separation of responsibility for undergraduate and postgraduate education between two different bodies. The academic career structure and levels of pay are such that it is virtually impossible to recruit at the lecturer level even if posts were available. Student experience of general practice is confined generally to well-staffed, well-housed practices in comfortable residential areas. They model themselves on what they know and if they are not faced with the intellectual challenge of meeting the needs of deprived areas it is the medical school that has failed.

The sums of money required are not large. £25 000 a year paid to support a teaching and research presence in the inner city by each medical school would provide an oar that would have some power behind it. Let us hope that Dr Crawford's plea for steps to overcome the current inertia will be heeded urgently.

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Removing patients from GP lists

SIR,—I would like to support Dr B L D Phillips's (23 February, p 570) view that the regulations regarding the removal of patients and their allocation are due for urgent amendment. The "delinquent patient" in a rural area, though fortunately occurring less frequently than in city practices, can produce severe problems. In my area, where practices are 10-15 miles apart, the GP with a violent, abusive, or disruptive patient is faced with the dilemma of either inconveniencing his neighbouring colleagues or inflicting on the patient the "non-punishment" of being reallocated to one of his partners. Thus these patients tend to be tolerated much longer than they would do in a town practice.

The three-month rule is simply a local gentleman's agreement and not, as thought by some administrators, to be part of the regulations. These specifically state that the "FPC administrator shall remove the patient within eight days of receipt of the application" by the aggrieved GP. Unfortunately, especially in a rural area, this can result in the allocation-expulsion see-saw match mentioned by Dr Phillips. The patient then threatens to complain to the community health council, his MP, the Sunday papers, or even Esther Rantzen. This results in the practitioner and the profession receiving adverse publicity, when the fault often lies with the patient.

The pre-NHS medical card contained a warning to the patient that if he abused the system he was liable to a fine of £2-3, which was then equivalent to one week's wages. Perhaps reintroduction of similar penalties against the very few patients who severely abuse the system should be considered for reintroduction.

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Women and general practice

SIR,—Dr J C Hasler's letter "Women and general practice" (23 February, p 570) suggests an amazing piece of machinery for training appointments. The clear implications are that those (usually women) doctors wishing to train part time will be allocated non-advertised posts in accord with need while those (usually male) doctors training full time will *compete* for advertised posts and not *all* will be accommodated.

If that assumption is correct then in justice male doctors—particularly those not successful in their search for full-time training—must be allowed the facility of part-time posts set up on the basis of their need. A male general practitioner should be appointed at once by the regional health authority (as opposed to the university) to supervise all those intended for general practice.

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Hospital career structure

SIR,—The solution of the registrar problem, it seems, is to order our enthusiastic registrars up to a postgraduate committee headed by a professor at an early stage of their career. If unsuccessful the candidate is then given marching orders (16 February, p 495). What will be the criteria—practical ability and experience, research interests, examination successes? One of the former presidents of the Royal College of Surgeons failed his primary fellowship seven times—he certainly would have been rejected.

What has happened to our planned agreement? No control exists today regarding the establishment by the undergraduate hospitals of extra registrars and senior registrars under the guise of assistant lecturers, lecturers, and research assistants over and beyond the number of posts carefully and methodically worked out by the Central Manpower Committee. What has happened to the redeployment of junior staff? The number so far redistributed is derisory. Putting the power into the hands of these committees means that compulsion will supersede competition.

All registrars are fully acquainted with the problems of obtaining a senior registrar post, a grade incidentally monopolised by the undergraduate and postgraduate schools. However, they know they can be accepted after displaying excellent work and progress in the district hospitals. Surely to be compelled to accept a judgment regarding one's career after one and a half years of training is quite wrong: even a High Court judge heading such a committee would baulk at such a decision. Registrars enter consultant training and are ready for competition; we must not destroy them early in their careers by hatchet committees.

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Working together but not interchangeable

SIR,—Scrutator's contribution (9 February, p 415) contains a splendid gaffe. The conference at which the alleged "doctor bashing" took place was held under the auspices of the National Association of Health Authorities. To my knowledge there is no such organisation as the National Association of Hospital Administrators. It really is time that Scrutator recognised that members of area health authorities and health service administrators are not interchangeable.

Having said this, I must applaud his conclusion about the need for all working in the National Health Service to work together.

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****Scrutator apologises for his "splendid gaffe" and promises not to get his administrative acronyms in a twist in future.—ED, *BMJ*.

Community health councils: to be or not to be

SIR,—As a member of a health council, I am interested in the objective analysis presented by Professor Rudolf Klein (9 February, p 420). It could be argued that the need to query the survival of such councils is in itself a measure of their failure. The subheading "CHCs: to abolish or not" indicates that the matter might be settled by doing one or the other. This is too easy. Professor Klein points out that there are varying shades of grey to explore first. Anyone can cut down or destroy. To be constructive is more difficult and takes longer.

Health councils springing up almost overnight and having to learn as they go along invite the descriptive jargon of unrealistic expectations. The concept of their being the "voice of the patient" in the NHS is an imaginative if bold step. There is no more painful experience than being faced with something new. So here we have raw health councils faced on the one hand with educating a public ignorant of their existence and having to be sold this new idea, and on the other hand with health authorities (to use a convenient blanket term) well aware of their existence but also having to be sold a new idea. The patient not only has to be encouraged to speak but once he has spoken his voice has to be heard where it matters. These are the links. The crux lies in their strength or weakness.

To have to rely on a sort of spasmodic laissez-faire of good will and co-operation, even if these are positive and forthcoming, is neither satisfactory nor sufficient. If health councils are to continue, it would seem essential that to further their effectiveness they would require to be incorporated in the administrative structure in some shape or form, with clear lines of communication laid down and officially recognised. Failing this, one would question the validity of their continuance.

The suggestion by Professor Klein that the function of health councils could be absorbed by members of the proposed health authorities could be one way of ensuring involvement at a helpful level. The danger would be of "the voice" becoming lost in the crowd. However, it does lend support to, and highlights the need for, representation. This vital and presently missing link of representation could be achieved equally well, and better, by retaining health councils as separate entities.

While the further suggestion of professionals acting as health service auditors in a form of monitoring service may have merit, might such a high-powered force engender a risk of becoming bogged down in the language of academia or of developing a sterility born of inbreeding? It still would leave a gap to be filled by a body of persons working at ordinary