

basis. Perhaps interested doctors could contact me, with a view to exploring the problems, and to setting up a job share register.

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Medical insurance fees

DEAR SIRs

Dr Lucas asks for our opinions on defence subscriptions (*Bulletin*, March 1988).

The annual fees are high and increasing alarmingly. Our speciality holds a lesser risk than many; however, differential insurance fees will directly lead to differential incomes as the review body takes them into account.

I feel most "hard pressed junior psychiatrists" are relatively better off than their peers. They earn similar UMT payments although less on call time seems to be spent on the wards than in other acute specialities, and juniors generally seem to progress up the hierarchy more rapidly, so they are rarely left in a junior post paying a maximum subscription.

Possible alternatives to reduce subscriptions to those committed to the NHS are:

- (1) pressurising our employers to provide cover for us (as now happens in the armed forces.)
- (2) having a basic rate for full-time NHS work with an additional charge to the individual proportional to the income accrued from private practice.

Making us a 'special case' will only serve to alienate us from our colleagues.

D. A. FIRTH

Booth Hall Hospital
Blackley, Manchester

DEAR SIRs

I fully agree with the first part of the letter from Dr R. Lucas (*Bulletin*, March 1988) and disagree with the College's attitude that the increase of the insurance fees is not "within the remit of the College". The Royal College of Psychiatrists should try to negotiate with other insurance companies and obtain competitive rates for insuring its members and those working in psychiatry.

However, the idea of the College putting pressure on the Health Service to pay the insurance cover for psychiatrists in the Health Service is a different matter. If this is done, undoubtedly the insurance cover will have to be paid by individual District Health Authorities, thus giving the managers a lot of power over our conditions of service and they will then,

rightly so, demand that the consultants' contracts of employment be held at District level.

B. P. MARAGAKIS

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DEAR SIRs

In the letter on medical insurance fees (*Bulletin*, March 1988), Dr Lucas argues the case for differential insurance rates according to specialty, believing that psychiatrists would then have to pay less. He says that he is sure that "financially hard pressed junior psychiatrists" would share his view. Does he believe that junior doctors in accident and emergency or general surgery are any less hard pressed financially? How are they to afford the increased fees that would fall upon them?

The NHS pays a junior doctor the same salary whether he or she is in a specialty with a low risk or a high risk of being sued. With a uniform pay structure there is no option but to have uniform defence fees. The same argument applies to consultants. If differential rates were introduced there would be a strong and understandable call for differential pay scales. This would not be in the best interests of the profession.

A more appropriate solution to rapidly increasing defence fees is for the pay review body to continue to take the fees into account when it is making its recommendation and to itemise this separately. This would give a clearer picture of whether medical insurance fees were being fully underwritten and would also give a more accurate figure of the "real" percentage pay increase each year.

Dr Lucas's solution would be divisive and the College should not support it.

C. A. CAMPBELL

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Hospital Junior Staff Committee

Fulbourn Hospital
Cambridge

DEAR SIRs

Dr R. Lucas (*Bulletin*, March 1988) claims that psychiatrists are paying excessively high insurance premiums, quoting a random analysis of 100 medico-legal cases in the West Midlands in which there was not a single psychiatric case. The defence organisations present anecdotal material about the risks involved in psychiatry, but are unwilling to divulge any data about the levels of claims and settlements between specialties.

In the USA litigation is a major problem in all branches of medicine, including psychiatry. Psychiatrists, however, pay lower premiums than most of the major specialties. Their premiums average