

- ¹⁴ Dalzell-Ward, A. J., *Proc. Nutr. Soc.*, 1963, 22, 91.
¹⁵ Ministry of Health, *Rep. Publ. Hlth and Med. Subj.*, 1962, 105. H.M.S.O., London.
¹⁶ British Dental Association, *Fluoridation of Water Supplies: Questions and Answers*, 1963. London, British Dental Journal.
¹⁷ Ministry of Health, *Fluoridation*, 1963. London, H.M.S.O.
¹⁸ Ross, W. Stewart, *Brit. dent. J.*, 1963, 115, 397.

Doctors' Pay

SIR,—Most people seem to be agreed that a pool system of payment is essential for general practitioners, but surely the time has come for the concept of a pool based on an "average income" for an "average general practitioner" to be replaced by one based on the number of patients at risk—surely a more logical one. It is obvious that the day of the head-hunter has gone. There are more than enough patients for all and will be for many years. A capitation fee for general medical services to exclude such payments as vaccination fees and clinical-assistant salaries could then be worked out more logically.

If the figure is accepted that each patient is seen on average six times in a year (a figure which holds at a time when the pressures are all for a patient to be seen as little as possible, as opposed to what would have happened under an item-for-service system) the fee could be calculated as six times whatever the Ministry considers a general practitioner is worth. In view of the present levels of consultant fees charged to people who cannot afford to wait for an N.H.S. consultation, a fee of 10s. does not sound outrageous. Such a capitation fee, combined with a reduction in the permitted maximum size of lists, might encourage some new blood into the rank of the general practitioners.

Finally, may I appeal to the B.M.A. Council to drop the cries of "unity of the profession" and "beware the imposition of a salaried service"? Neither has any real meaning. As for the salaried service, a plebiscite of general practitioners might jolt even the B.M.A. Council.—I am, etc.,

Manchester 8.

L. REECE.

SIR,—Dr. J. L. McCallum's recent assessment (15 February, p. 433) of the efficacy and character of the meeting called by the Metropolitan Counties Branch Council calls for immediate and strong correction.

As regards efficacy the meeting accomplished the following:

- (1) An amendment to the Memorandum was accepted by the meeting, stressing the discrepancy between consultant and general practitioner pay.
- (2) A proposal was passed stating, "I propose, now that the amendment to stress the differential has been accepted by this meeting, that Dr. I. M. Jones (if he is willing) be appointed to the Joint Evidence Committee, to help press our case."

Now Dr. McCallum may feel that these results are "about as constructive" as the "Tower of Babel," but the 400-500 general practitioners present, who voted 75% in favour of the amendment, and unanimously (all but one) for the proposal, obviously feel differently.

As regards the character of the meeting, which Dr. McCallum described as "mass hysteria . . . not fitted to the dignity of a learned profession," I would say that what Dr. McCallum saw and heard was the exasperated, righteous, and at last vociferous indignation of that same learned profession. I would also say that most if not all of the exasperation was expressed during the protracted, tactical, and delaying defence of the memorandum put up by Dr. D. P. Stevenson.

It is incontrovertible that all men are entitled to expression of individual opinion, but elected representatives, including members of Council, are not entitled to formulate policy. They are elected only to carry it out. At the meeting not one voice (excluding that from the platform) was raised in approval of the memorandum as it stands. By giving its approbation to the amendment and proposal the meeting clearly expressed its wishes. I have no doubt that the country-wide divisional meetings will express the same, or similar, wishes. It is up to Council to carry them out.

By continuing to maintain, in spite of all this, that the differential question is placed "fairly and squarely in the memorandum" (as it stands), Dr. McCallum is committing the offence of trying to formulate policy. In his same letter he also commits the offence of publicly criticizing a fellow Council-member—namely, Dr. I. M. Jones. We therefore have no need of Dr. McCallum's condescending criticisms of our constructive power, nor of our manners. Let him put his own house in order before he deigns, or dares, to attack ours.—I am, etc.,

Wembley, Middx.

H. R. POMSON.

SIR,—The national newspapers have recently reported the result of a test case brought by a general practitioner against the Inland Revenue concerning the payment of a reasonable weekly wage to his wife. It was finally decided £12 a week was a reasonable sum. This will be acclaimed by a large number of general practitioners throughout the country who have not been able to claim more than a paltry £3 to £4 a week for their wives' wage. [See *Supplement*, 22 February, p. 52.]

However, the implications of this problem go much further. This is a shameful reflection on the strength and power of our negotiators over the past few years and their futile and useless attempts to secure a fair deal for general practitioners, when it is left to a solitary general practitioner to obtain a very important expense factor for us.

This sort of problem is only one of many reasons why such discontent exists at present and which the recent Memorandum of Evidence to the Review Body utterly fails to alleviate.—I am, etc.,

Bristol 4.

J. P. TELLING.

SIR,—The Memorandum of Evidence to the Review Body (*Supplement*, 25 January, p. 17) will I feel sure be rejected by the majority of doctors because it argues a very modest and inadequate claim illogically and without conviction.

Paragraph 19 states: ". . . The gross payment per service averages the paltry sum of 6s.," and invites comparison with ". . . the charges made for professional or non-professional services rendered in other fields." The

memorandum then proceeds to make a claim which would raise that paltry sum to an almost equally paltry sum of 7s. 6d.

Paragraph 21 quotes Spens: ". . . 'In a small proportion of cases' it should be possible to achieve net income of at least £2,500 (1939 value). The corresponding figure for 1955-6 would have been of the order of £5,000. . . ." Assuming that the "small proportion of cases" would be senior practitioners with maximum lists of 3,500, the income for the average practitioner with an average list of 2,300 would work out at £3,300 net on 1955-6 values. The memorandum then proposes an average net income of £2,765 on 1964 values, which is £535 less than it should have been in 1955-6. Why quote Spens if you are not going to use it?

Finally, Sir, the memorandum is cowardly. It has not grasped the nettle of differentials. There should be a considerable overlap of consultant and general-practitioner remuneration from National Health Service sources. Many consultants in the lesser specialties are never confronted with the grave responsibilities constantly faced by the conscientious general practitioner. These responsibilities must be brought before the Review Body and pressed home. Our case should not necessarily rest on differentials, but we must present it as we think fit and differentials are bound to be discussed with the Review Body. If the Central Consultants and Specialist Committee refuses to agree to this then we must go forward without it. It has been done before and would not create a precedent.

Furthermore, would it be such a bad thing? I think not. It must be remembered that the majority of consultants, because of their income from private practice, are far less dependent on income from the National Health Service than are general practitioners. They are thus in a strong position of comparative detachment and to my mind make a strange choice of fellow-advocate in support of the claims of their colleagues in general practice.—I am, etc.,

London W.13.

JOHN H. SWAN.

SIR,—We as general practitioners are not asking for an increase in remuneration; we are in fact asking for a reassessment. This reassessment must be viewed against the background of our affluent society, where shorter hours and the five-day week are the order of the day. No one can deny that the general practitioner's work-load has increased since the inception of the N.H.S. in 1948, so our remuneration should be compared with those who since 1948 are now working shorter hours and who close their offices at 5 p.m. on Friday until 9 a.m. on Monday—this, may I add, applies not only to business men but to lawyers and accountants, and, yes, even to some of our medical consultants. This being the case comparability is inescapable, whether it be with the rest of society or with our own consultants.

The magic figure of £2,765 has been based on the Spens figure of £1,100 with increments, which in turn is based on a pre-war work-load and does not include an addition for a direct increase in work, or again a greater relative increase in work compared with those whose hours of work have been greatly shortened. I therefore think that the