

45.8
377

BRITISH MEDICAL JOURNAL

U.S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY
RECEIVED
AUG 23 1972
PROCUREMENT SECTION
Alphabetical Serial File

SATURDAY 12 AUGUST 1972

LEADING ARTICLES

Growing Pains page 365	Environment for Mental Patients page 366	Immunological
Control of Schistosomiasis page 366	Hereditary Nephritis page 367	Pityriasis Lichenoides
page 368	Pulmonary Veno-occlusive Disease page 369	Tetracycline and Blood
Urea page 370		

PAPERS AND ORIGINALS

Lymphocytic Infiltration of Epithelium in Diagnosis of Gluten-sensitive Enteropathy	
LIONEL FRY, P. P. SEAH, R. M. H. MCINN, A. V. HOFFBRAND	371
Carcinoma of Large Bowel in the Young	ARTHUR VAN LANGENBERG, G. B. ONG
	374
Resistance of <i>Haemophilus influenzae</i> to Trimethoprim	J. ROBERT MAY, JUDITH DAVIES
	376
Long-term Trial of Disodium Cromoglycate and Isoprenaline in Children with Asthma	
M. SILVERMAN, NICOLA M. CONNOLLY, L. BALFOUR-LYNN, S. GODFREY	378
Implementation of the Abortion Act: Report on a Year's Working of Abortion Clinics and Operating Sessions	
A. E. R. BUCKLE, MARY M. ANDERSON	381
Ultrasonic Fetal Cephalometry: Percentiles Curve	P. FLAMME
	384
Serum Transferrin of Pregnant Mothers Related to Birth Weight of their Infants	
T. N. MALETNLEMA, T. P. EDDY	386
Rheumatic Fever and Rheumatic Heart Disease in Barbados: Detection and Prophylaxis	
T. A. HASSELL, SONIA RENWICK, K. L. STUART	387
Serum Atypical Pseudocholinesterase and Genetic Factors in Leprosy	MOLLY THOMAS, C. K. JOB
	390
Toxic Effect of Podophyllum Application in Pregnancy	
M. J. CHAMBERLAIN, A. L. REYNOLDS, W. B. YEOMAN	391

MEDICAL PRACTICE

Clinical Presentation of Acute Abdomen: Study of 600 Patients	
J. R. STANILAND, JANET DITCHBURN, F. T. DE DOMBAL	393
B.M.A. Annual Scientific Meeting, Southampton	
	399
Communication with Children and Parents	J. H. KAHN
	406
Therapeutic Conferences: Diabetes Mellitus—Problems of Keto-acidosis	
FROM THE DEPARTMENT OF THERAPEUTICS AND CLINICAL PHARMACOLOGY, UNIVERSITY OF ABERDEEN	409
Any Questions?	412
Personal View	R. S. ILLINGWORTH
	413

CORRESPONDENCE—List of Contents..... 414

OBITUARY NOTICES 420

BOOK REVIEWS 422

SUPPLEMENT

NEWS AND NOTES

Medicolegal—Dentist's Libel Action	423
Epidemiology—Pemphigus Neonatorum	425
Parliament—N.H.S. Reorganization	426
Medical News	427

Overseas Conference	135
From the Committees: G.M.S. Committee	138
Annual Representative Meeting	139
G.M.C. Disciplinary Committee	140
In Brief: Women Doctors' Retainer Scheme	141
Pay Scales: Service M.O.s and Academic Clinicians	142

CORRESPONDENCE

Correspondents are asked to be brief

New Consultant Contract

D. E. Bolt, F.R.C.S., and P. F. Jones, F.R.C.S.; W. I. Jones, F.R.C.S.; E. B. Lewis, F.F.A. R.C.S.414

Febrile Convulsions in Early Childhood

D. F. Scott, M.R.C.P., D.P.M., and M. Swash, M.R.C.P.415

Subclinical Brucella Infection in Man

G. H. Tee, F.R.C.PATH.416

Faecal Flora after Prolonged Co-trimoxazole Treatment

D. C. E. Speller, M.R.C.P., and D. M. Bruten, F.I.M.L.T.416

Rickets in Glasgow Pakistanis

D. P. S. Kahlon, M.Sc.416

Pulsed Electrical Energy for Soft-tissue Injuries

D. P. Photiades, M.B.417

Diagnostic Problems and Hypothermia

E. L. Lloyd, M.R.C.P.ED., F.F.A. R.C.S.417

General Medical Council

M. C. T. Reilly, F.R.C.S.417

Conquest of General Paralysis

E. H. Hare, M.D.418

Chronic Prostatitis

A. S. Wigfield, M.D.418

Air Pollution and Hospital Incinerators

P. J. Horsey, F.F.A. R.C.S.418

Postmortem Examinations

D. H. Wright, M.D.; E. Elkan, M.D.418

School Refusal

Nina Morton-Gore and others419

E.N.T. Advances

R. Hinchcliffe, M.D.419

Incriminating Cremation Ashes

B. H. Burne, D.P.H.419

Outpatient Anaesthesia

E. F. Brooks, M.B., D.A.419

Small Hospitals and Cogwheel

J. S. Crawford, F.F.A. R.C.S.419

New Consultant Contract

SIR,—The present widespread opinion among consultants that their contracts need to be reviewed has led to the appearance of a proposed new form of contract devised by a subcommittee of the C.C.H.M.S. (*Supplement*, 15 July, p. 39), which will form the basis for negotiations opening with the Department of Health and Social Security later this month. The proposed new contract is, in our view, open to serious objections and we would like to draw the attention of our consultant colleagues to these objections.

1. *The Ten-Session Week for All.*—It is proposed that all full-time and maximum part-time contracts should be replaced by a contract for ten sessions work weekly, with the right of private practice granted to all the consultants concerned. Superficially, this proposal might seem to offer whole-time staff relief from an irksome restriction, but its prime intention is to increase the earnings of part-time consultants by granting them full-time remuneration. Few whole-time consultants would expect material benefit from freedom to do private practice, either because they prefer to use the available time for other personal or professional purposes, or because the specialty they follow or the geographical area where they work does not offer significant private earnings. Future awards by the Review Body must surely take into account the new fact that, theoretically, no consultant depends wholly on his N.H.S. salary for his livelihood, forcing the ex-whole-time consultant to accept his financial disadvantage or enter private practice against his inclination.

2. *The Precisely Defined Contract.*—It is proposed that the new contract should define precisely the sessions allotted to each consultant for each of his normal clinical activities, with a limited provision within it for emergency work, and that an item-of-service payment should be made for all work, clinical or otherwise, carried out beyond this contract. Since the money involved in the extra payments would be public money, effective monitoring would be called for.

Such item-of-service charges, which exist at present, are monitored by the profession—extra-duty allowances to junior staff by their consultants, domiciliary consultations by the general practitioners. In the new proposals there appears no alternative to monitoring by the lay administration. Few consultants would today shrink from an assessment of the hours they give to their N.H.S. work, often far in excess of their contractual obligations, but to invite detailed administrative control of the pattern of consultant work, with inquiry not only into the hours worked but, perhaps, into why the extra hours claimed were considered necessary, seems a doubtful benefit to the consultant and a major disservice to his patients.

3. *The Financial Consequences.*—The purpose of the proposed changes is purely to achieve a major increase in consultant remuneration. Some consultants believe that the sacrifice of professional freedom implicit in the change would be acceptable in exchange for a solid cash award. Comparison is often made with the result of negotiation on the General Practitioners' Charter, it being forgotten that the favourable financial situation resulting from the Charter was in answer to failing recruitment into general practice, not to the Charter as such. Apart from the shortage specialties, which would derive no special benefit from the new contract, there is no present failure in recruitment to the hospital service to loosen Treasury purse-strings, while there is the whole problem of wage-induced inflation and the Government's fight against it to tighten them. This is a once-for-all exercise to give a major lift to consultant salaries, after which only the usual periodic reviews to mitigate inflation can be looked for. It is hard to imagine a worse time to sample the market. Moreover, negotiation of the new contract involves two separate steps—negotiation on the form of contract with the Department of Health and Social Security, followed by pricing of the contract by the Review Body.

The two stages are not interdependent, so that the valuation placed upon a major surrender of consultant freedom would not be known until the surrender had been made.

The consultant staffs of the Groups to which we belong were overwhelmingly opposed to the proposed new contract when it was discussed. Majorities in favour have been hard to raise at other gatherings on the subject but the Conference of Hospital Medical Staffs on 8 July (*Supplement*, 22 July, p. 60) contained only a handful of opponents when the proposals were presented. We believe that there is a solid body of consultant opinion, as yet not heard, which strongly opposes official C.C.H.M.S. policy on this subject, but which is in danger of finding this unwelcome objective achieved before effective protest has been publicly heard. We urge all consultants opposed to the proposed new contract to join with any like-minded colleagues in their Group and press their representative on their Regional Committee for Hospital Medical Services to state the objections at the next meeting of the committee and ensure that these objections reach the C.C.H.M.S. at the earliest possible moment. It is vital that, if there is widespread opposition to the proposed changes, the C.C.H.M.S. should know promptly that it has not a mandate from the profession to negotiate on the proposed lines.—We are, etc.,

D. E. BOLT

West Middlesex Hospital,
Isleworth, Middlesex

P. F. JONES

The Royal Infirmary,
Aberdeen

SIR,—I wish to express my extreme disquiet at the fact that discussion of the new consultant contract (*Supplement*, 29 July, p. 99) was suppressed at the recent Southampton A.R.M. The procedural manipulations may well have been within the limits of the standing orders, but to accept the view of the Central Committee for Hospital Medical Services without discussion when there was obvious controversy and dissension was