

N.H.S. with such services as might at some stage in his career, no matter how long ago, have justified the initial allocation of such an award? In other words, is a review ever made to see whether a man is still worthy?

Secondly, how justifiable is it for a man to quote his merit award in support of an application for a post? This practice is not altogether unknown and seems to me to have little to commend it.

The recent salary alterations announced in the House of Commons involve still further increases in the numbers of merit awards. But members of the profession are still not told who awards the merit awards, who receives the merit awards, or why the recipients are so honoured.—I am, etc.,

Glasgow.

J. N. DAVIDSON.

SIR,—May I ask members of the profession who are going to attend meetings of their local B.M.A. Division in the next few days to consider the recommendations of the Council of the Association on the report of the Review Body to discuss the following two amendments: (1) That the meaning of "special experience" as a criteria for extra payment for general practitioners be clearly and explicitly defined; that such awards are made openly and the reasons for so doing disclosed in detail in each case; that there be no limit to the number of such awards if there be sufficient general practitioners of the required standard. (2) That the definition of "an unattractive area" be revised so that it is not absolutely tied to the concept of a three-year period of designation; that therefore any practitioner or group of practitioners may claim that they practise in an unattractive area and be allowed to present their case for so claiming.

The reasons for the first amendment will be obvious to all who have listened to the arguments for, and against, merit awards over the past few years.

The reasons for the second amendment depend upon the fallacy of the argument that it is only doctors in designated areas who are working in an unattractive area. In fact if one studies the designated areas one finds that due to quirks of municipal boundary lines considerable injustice is going to be done to many doctors, and other examples of the difficulties of using an outmoded definition will be apparent if one looks closely at local conditions.—I am, etc.,

Birmingham 21.

K. G. DICKINSON.

SIR,—Merit awards will, I feel sure, contribute nothing to raising the standards of general practice; only demoralization of the "have nots" will result.

If we must have them, let them be fairly awarded on merit. The 100 doctors for grade I award should place their qualifications before their colleagues in general practice and be nominated by postal ballot. Those nominated should then prepare a competitive examination (e.g., multiple choice and clinical not based on any published syllabus) to be taken by all general practitioners eligible for the grade II award.

For the grade II award to remain with a practitioner until retirement he should com-

pete again for the award 10 years after his first examination: doctors over the age of 55 years with a grade II award should be excused further examination.—I am, etc.,

London W.10.

N. J. BLOCH.

SIR,—I think it can be justifiably assumed that eminently suitable candidates for the higher merit award recommended by the Review Body would be doctors prominent in the medico-political field. Should such a man find himself the recipient of £2,500 per annum, would he, however impeccable his standards, be able to retain that complete independence which is essential in any negotiations he might be involved in with the Government?

It is no reflection whatsoever on him if I suggest that the Government, by granting him this award, would have effectively, at least psychologically, purchased his inert and silent loyalty. No longer would such a person be able to command the complete confidence of those of us whom he is representing.

I find it very disturbing and ominously significant that there has been no comment whatsoever so far from either the General Medical Services Committee nor from the Council of the B.M.A. on this inflammatory subject. The Review Body recommendations are *not* another package deal and these awards should be thrown out with contempt by the profession.—I am, etc.,

London W.13.

JOHN H. SWAN.

SIR,—The seventh report of the Review Body once again raises the vexed question of merit awards. They make it clear that they, and the Health Departments, are strongly in favour of them, and warn that money earmarked for them will be lost to the profession if we refuse on principle.

One feels at the periphery that our leaders too are weakening towards the idea, and so it is with this sense of foreboding that I venture to suggest a solution to the problems which might be an equitable way of introducing merit awards.

General practitioners might accept the idea of merit awards if in any given area of general practice a rotating anonymous committee of local consultants were charged with nominating those general practitioners who in their view they considered especially meritorious on clinical grounds. Other factors of a non-clinical nature could also be taken into account if so desired. Most consultants know the essential qualities of their local practitioners, judging by their letters and domiciliary consultations.

In return, and this is the basis of my thesis, a local rotating committee of general practitioners, which might or might not be the local medical committee, would decide in future the merit awards for consultants. In my view this would be fair. General practitioners know their consultants and their worth. One may not be able to judge the technical merits of a particular consultant, but there is a lot more to being a consultant than his ability to do a by-pass operation on the heart. General practitioners judge their consultants on their willingness to do

domiciliary consultations, on their hospital reports and letters, on their out-patient waiting-lists and in their general management of the doctors' problems, and patients with particular reference to the humanities.

Would not this system, if accepted by the two major sub-divisions of the profession, integrate the hospital and general practitioner, to the mutual benefit of both and not least to the patient?—I am, etc.,

Halesowen, Worcs.

M. H. OAKLAND.

### Single-handed Practice

SIR,—Why have our negotiators joined forces with the Government in an effort to condemn by financial discouragement single-handed general practice? A careful analysis of the recent proposed pay awards shows a definite discrimination against this particular group of doctors, albeit a minority.

Falling into this category, I am appalled to discover that with no claim to seniority payment (I have spent a mere eight years as a principal in an industrial Midlands cosmopolis), with no claim to an unattractive area allowance (it has never been designated, because you can't count the population as they flit about from one overcrowded house to another too quickly), with no claim to ancillary help allowance (my wife has always ably assisted as receptionist, secretary, and book-keeper), I find that with a list of local average size (2,700) my calculated salary for the coming year does not rise by the acclaimed £500, but actually falls short of my last year's income by £90! The penalty for independence is indeed great.

Am I to understand that the Review Body really did take into account the general economic position of the single-handed practitioner and decide that I and my similarly placed colleagues are earning too much?

In April 1967 I can look forward to an overall gross increase of 4½% on my 1965-6 salary. I suppose I must be satisfied that the proposed alterations in terms of service only will serve as my substantial advance towards better general practice.

Either someone hasn't done his homework or someone couldn't care less.—I am, etc.,

Walsall.

MICHAEL H. BOTT.

### Public Relations

SIR,—Your excellent editorial (14 May, p. 1183) gives B.M.A. members a clear picture of the Review Body's recommendations, but what is needed is a forceful statement in the lay press to correct the impression which has been given to the public that we are willy-nilly to be generously rewarded for our services.

I suggest a well-displayed announcement on the lines of the end paragraphs on page 1184 and page 1185: "But it should be emphasized . . . great achievement" would meet the case.

Even while I am on holiday I am being told how wealthy I am going to be. What it will be like when I return home in a few days I shudder to think.—I am, etc.,

Canterbury, Kent.

W. H. SCOTT-EASTON.