

E. AFRICA
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REC'D
1940

BRITISH MED ASSN

MEDICAL OFFICERS - SALARIES

1920
18th Aug
Last previous Paper.

For reasons quoted states that there is much dissatisfaction as to the new salaries and states can no longer publish advertisement in Brit Med Journal

22.9/39032

Mr Packer
1st September

In note as to advertisement -
The declaration of war by B.M.A. is
of characteristically ignores
the large increases made in
the higher appointments & everything
else that has been done -
a paper to boycott the C.O.
before C.O. has received any
representation through the
3 members, much less had
time to consider them - or to
know & consider the reasons
mentioned of the C.O. (see
letter etc)

closed since 7 Sept 1940

How will
know about
from place
this at
last
of bar

Next subsequent Paper.

45046

At note for memorandum

length of...
9/3/40

Mr. Grindle:

I do not think it possible to defend, and I am not concerned to defend, the action of the British Medical Association. The only reason that I think it desirable not to accept this declaration of war is that in the long run there is quite a risk that they will be too strong for us, as they have been in the past for the Army, for instance. Mr. Parkinson, no doubt, is right - the hospitals will continue to give such attention to our circulars and notices as they have given hitherto - that has, I think, been apparently slight and casual, and it is not likely to be improved by this development. Probably the "Lancet", too, will go on inserting our advertisements; but that the supply of medical officers already inadequate, will be still further reduced by this action, there is no reason to doubt. ^{and I should just} like to take this opportunity of reminding people generally that the attempt to get medical men from various agencies has been a complete failure. Mr. Stephenson confirms this.

latest

Mr. Parkinson asks, I see, whether their refusal to insert an advertisement in the B.M.J. would matter. Of course the answer to that is that it is not merely the refusal to insert the advertisement, but the fact that the Association - a trade Union - has declared against us. This action will probably be followed, in due course, by the very definite insertion of a warning notice advising medical men not to apply ^{for} medical appointments in various places specified without first communicating with the Association. Such a notice would be disastrous, at the present time at any rate.

~~.....~~
 If I were dealing with this thing I should try and see Dr. Anderson, and suggest to him, as politely as possible,

that the Association had acted precipitately, without due consideration either to the interests of the people living in the Colonies and Protectorates, or to the medical profession itself.

I would represent to him that as Government Dept. could be expected to stand, this sort of thing, that it is unreasonable of the Association to act on protests received from individual members of the Association without (apparently) enquiring whether their protests are endorsed by the majority of their colleagues; that it would be fatal to the discipline of the public service if we admitted any representations on the subject of their pay, and so on, could properly be made of the Colony to an Association at home, instead of through the Governors who are the heads of the local Services, and who are responsible for the money. I should then explain to them, or get someone from each of the Depts. to explain, exactly what had been done in the matter of new pay in West Africa and the Malay States, and wherever there has been an increase elsewhere; and I should refuse to admit the existence of dissatisfaction in the West Indies. I should point out that a very large proportion of the medical men in the West Indies are born and brought up in those islands; and I should refuse, at once, to believe that they had made representations to the Association on this subject, without they were even members of the Association. I should ask the Association kindly to put their cards on the table in this matter, and let us know what really is the strength of the representations which they were proceeding; and I should hint, very delicately, the necessity for our throwing open the medical practice in all the Colonies to people not on the British Register if the Association takes steps to prevent our getting medical assistance from those who are so registered.

registered. I should, however, keep that as the very last resource of all, as, personally, I believe it is a doubtful point whether we should not be worse off with American and some Canadian, and foreign doctors generally, than with no doctors at all.

30/8/90

... we had better write ...
... that they seem to be under a ...
... as in the ...
... & call a ...

30/8/90
J. S. ...

Let to ...
...
...

ALFRED DOUGLAS, M.B., B.S., F.R.C.S. (General Surgeon), F.R.C.S. (Edin.)

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British Medical Association,

MEDICAL DEPARTMENT,

23, Strand,

LONDON, W.C. 2.

199



18th August, 1920.

Sir,

I beg to acknowledge your letter of August 11th No. 39032/20, as to the question of the salaries of medical officers in Eastern Africa.

2. We note that the suggested new scales of salary in respect of Eastern Africa would, if made effective, actually mean loss of pay to the medical officers in the intermediate grades, who form the main body of the Services. Thus a married medical officer who at present, including duty allowance and war bonus, receives as a maximum £745, would be paid a maximum of £700 only. A senior medical officer would similarly, on such a basis, lose £100 a year. The Association was in such a proposal no encouragement to capable men to join the Medical Services in Eastern Africa.

3. The Association has also received strong protests from Members of the Association in Eastern Africa as to the proposed new rates.

4. In this connection I am instructed to point out that the recommendation of the Association in its evidence before the Colonial Medical Services Committee (published in abstract in the British Medical Journal Supplement of April 24th last, page 143, paragraph 34) was that the salaries of Colonial Medical Officers should be revised throughout and brought into line with those in the Army, Navy and Indian Medical Services, and that there should be at least a 50% increase on pre-war salaries, including emoluments.

5. In these circumstances I am instructed to inform you that in view of the widespread dissatisfaction now existing among the officers of the Colonial Medical Services, especially those of Eastern Africa, the West Indies, Malaya and Fiji, and the fact that up to the present the report of the Colonial Medical Services Committee has

not been published, the Association regrets that it cannot continue publication of the advertisement as to the Colonial Medical Services received on July 12th from Messrs. R. F. White and Son for the British Medical Journal, and which is at present appearing there.

I am, Sir,
Your obedient Servant,

G. C. Anderson

Deputy Medical Secretary.

The Under Secretary of State,
Colonial Office,
Downing Street,
S.W.1.

Downing Street,
7 September, 1920.

Sir,

DRAFT.

DEPUTY MEDICAL SECRETARY,
BRITISH MEDICAL ASSOCIATION,
MEDICAL DEPT.
429, Strand, W.C.
MINUTE.

Mr. Parkinson 1.9.20.
~~Mr. ...~~ 1.9.20.
Mr. Green 2.9.20.
Mr. Fiddian
Mr. ...

+ 4 f

- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...

I have put this into official letter for conson.
A.C.O.P.

I am etc. to acknowledge the receipt of your letter (ADM/EKL) of the 18th August, on the subject of salaries for medical officers in Eastern Africa and other Colonial Medical Departments.

2. Lord Milner notes with regret that the Association feel unable to continue the publication in the British Medical Journal of the advertisement of vacancies in the Colonial Medical Service; but he trusts that on further consideration they will be willing to modify this attitude.

3. He would suggest that if you or some other representative of the Association could make it convenient to call at the Colonial Office and see a member of this Department, it would be possible to discuss the whole matter more fully and to remove any misapprehensions which may exist; and I am to enquire whether you would be willing to fix a day

Stephenson to me
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9/9
4/9

and time for this purpose.

4. In the meantime I am desired to explain in detail the position as regards certain of the more important medical services in the Colonies, including those referred to in your letter.

5. As regards Eastern Africa, with which your letter mainly deals, I am to say that Lord Milner has not received through the Governors any protests or memorials from the Medical Officers indicating "widespread dissatisfaction", and that, if representations are made to him by the medical officers through the usual channels, namely the Governors, he will be prepared to give them the fullest consideration.

A table is enclosed showing the salaries of medical officers in Eastern Africa prior to the 1st April, 1919, from the 1st April 1919 to the 31st March 1920, and from the 1st April 1920. The war bonus which was payable from the 1st January 1917 to the 31st March 1920 is also shown. It will be seen that on the introduction of the revised scales of salary from the 1st April 1920, the war bonus is no longer paid, but in applying the new scales, the general principle will be followed of incorporating the temporary war bonus, personal allowance (if any), and non-pensionable duty allowance drawn by an officer on the 31st March, 1920 in his permanent and pensionable emoluments as substantive as at that date. It will also be noted that the initial salary for medical officers (shown in brackets in the table) as fixed when salaries were being generally revised, is not now in force, and that no medical officer is appointed on probation to the permanent staff at less than an initial salary of £600 per annum.

6. The Association will be aware that a special increase in the substantive scales of salary of medical officers in Eastern Africa was approved from the 1st April 1919 in advance of the general revision of salaries

European officials in East Africa, which dates from the 1st April 1920. Medical officers, therefore, have already received preferential treatment in this respect; and, in spite of the enhanced salaries approved on the 1st April, 1919 they were permitted to draw the full rates of war bonus applicable to those salaries from the 1st April 1919 to the 31st March 1920.

7. It is observed that you suggest that the salaries of Colonial medical officers should be brought into line with those of the Army, Navy and Indian Medical Services; and in this connection Lord Milner would suggest that salaries for officials in Eastern Africa cannot be fixed simply by comparison with current rates of salary in this country or in other Services. Allowance must be made for the facts that in Eastern Africa a medical officer is provided with quarters free of rent, or an allowance in lieu (i.e. 15% of the initial salary of his grade); that private practice is allowed (except to those engaged in public health duties, who receive a special allowance); that the appointments are pensionable, and that special provisions as to retirement with gratuity in lieu of pension after 9 or 12 years' service have been approved for medical officers as distinct from other officials; and that residents in Eastern Africa have not hitherto been liable to pay income tax of any description on their incomes payable in Eastern Africa. In one of the East African Administrations, namely Kenya, and possibly also in Uganda, income tax will be introduced in the near future, but it is understood that the rates will be comparatively low, and in considering salaries in Eastern Africa, it is necessary therefore to bear in mind that an officer receives practically the whole of his salary without deduction in marked contrast to the position in this country.

8. A further point which should be mentioned is that

controlled by the local legislatures, and the Secretary of State can do no more than represent the case through the Governor to the legislature.

In the West Indies income taxes, where they exist at all, are at very low rates.

10. In British Malaya the lowest initial rate at which a Medical Officer can be appointed is equivalent to £615 per annum and £123 temporary allowance with a further temporary allowance of £123 if he is married, and medical officers possessing the Diploma of Public Health or other similar specialist qualifications obtain on first appointment the equivalent of £776 + £154 temporary allowance with a further temporary allowance of £154 if they are married (the substantive salary apart from temporary allowances rises by annual increments to the equivalent of £1120, provided that the officer is confirmed in his appointment and that he passes an efficiency bar at £840, and there are many higher appointments). As the initial salary before the war was £350 per annum plus £40 duty allowance and free quarters it will be seen that the figure of 50% increase on pre-war rates has been greatly exceeded.

I am, etc.,

W. G. G.