

BRITISH MEDICAL JOURNAL

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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.

New consultant contract

SIR,—In last week's *BMJ* (20 May, p 1353) you published a letter from Mr J S S Stewart, a member of the Negotiating Subcommittee of the Central Committee for Hospital Medical Services, attacking the proposals for a new contract for consultants. As it appeared possible that this might cause unnecessary anxiety and confusion to some consultants I thought I should reply to it, reminding readers that Mr Stewart was the only member of my Negotiating Subcommittee who opposed the proposals and that 43 out of 45 members of the CCHMS who voted supported the new contract. Indeed, I find it a little unusual to be conducting through your journal a debate which has taken place repeatedly in the Negotiating Subcommittee with an individual who is a serving member of that subcommittee.

The continued presence of the 13/15 notional half-day differential in the new contract proposals is offensive to the Negotiating Subcommittee and to the CCHMS, but it must be remembered that the proposals extend complete freedom, outside contractual hours, to the great majority of consultants working up to 13 NHDs and eliminates the offensive "licence fee" of over £2000 a year which previously stood between consultants and their freedom to engage in whatever private practice came their way. We have taken a major step forward in this connection and will miss no opportunity to complete the advance in the future.

The argument that the value of the NHD has been debased by 28% by the exclusion of travelling time between home and hospital is entirely specious. It would be valid only if significant numbers of consultants claimed two hours' travelling time between home and

hospital every day, which they certainly do not. In fact, all other travelling time continues to be recognised as at present, and, more importantly, provision is made for home to hospital mileage to be paid to a very large number of consultants daily, a substantial advance over the present situation.

Mr Stewart's statement that recall fees are not unconditionally on offer to holders of the present contract is completely inaccurate.

The superannuation arrangements for the new contract include the continuation of the "officer-type" pension precisely as available to consultants at present with, in addition, an extra pension based upon the variable earnings above the standard week. Anyone who considers the amount of superannuation payment he makes on his domiciliaries and the fact that any return from those payments will depend entirely upon the number of such consultations that he does in his last three years before retirement will realise that a guaranteed pension based upon the variable earnings of his whole career, in addition to his present pension rights, represents a very important improvement in the provision for retirement.

Mr Stewart says that "the new contract is a morass of uncertainties and obscurities," which is certainly not the case. The document before the profession is a statement of principles which, if accepted, will be translated into contractual terms in amendments to the terms and conditions of service and in a series of Departmental circulars. The Negotiating Subcommittee will embark on the necessary work with the Department of Health and Social Security when agreement in principle has been achieved. As a very new member of the Negotiating Subcommittee, Mr Stewart is

probably unfamiliar with the mechanics of contractual changes.

Finally, Mr Stewart asserts that consultants will be "giving up their freedom" and that major benefits, including additional sessions, could be attached to the present contract. I must tell consultants that both these opinions are completely wrong. The new contract is a fully professional contract which retains the flexible notional half-day as understood at present, so that no suggestion of "clocking in and out" arises. There is nothing in the proposals which requires any more documentation of consultant activities than is involved in the standard practice, now current under the existing contract, of writing job descriptions for consultant appointments. Before Mr Stewart joined it the Negotiating Subcommittee studied in depth all the possible methods of identifying additional sessional work which could be combined with the present contract and found that, unless the basic commitment could be defined, such an improvement was impossible. It remains my opinion, based upon a long experience of negotiation for consultants, that material improvement in their remuneration is impossible without at least the limited degree of definition which is incorporated in the new contract. It is now for the consultants to judge between the proposals worked out by a team of experienced negotiators and the unsupported opinions of a very new member of the Negotiating Subcommittee.

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Chairman,
Negotiating Subcommittee
of the CCHMS

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SIR,—The letter from Mr J S S Stewart (20 May, p 1353) appears above his official title as chairman of the North-west Regional Committee for Hospital Medical Services. This is quite unjustified, as it suggests that his state-