

The opinion of groups (c) and (d) would obviously be unacceptable; therefore we suggest that 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, or a random selection of those named. We realize that this would give rise to certain difficulties, but believe that a satisfactory working scheme could be devised.

Dr. J. G. TURNBULL (Musselburgh) writes:

My main purpose in writing is to support Dr. I. M. Segal's (14 January, p. 175) plea for an active stand against these awards by as many general practitioners as possible. The Ministry has stated that the money cannot be used for any other purposes, despite the obvious fact that there are constructive ways for such moneys to be used for the improvement of the general medical services without benefiting any general practitioner's pocket. Likewise, in your columns there have been mentioned various improvements which could be made in the educational and diagnostic fields. This Ministerial dogmatism scrapes even thinner the veneer of good will between the Government and general practitioners.

Dr. R. E. W. OLIVER (London W.5) writes:

It would be fair to say that in almost every occupation there exists a career structure with extra reward for extra effort. Most informed opinion, including a Royal Commission and the Review Body (and even Spens), considers that such a structure should exist in general practice.

It is suggested that general practice alone should be a singular communist brotherhood with all equal, able, and rewarded identically. With different rewards every general practitioner would spend much time worrying, anxious, continually glancing over his shoulder and having his life dominated by thought of the earnings of his colleagues. This is surely unlikely and is certainly not used as an argument for paying all solicitors, architects, and actuaries the same.

Dr. D. D. ROSEWARNE (London E.3) writes:

Among the suggested criteria for "advancement" awards are various appointments outside the N.H.S. These are largely determined by knowing the right people and having the time and the talent for buttering them up. . . . In 1948 the consultants were told that if they voted against merit awards the money involved would be lost altogether. We are now subjected to the same blackmail. I challenge the B.M.A. to demand the withdrawal of this threat so that the merits of these awards can be voted on fairly.

Dr. N. BLOCH (London N.W.2) writes:

The criteria used by the Working Party to measure a general practitioner's contribution to the advancement of general practice (*Supplement*, 11 February, p. 39) appear to be related to three qualities, merit (albeit inefficiently), proficiency in raising prestige of general practice, and service to general practice in an administrative capacity. Your leader (11 February, p. 318) rightly states that true merit (that is, ability of a doctor and the use of that ability for his patients)

does not obtain a true reward in the N.H.S. Yet the Working Party state, and rightly so, that their criteria bear no relationship to merit. One can only conclude that true merit will still go unrewarded. There is only one measurement of true merit, and that is the examination system with or without thesis, and even this is far from ideal and does not measure ability in day-to-day practice. Nevertheless, it is largely free from personal bias. My own opinion remains as always that even true merit awards should not be part of the N.H.S.

Dr. T. M. WINSTANLEY (Ruthin, N. Wales) writes:

I doubt whether any doctor would seriously dispute two points:

(1) That some doctors have more ability and clinical skill than others, and when additionally blessed with the humanitarian virtues these doctors are recognized by society and by their colleagues as above-average doctors; (2) that if one could clearly identify these doctors (without the aid of partisan local knowledge) nobody would cavil at their receiving some form of monetary reward. The basic argument against accepting the allocated two million is that selecting Dr. "Above Average" is bound to lead to injustice, because for every doctor secretly awarded £750 there would be many others who were just as good, but the toss of the coin went against them. . . . I believe that the standard of general practice is far better than the diminutive number of awards infers, and I therefore exhort all general practitioners to firmly unite and reject the Working Party report on merit awards.

Dr. J. KELLY (Doncaster, Yorks) writes:

The suggested criteria bear out the oft-repeated fear that the committee man will stand a greater chance of receiving these awards than the doctor who devotes all his time to the service of his patients. The significant statement supporting this seems to be that the Working Party says that, while a points system could be devised to measure attainments under each head, the method of working would have to be left to be decided by the Selection Body (presumably of committee men). The suggestion that such members of the Central Selection Body would not be eligible for an advancement (merit) allowance, but would receive comparable remuneration from Exchequer funds, does nothing to reassure me, especially as the members of the suggested Regional Panels would themselves be eligible for these allowances. I urge all general practitioners to attend the forthcoming meetings of their local medical committees and B.M.A. Branches and to fight these iniquitous proposals.

Dr. J. H. SWAN (London W.13) writes:

The Working Party's report on the subject of additional allowances (*Supplement*, 11 February, p. 39) for special experience and service to general practice is a valiant and desperate attempt to find a formula whereby a large sum of public money need not be refused by a profession which is almost united in its opposition to merit awards. The great danger is that many doctors will say to themselves, "I am fundamentally opposed to merit awards, but think that I have a reasonable chance of getting one. An extra £750 a year is not to be lightly turned down, so I'll swal-

low my principles and will vote in favour." I appeal to my colleagues in general practice to stick to their principles and vote in the coming plebiscite against a measure which will sow discord, bitterness, and envy among us all.

Dr. R. S. V. MARSHALL (Wolverhampton) writes:

The General Medical Services Committee was not entering into negotiations with the Minister to implement decisions of the Conference and Representative Body. It had only received instructions from the Conference to prepare a scheme for its own consideration. The Conference had had very definite doubts about the feasibility of "merit" awards, and had not been prepared to discuss the proposals even in principle until it had evidence that it was practicable to produce criteria that would allay its doubts. In this atmosphere the question was still an internal matter, and I still insist (7 January, p. 55) that it was highly improper for the General Medical Services Committee to invite any comments from the Ministry, even informally. Once the principle had been accepted different considerations arise, and contact may have been desirable. To enter into contact with the Minister on so contentious an issue on its own authority, without consulting Council or anyone else, was a breach of the autonomy resolution, if not in the letter, certainly in the spirit.

Dr. J. SHAW (Winchcombe) writes:

One would have thought that there would have been an outcry from the whole profession at this iniquitous and fantastic idea of "merit awards." Not so, apparently. I defy any body of men to be able to form a sound judgement as to whom should receive this award.

Dr. J. D. HOTCHIN (Leicester) writes:

I wish to add my support to the letters in the *B.M.J.* (14 January, p. 114) on the subject of merit awards, and especially to Dr. P. I. T. Walker, who said that at every single meeting where the principle of merit awards had been discussed it had always been rejected overwhelmingly. My experience is precisely similar.

Dr. I. COLEMAN (Ilford, Essex) writes

I feel that I must add my voice to that of many others . . . protesting against merit awards to general practitioners. It cannot be too strongly emphasized that there can be no just method of awarding these payments.

Dr. G. R. ADDLESTONE (Leeds) writes:

The decision to accept or reject these [awards] is a very simple matter. Either we feel that there is a worth-while personal element in a relationship between the G.P. and his patient or we do not. Are we to say goodbye to the family doctor? If we are, then heaven help us.

Dr. D. DIGGES LA TOUCHE (Boston, Lincs) writes:

I wish to add my support to those letters which have appeared recently in the *B.M.J.* rejecting the idea of merit awards in general practice.

Dr. MARGARET WILKINSON (Cardiff) writes:

The idea of merit awards in general practice should be rejected forthwith.