

brought them here, and also means that the other doctors who have been working in this area and coping with its problems also lose the inducement to stay here. If these incoming doctors then leave, the area will then again become designated, but we will have to wait three years before we get an inducement payment to stay.

This, in fact, is a deterrent to anyone wanting to come and anyone wanting to stay. I feel that there must be a permanent inducement to stay in these "unwanted" areas.

I am sure that there will be many letters in the *Journal* discussing further points about the charter pricing. I still feel strongly that this award will in no way improve the terms of service and decrease the work load. We should reject it, resign, and work in a system where wastage of medical manpower and excessive work load are reduced by a barrier between the doctor and his patients which will stop overutilization.—I am, etc.,

West Hartlepool.

JAMES A. BEWICK.

SIR,—In Chapter V of the report of the Review Body on doctors' and dentists' remuneration the following statement is made: "83. It was strongly put to us by the representatives of the profession that junior hospital doctors—up to and including senior registrars—were particularly seriously underpaid," etc. Yet as a second year registrar the increase in my remuneration is 9.35%, i.e., 3.1% approximately per year. This is even less than the so-called "norm" fixed by the Government!

If registrars are regarded as "seriously underpaid" this increase appears to be as strange as it is inadequate. I am sure all other registrars and senior registrars will feel that we have been sacrificial lambs whose interests have been callously ignored by our so-called colleagues who negotiated for us. Is there any wonder that we are frustrated and fed-up? It seems that unless we are as militant as the general practitioners we will continue to be victims of the rising cost of living and the complacency of the negotiating body.—I am, etc.,

St. Tydfil's Hospital,
Merthyr Tydfil,
Glamorgan.

N. KUTAR.

SIR,—Having at last seen the report of the Review Body, may I, on behalf of hospital staff, express my heartfelt thanks to the Action Group for submitting their own evidence, without which I feel sure we should have been rubbing along in penury for yet another three years.—I am, etc.,

Western Hospital,
Fulham.

S. A. AHMED.

SIR,—As usual the general practitioners have two alternatives, either to accept the award or to resign and put into operation either the Family Care Service or the I.M.S. Scheme.

Let us examine the alternatives. If we accept the award we will get a pay rise of about £1,000 a year. Work load will rise steadily as the ever-increasing populace takes even less responsibility for its own health. We will be supporting a system which will allow a retiring doctor to be some £50,000 better off than his equally meritorious next-

door neighbour. Our incomes and apparent money-grabbing tendencies will continue to be headline news in the popular press.

What if we resign? We will have an income increase of about £4,000 a year. The impossible work load will drop sharply (proved in Birmingham) and our standards of care will rise. Our fees will be decided by consultation among ourselves and are likely to be small if I.M.S. is any guide.

The public, the country, and we ourselves will reap the benefit of an enormously improved family doctor service.

"When the blind man carries the banner, woe to those who follow."—I am, etc.,

Blackhill,
County Durham.

F. W. B. BREakey.

SIR,—I do think that after receiving an offer which must seem quite astronomical to most of our patients we might have appeared grateful.

Reports that we are "bitter" can hardly be expected to elicit sympathy at this stage.—I am, etc.,

Swindon, Wilts.

D. B. DUMUGHN.

SIR,—It is with great consternation that I read that the Government refuses to include doctors' wives in the ancillary payment scheme.

I certainly agree that not all doctors' wives should be paid, but those of us who are suitably qualified and who have given sterling service since the inception of the National Health Service should be included. In this village there is no one who could step into my shoes in the practice, and therefore my husband has no choice but to employ me. However, I do suggest to doctors' wives who are in a similar position that we should never answer the door-bell or telephone out of surgery hours. Let all emergencies find their own way to the local hospital, and we could then live a quieter, happier, and certainly more peaceful life.—I am, etc.,

Burbage, Wilts.

H. M. HASSALL.

SIR,—It seems to us that the proposed seniority and merit awards will be unacceptable to general practitioners in their present form.

Both awards must be an incentive for younger doctors to enter general practice and for established doctors to maintain a high standard of work. A wait of 15 years for the first seniority award will be very little incentive. Surely after five years as a principal one will have gained sufficient experience and maturity to deserve a first seniority payment, and we suggest that further increments be added after 10, 15, and 20 years. We propose a minimum age of 30 for the first payment, and that every two years of postgraduate experience outside general practice be counted as one year for estimating seniority.

The proposed merit awards are, in our opinion, many too few, and much too high, and we would like to make the following suggestions:

(1) That in view of the extreme difficulty in assessing comparative merit, especially when considered in relation to the greatly

differing opportunities to practise good medicine, there be only one level of award.

(2) That there should be 6,000 awards of £355 each.

(3) That each award be held for six years, and that reapplication would then be necessary (awards given for life seem to us to give no incentive whatsoever to the recipient to maintain his standards, and no incentive to the non-recipient to improve his standards, as the number of death and retirement award vacancies in the first 20 years of the scheme would be very limited).

(4) That any general practitioner over the age of 30 should be entitled to apply, provided that he has spent five years in general practice.

(5) That no doctor be allowed to make more than three applications in any 10-year period.

(6) That, in order to maintain a constant opportunity to gain a merit award, these should be allocated at the rate of 2,000 every two years (we can see that this means that some money would be lost to the profession at first, but can see no simple solution).

We believe that the only people possibly able to assess the merit of any individual family doctor are: (a) the doctor himself; (b) the hospital consultants in the district; (c) his neighbouring colleagues in practice; (d) his patients.

The opinion of groups (c) and (d) would obviously be unacceptable, therefore we suggest that:

(7) Any doctor who considers that he deserves a merit award must make application, fully stating his own case, to whatever body is chosen to allocate the awards.

If the case is considered worthy of further consideration, further information would then be obtained directly from the consultants concerned. We realize that this would give rise to certain difficulties, but believe that a satisfactory working scheme could be devised.

We feel that these suggestions, if adopted, would give every general practitioner a real chance of achieving financial recognition of his efforts at some time in his career, and would provide a genuine incentive to constantly improve his standards of work.—We are, etc.,

Talgarth, Brecon.

J. M. LONDON.
J. G. DELLER.

SIR,—Surely it is within the power of all of us to contain the humbug likely to result from merit awards to general practitioners.

In any respectable partnership, all receipts from medical work are paid into the partnership account, and a "merit award" to an individual partner would be no exception—an individual partner who might well be doing a lesser share of work-a-day general practice in view of his "special experience and service." No young man would now enter a practice where his seniors were permitted to pocket merit awards or other similar windfalls. Nevertheless, the awards would encourage the trend for young men to enter good partnership practices, rather than those in far-flung and difficult areas. This would be contrary to the national interest.

I do not think anyone would grudge a merit award to a single-handed practitioner