalizing N.H.S. patients for the sake of private practice, and since 94% of the population are not insured for private medicine it is easy to predict what the public reaction will be. I cannot read the popular press, because what I have already seen in *The Times* and the *Guardian* is quite painful enough.

As the Tory shadow health minister said, the Government has been provocative over the private practice issue. Why? Because, of all the issues facing medicine today, private practice is the only one on which we cannot score a victory of any significance. No doubt the Government has a token victory ready for us which will cost them nothing. But they will have achieved their main objective—namely, to remove any shred of public sympathy from the consultants. Consequently when we wake up to the main issue on which we have to fight the Govern-