

PERSONAL

To J. T. COPE, ESQ., LABOUR RELATIONS OFFICER

From MEDICAL OFFICER IN CHARGE, S.F. DIVISION MEDICAL CENTRE, PECKHAM

M/A3.1

Our reference
Your reference

Date 20th December, 1967.

Alternative Employment Working Party

I am very sorry that events took the course they did at the first meeting of the above. I was quite unaware of the fact that the meeting was due to last for a mere twenty-five minutes which proved to be a quite inadequate time.

Redundancy, redeployment, call it what you will, ^{is} of course a problem which has got to be solved and we, in the Medical Department, will do all we possibly can to play our part in its solution so far as medical aspects are concerned. Nevertheless, the term "alternative employment" has for years been taken to mean "change of employment for medical reasons" so far as the staff of London Transport is concerned. I did not share the doubts you felt regarding the word "unfit" in our terms of reference. This, to my way of thinking, can only mean medically unfit. (1)

My colleagues and I were concerned at the possible effects of the Reshaping Plan on the already inadequate availability of alternative employment for disabled staff and the steady diminution that has occurred in the number of grades available for such men during the last few years. Gone are the days when the Rolling Stock Department took a large proportion of the disabled operating staff. Gone also are garage wardens, telephone messengers, a large number of the jobs for pointsmen. Gone too in the foreseeable future will be many of the vacancies for counter assistants, coach conductors and ticket collectors. Loading reporters too could soon disappear if a mechanical device were to be designed for attachment to the various machines for issuing tickets.

London Transport advertises a worthwhile job and security of employment. Unless something is done to remedy the situation, the security will have to be modified to read "security subject to maintained medical fitness". Mr. Gomm quoted the fact that of the last 101 members of disabled staff for whom employment could not be found, 50% had less than 10 years service. One would not quarrel with the discharge of that fifty per cent but one might question the effect on the morale of the other staff when they realise that the other 50 men were discharged in spite of the declared policy of trying to find employment for staff with ten years service and over. I do not blame Mr. Gomm. The jobs are just not there. The available vacancies are almost entirely for loading reporters, a grade which from the medical point of view can seriously be questioned as being suitable for bronchitis, cardio-vascular and arthritic patients who form some 80% of the cases recommended for alternative employment. Unless there is a reasonable chance of a man finding alternative employment when disabled, there is a distinct probability that drivers, motormen and other grades, in which medical fitness is closely allied to public safety, will conceal their disabilities. In the initial stages of conditions such as ^{asthma} ~~asthma~~, the history given by the patient is all important. One can understand the reluctance of men to give an accurate history when he realises not only his job, but his employment, is at stake.

(2) *at all the time*

unfit

*Then was
unfit too!*

Continued.....

Copy to: J. E. Ager, Esq.,
Dr. L. G. Norman,
C. C. Gomm, Esq.

This is the problem which faces Medical Officers and which caused Dr. Norman to write to Mr. Spratling. We realise that alternative employment grades are very much affected by redundancy, but we must make certain that an already serious problem is not aggravated by a further diminution in jobs available. Indeed, it will be the aim of Medical Officers to see that the avenue of available jobs providing useful employment is widened, not narrowed. *and employing Officer*

London Transport, as you say, has a wide experience in dealing with redundancy and has a record of which it has every right to be proud. You mentioned Charlton, but the situation today, some fifteen to twenty years after, is somewhat different. Most of the staff of those days had pre-war experience of mass unemployment. I was Medical Officer of the works at the height of the redundancy phase and Dr. Fyfe prior to me. We would not be honest if we overlooked the demoralising effect that prolonged inactivity and/or under-employment had on some of the staff there. It is true to say that the morale of the staff in general now is lower than it was in the immediate post-war period. From the psychological point of view, one can only expect inactivity or under-employment to have a greater impact on morale today than it did in 1950/53. *what we are seeking to avoid*

These are the medical problems for the working party and I sincerely hope that they will receive proper consideration in the larger question of impending re-organisation.

J. Fyfe

JF/MTT