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BRITISH MEDICAL JOURNAL

SATURDAY 13 JULY 1974

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Health on the Cheap

SIR,—Quite soon after the system of extra duty payments for hospital junior staff came into operation consultants were informed of a rising unease in administrative quarters that the sums being paid were too large. It was implied that some doctors were getting too much, that others might be cheating, and that consultants should therefore verify each and every claim before countersigning their juniors' claim forms. Consultant reaction to these overtures of bureaucratic distress was that the extra duty scheme, though ill-structured and inherently susceptible to anomaly and abuse, had been freely entered into by the Department of Health and Social Security and that it was no part of a consultant's duty to scrutinize the fiscal bona fides of his junior colleagues. This certainly was and is my own view.

After 1 July 1974, when the contractual 100-hour week for junior hospital doctors became an 80-hour week, it is obvious that the bill for extra duty payments will rise sharply, but no extra revenue is forthcoming to pay this. Instead, the alienated mandarins at the Elephant and Castle have issued suggestions

(or are they directives?) whereby the extra duty bill may be minimized. These include interspecialty cross-cover, reduction of cover at night, compression of clinical work into "office" hours, and the fatuous idea that consultants shall do their own juniors' extra duties for them for no extra payment.

Now if the bill for extra duty payments were in truth outrageous or exorbitant, consultants might feel constrained at least to examine the feasibility of some or all of the above proposals. I believe that we must ignore these proposals totally and resolutely. My belief is strengthened by a few simple calculations derived from an official statement of extra duty payments actually made to hospital doctors in this city during 1973-4. Badly presented, the grand aggregate (£32,000) might perhaps, as it was meant to do, cause an uncritical eye to bulge a little. But the heart of the matter is this. What has been the cost of guaranteeing to the public a professional service by trained specialists and their teams for every hour of every day of every year? And has this cost been unreasonable or excessive when

compared with similar services provided by other trades and professions?

The accompanying table embodies some of the major district specialties and "minor" but relatively expensive subregional specialties in one 470-bed hospital, which must differ little from many others in the country.

It will be seen that, on the basis of a 100-hour week for juniors and a 168-hour week for consultants ("the whole or substantially the whole of their time"), 40% of the hours worked are reimbursed by 10% of the moneys paid. Had an 80-hour week obtained, no less than 52% of the hours worked would have been paid for by extra duty allowances. Only if the total sum of such payments quadrupled would there begin to be an equitable relation between the cover provided and the remuneration given. Consultants' extra duties remain unpaid, it must be emphasized.

This ailing nation gets its emergency hospital services very cheaply. Taking Swansea as an exemplar, the cost of extra duty payments per bed per day in 1973-4, giving guaranteed multispecialty cover, was 11p in one of its two major hospitals and 8p in the other. The new scales of payment

Cost of Medical Staffing for some General and Special Acute Services in a 470-bed District Hospital, 1973-4

Specialty	Consultant	Senior Registrar	Registrar	S.H.O.	H.O.	Extra Duty Payment per annum	Extra Duty Payment per diem	Total per annum	Total per diem	Extra Duty Payment as % of Total
General medicine	£14,916 (2)	—	£3,192	£2,850	£2,061	£1,697	£4.65	£24,716	£67.71	6.8%
General surgery	£18,603 (2)	—	£6,384 (2)	—	£4,142 (2)	£1,109	£3.04	£30,238	£82.84	3.7%
Obstetrics and Gynaecology	£12,402 (2)	£4,179	£3,192	£2,664	—	£2,777	£7.61	£25,214	£69.00	11.0%
Paediatrics	£14,358 (2)	—	£3,192	£7,992 (3)	—	£2,653	£7.27	£28,195	£77.25	9.4%
Neurosurgery	£12,751 (2)	£4,179	£3,192	£5,700 (2)	—	£2,219	£6.08	£28,041	£76.82	7.9%
Neurology	£6,201	—	£3,363	£2,664	—	£2,390	£6.55	£14,618	£40.05	16.4%
Thoracic surgery	£7,599	—	£3,192	—	—	£2,394	£6.56	£13,185	£36.12	18.2%

Figures in parentheses denote number of posts in that grade. Part-time consultant salaries are reckoned as at the mid-point of the incremental scale, as are full-time salaries in all grades except where specifically known to be otherwise. Where extra duty payments were not made over a full year, notional daily average payments were calculated from actual total payments.