

Letters to the Editor

THE NHS CONSULTANTS' DISTINCTION AWARDS SCHEME
 Sir, The article by Dr Davies¹ brings together a lot of interesting information, and I commend him for his painstaking work. In this letter, I shall comment on a few inaccuracies in his account of events in the Forties, and then draw attention to quotations not included in Dr Davies' article but which I think are germane to his review of the NHS Consultants' Distinction Awards Scheme (the Scheme), hoping thereby to assist the debate about the desirability or otherwise of continuing to have an awards scheme, albeit in a much reduced form. I shall not draw on information gained as a result of my membership of the Advisory Committee on Distinction Awards (ACDA) and its Scottish Sub-committee (as a member of both committees in the 1989-91 and 1993-95 Awards Years, and chairman of the Sub-committee in 1991 and 1993-95). It would have been improper to make use of such information since it was all strictly confidential, and should continue to be so regarded; much of it was also personal in nature.

When describing some of the events prior to the setting up of the Scheme, Dr Davies said that:

This Report (the *Spens Report*, 1948)² was heavily biased by the opinions of Lord Moran and the Minister of Health, Aneurin Bevan, who knew it was important to divide the medical profession at this crucial time.

In support of this statement, Dr Davies referred to a book by Dr Abel-Smith³ in which the author mentioned, and clearly attached great significance to, a private dinner at Prunier's Restaurant in London at which only Lord Moran and Aneurin Bevan were present.

Chapter 29 of Abel-Smith's book ('Bevan Decides') conveys the sense of urgency engendered by the intense and complex nature of the series of meetings that the Minister of Health had in 1946-48 with, amongst many other interested parties, the BMA's negotiating committee. It is the place where the notorious remark attributed to Bevan was first recorded, but without important details such as precisely when or where the words were spoken, or to whom. These are the words on page 480:

As Bevan remarked to a friend: 'I stuffed their mouths with gold'.

I am inclined to regard this remark as apocryphal, even though it is one of 13 Bevanite sayings (some of the others just as colourful) in *The Oxford Dictionary of Quotations*, which incidentally cites Abel-Smith as its source. I would certainly question whether the remark was justified, bearing in mind that £2,500 p.a. was recommended as the top point on the basic salary scale for full-time consultants and specialists in the *Spens Report*, a recommendation that was accepted. It was certainly the kind of remark that Bevan (the son of a Welsh coal-miner) might have made in congenial company, given as he undoubtedly was to

hyperbole. Be that as it may, even if the attribution of the remark to Bevan is correct (its source, possibly with colourful enhancement, could have been his friend), it fails to take proper account of the work of the 'Spens Committee' and the objectivity of its Report, and ignores completely the personal qualities, past experience and unshakeable integrity of Sir Will Spens.*

In the penultimate paragraph of chapter 29 (page 486) Abel-Smith mentions the dinner at Prunier's but without giving the date. This late citation in the chapter suggests to me that the dinner was in 1948, possibly a few weeks before the 'appointed day', and makes me more inclined to reject Dr Davies' attribution of a key role to Lord Moran in getting the BMA negotiating committee's members to accept arrangements that had apparently been agreed at a meeting attended only by the PRCP Lond. and the Minister of Health. Instead, I suspect that the importance of the discussion at Prunier's was limited to personal representations that Lord Moran may have wanted to make about the salary that he could hope to receive if the proposal to have a distinction awards scheme were to be approved, and he was then appointed (at the age of 66) to chair the national committee that might be set up to administer it.†

In the context of Dr Davies' description of Lord Moran's financial affairs, on page 518 (first paragraph) he makes a statement that is almost certainly wrong - he says that Lord Moran 'had been canvassed for the Regius Chair of Medicine [sic] in Cambridge but this eluded him'. In 1942, Professor John Ryle (at that time the Regius Professor of Physic) was translated from Cambridge to Oxford. For obvious reasons, the Cambridge authorities decided not to refill the chair immediately. Instead, soon after the War in Europe ended (in May 1945), my father was invited to become the next Regius Professor of Physic, an appointment that he took up in October 1945. There is no reason to think that Lord Moran was ever canvassed for this appointment in 1942-45, although at the appropriate time he may well have been asked (as PRCP Lond.) to suggest names of potentially suitable candidates, and he could then have put his own name forward as someone to be considered for the appointment.

This is perhaps an appropriate point at which to say that my father, so far as I know, was never involved in the tortuous and complex negotiations that Aneurin Bevan conducted with the medical profession prior to the introduction of the NHS. Be that as it may, my father was known to be a skilful chairman of committees and, in 1948, he was made President of the BMA. In that capacity, even if he had been personally opposed to the setting up of the NHS, and whether or not members of the BMA continued to oppose the NHS after its introduction, I am sure that under his chairmanship most BMA members became committed at (or soon after) the start of the NHS to playing their part in helping to make this major new venture a success. This claim gains support from a comment (made

by the Rt Hon. Henry Willink, Minister of Health 1943-45) and reported in one of my father's obituaries:⁴

Though by instinct strongly conservative, he seized with both hands the opportunities for progressive change presented by the National Health Service.

As further evidence, I suggest that - whatever my father may have contributed to the early acceptance of the NHS - he did so without antagonising the Royal College of Physicians of London. New responsibilities that he shouldered in 1948-49 included his appointment as the first chairman of the Joint Consultants Committee (formed by the Royal Colleges, the Scottish Corporations - as Royal Colleges in Scotland were then called - and the BMA); he was also appointed a member of ACDA.⁵

Turning now to the rest of the article, I shall suggest some other quotations that should, in my opinion, be included in critical analyses of the Scheme if for no other reason than to help with planning performance-related payment schemes for doctors in future. I have already explained why I shall not mention details that derived from my direct experience and increasing involvement with the Scheme.

Sections 12 and 13 of the *Spens Report* should both have been mentioned by Dr Davies. Instead he included only one short quotation from 'paragraph 13' (in fact from Section 13),⁶ choosing to quote the sentence most often selected by critics of the Scheme. He described it as 'the nub of the problem' but, as such, it should have been considered in the light of Section 12 (quoted below):

If the recruitment and status of specialist practice are to be maintained, specialists must be able to feel that more than ordinary ability and effort receive an adequate reward. (Quoted by Dr Davies).

...we would emphasise that if the best possible recruits are to be attracted to specialist practice, there must remain for a significant minority the opportunity to earn incomes comparable with the highest which can be earned in other professions. There is a further point to which we attach great importance. We are convinced that the remuneration offered to specialists of exceptional ability must be sufficient not only to attract the most able specialists of this country to public service, but to maintain the position of British Medicine in a competitive market which includes the Dominions and the United States of America. (Part of the first paragraph in Section 12).

The Report of the Royal Commission 1957-1960 (the *Pilkington Report*, 1960)⁵ included the first review of the Scheme, endorsed its continuation, and recommended that there should be a fourth level of award (A+). Dr Davies barely commented on this Report, and failed even to mention the fact that there was also a *Minority Report*, from Professor John Jewkes (Professor of Economic Organisation, University of Oxford). Jewkes devoted a few paragraphs to the Scheme. He did not agree with the recommendation that there should be A+ awards. He also made a very quote-worthy comment:

The system of distinction awards has stood up extremely well to the thorough and critical examination of it by the Commission. This method of rewarding ability and achievement is perhaps unique; it constitutes one of the few imaginative devices introduced into the National Health Service....(paragraph 56 of the *Minority Report*).

The Scheme was later again endorsed in the Royal Commission on the National Health Service's Report (the *Merrison Report*, 1979).⁶ This devoted a short section to the Scheme in which its continuation was supported, but only on the assumption that the Scheme would shortly be modified (see paragraph 14.99). In paragraph 14.100 (not quoted by Dr Davies) the Report said:

More generally, it seems to us desirable that there should be opportunities in the NHS for earnings which go some way to match salaries paid to distinguished medical men elsewhere in the world. The gradations of award provide a useful career ladder and incentive. It is not clear to us that these benefits would be obtainable through any of the other systems offered.

The modifications to the Scheme that the *Merrison Report* assumed would take place were summarised, under the heading 'Distinction and Meritorious Service Awards', in the *Annual Report of the Scottish Committee for Hospital Medical Services, April 1979-March 1980*. They included:

1. Awards will be made in such a way as to achieve a more equitable distribution both between regions and specialties.
2. The criteria for making awards will be clarified and they will make it clear that outstanding service contributions alone can be sufficient reason for recommending an award.

It seems that it was not generally appreciated that it would inevitably take years to 'achieve a more equitable' regional distribution as the numbers of awards approved each year in the country as a whole were never likely to be more than a small fraction of the total number of award-holders at any of the four levels. Redistribution of awards between specialties was also likely to be very slow, even if sufficient candidates in 'disadvantaged specialties' were to be nominated and fully deserving, in terms of the criteria for awards, in the inevitably competitive environment of the Scheme. The same comment would apply to 'disadvantaged groups' (e.g. ethnic minorities, female consultants). Members of the Social Services Committee of the House of Commons seem not to have appreciated how slow change would be, in the absence of positive (and correspondingly negative) discrimination, when (in March 1981) they grilled the then Chairman of ACDA (Sir Stanley Clayton). Perhaps members of the Doctors' and Dentists' Pay Review Body also did not fully appreciate these facts when they criticised the Scheme in their Annual Reports; some of the criticisms may as a result have been premature.

In its *White Paper* (1989),⁷ the Government endorsed the Scheme but showed that it had taken note of criticisms, some undoubtedly valid. Its associated *Working Papers* (Paper 7 for England, paragraph 4.2, and Paper 6 for Scotland, paragraph 12) included the following, or its equivalent:

It (the Government) recognises the value of distinction awards in rewarding professional excellence and therefore proposes that all consultants employed by self-governing hospitals should be eligible for awards. It does, however, believe that there is room for improvement in the system, in particular to reflect the wider responsibilities of consultants for.... It is proposed, therefore, to make the changes outlined below. These will be discussed with the professions.

The 1989 proposals for change were largely implemented during the 1990-95 Awards Years, except that age limits for obtaining awards were introduced in 1990 instead of

the apparently unworkable pensions-related proposals. In 1993, a Working Party was set up to consider other possible ways of modifying the Scheme and the *Kendell Report*⁸ was submitted in March 1994. After considering various performance-related pay schemes, the Working Party stated (in its initial conclusions) that:

- (i) The Scheme 'fulfilled two related purposes. It provided an incentive to consultants to provide their patients with an exemplary standard of care, and to contribute to the wider needs of the NHS in a variety of other ways; and it rewarded those who consistently did so.
- (ii) The system has a powerful and beneficial effect on consultant motivation, and played a major role in maintaining a sense of loyalty and commitment to the NHS in the consultant body....
- (v) Any revised scheme should be based on the concept of 'local' and 'national' awards and the distinction between the two....'

The *Kendell Report* was accepted by the Government in October 1994, and steps were taken to introduce changes as recommended in that Report into the arrangements for the 1996 Awards Year.

It is still too early, I believe, to decide whether the replacement of C awards by the highly devolved system of consultants' discretionary points has everywhere been considered to be fairer than, and to be yielding worthwhile improvements over, the pre-1996 arrangements for C awards. Certainly, I am in no position to pronounce a judgement on such matters. It would also be unwise of me to forecast whether the further changes (so far only described for England and Wales),⁹ due to be introduced in the 1999 Awards Year, will be rated as highly as I, for one, sincerely hope that they will be. However, I feel entitled to state that I foresee the possibility of seriously adverse consequences in Scotland, short-term and long-term, due to the effects of changes to the higher awards component of the Scheme (with its four levels of award), which was considered in detail by Dr Davies in his article and, at least so far, in this letter. For instance, if there should happen to be adverse knock-on effects on entry to the scheme for 'national' awards as one consequence of the ending of C awards arrangements after the 1995 Awards Year, they may not yet have had time to become fully apparent.

I can only hope that whatever remains of the (pre-1996) Scheme will continue to serve the NHS well in future, as I personally believe that it largely succeeded in doing before it was dismembered.[†] Like all performance-related pay schemes, the satisfactory operation of the Scheme made considerable demands on those responsible for administering it fairly and, not altogether surprisingly, its outcomes failed to satisfy every health professional and every interested lay person, whether or not possessed of sufficient knowledge of the Scheme. As stated in this letter, over the 1960-89 period, the principles underlying the Scheme were *endorsed three times* (in 1960, 1979 and 1989), and the arrangements for the continued operation of the higher awards component of the Scheme were again endorsed (in 1994), as recommended in the Working Party's Report, with few modifications apart from the very important change to arrangements for the financing of 'national' awards in future. These reviews of the Scheme all led, over the years, to it being modified gradually and, I

would say, improved.

I hope that the NHS Consultants' Distinction Awards Scheme, described in detail last month for England and Wales for the 1999 Awards Year,⁹ will work well and that whatever changes are made in Scotland for the 1999 Awards Year, and changes that might be made in Scotland thereafter, preferably in the light of experience, will not make the Scottish Awards Scheme incompatible with whatever scheme might be going to operate down South, at least in England. Responsibility devolved to the Scottish Office for operating its own Awards Scheme may be widely applauded. It could, however, be harmful to the best interests of the NHS since, unless the separate awards schemes continue to be fully compatible, this could adversely affect the ease with which cross-Border movement of medical and dental staff might occur in future. It has occurred freely in both directions in the past, generally speaking to the benefit of the NHS in Scotland as well as in England and Wales, but loss of compatibility between the schemes could result in such movement being seriously curtailed.

LG Whitby
51 Dick Place, Edinburgh EH9 2JA
30 November 1998

NOTES

* The Spens Committee had 11 members. The chairman, Sir Will Spens, was a highly regarded civil servant before he became Master of Corpus Christi College, Cambridge, the position he held in the Forties. A man of high principles and a very experienced chairman of committees, he was the ideal person in 1946 to appoint to chair the three Interdepartmental Committees that were set up to consider different sectors of professional remuneration in the NHS.

The *Spens Report*² was based on written and oral evidence. It was presented to Parliament in May 1948, shortly before the 'appointed day' (in June). Readers of the Report cannot fail to be impressed by the arguments then advanced for having an awards scheme, and by the manifestly careful consideration that the Committee gave to the question whether, in the first place, a distinction awards scheme should be set up at all. Having decided to recommend that there be an awards scheme, the Committee turned its attention to examining the evidence on which to base proposals for the monetary rewards to recommend for each of the three levels of award originally proposed.

† I wonder whether Dr Davies consulted the present Lord Moran of Manton before publishing the details that he gave about the first Lord Moran's alleged difficulties in managing his personal finances. It would have been only right that he should assure himself that such details could be published without causing hurt or embarrassment to the present members of the family. Lord Moran died in 1977, but the family probably still treasures his memory and is likely to be very aware, and proud, of the fact that - despite any faults he might have had (and we all have faults) - he was a very eminent member of his profession. No family likes to have its dirty linen washed in public, and it would have been uncharitable to have published information about Lord Moran's finances without consulting the family.

‡ See the Treasury Minute, signed by the Rt Hon. Aneurin Bevan, Minister of Health, and the Rt Hon. Arthur Woodburn,

Secretary of State for Scotland, on 22 or 23 December 1948. Three Fellows of the Royal College of Physicians of London were appointed to membership of the original 14-member ACDA (Lord Moran as the Chairman, Dr J.H. Sheldon and my father).

[§] The *Spens Report* was presented in Sections; individual paragraphs were not numbered. Section 13 has eight unnumbered paragraphs, and this sentence occurs in the first paragraph of Section 13. Section 12 contained only two paragraphs, one long and one short.

[¶] I can almost hear readers saying 'He would (say that), wouldn't he?' This was the comment (it raised a laugh at the time) made by Mandy Rice-Davies at the trial of Dr Stephen Ward (29 June 1963) on being told that Lord Astor claimed that her allegations, concerning himself and his house parties, were untrue (*The Guardian*, 1 July 1963, and later included in *The Oxford Dictionary of Quotations*).

REFERENCES

¹ Davies IJT, The National Health Service Consultants' Distinction Award Scheme - history and personal critique. *Proc R Coll Physicians Edinb* 1998; **28**:517-34.

² *Report of the Inter-departmental Committee on the Remuneration of Consultants and Specialists*, May 1948 (Cmd 7420). London: HMSO, (The Spens Report).

³ Abel-Smith B, with the assistance of Pinker R. *The hospitals 1800-1948: a study in social administration in England and Wales*. London: Heinemann, 1964.

⁴ Obituaries. *BMJ* 1956; **2**:1306-9.

⁵ *Report of the Royal Commission on Doctors' and Dentists' Remuneration 1957-1960*, February 1960, (Cmd 939). London: HMSO, (The Pilkington Report).

⁶ *Report of the Royal Commission on the National Health Service*, July 1979, (Cmnd 7615). London: HMSO, (The Merrison Report).

⁷ White Paper. *Working for Patients*, and its associated *Working Paper 7* (Paper 6 for Scotland), January 1989 (CM555). London: HMSO.

⁸ *Report of the Department of Health's Working Party on the Review of the Consultants' Distinction Awards Scheme*, March 1994. London: Department of Health, (The Kendell Report).

⁹ *Guide to the NHS Consultants' Distinction Awards Scheme* (England and Wales) and the related *Overview of the NHS Consultants' Distinction Awards Scheme* (England and Wales), 1999 Awards Round, October 1998. Leeds, NHS Executive (HSC 1998/187).

Feedback to Council

'How do we deliver clinical governance?'

the clinically-led setting and maintaining of the highest standards

The President writes:

Comments and helpful suggestions as to how to meet the challenge to the professions would be most welcome. Clearly 'step by step' standard-setting, audit, appraisals, job development plans, and appropriate Continuing Professional Development including web-based self-assessment feature in the thinking. However, realism requires that the practicalities are considered (time, time, time; resource, resource, resource).

'The delivery of clinical governance poses challenges to all the medical sub-specialties in that the GMC, specialists and general practitioners require to demonstrate - on a regular basis - that they are keeping up to date and remain fit to practise in their chosen field' (*Sir Donald Irvine: 11 November 1998*)

Council would like to have Fellows' and Members' views on the above topic. To contribute to this discussion, log on to the College Website www.rcpe.ac.uk and click on to the Fellows and Members Area button. Enter the Username **rcpe** and the password **chiron** (all lower case).