

respects, especially in relation to capital expenditure, the United Kingdom was rather low in the league. Belfast thought that a closer examination of the matter should be undertaken.

Dr. GOLDTHORPE (Southend) said that it was probably the most important motion on the agenda. Dr. DAVIES urged the Conference to support the motion on the assumption that included within the known deficiency was the inadequacy of general practitioners' pay.

The motion was carried.

Payment for Locum or Deputy

Dr. D. L. WILLIAMS (Denbigh and Flint) moved: "That a locum or deputy should be paid directly by the executive council at the same rate as the general practitioner for whom he deputizes, and that a general practitioner leaving on holiday, attending a refresher course, or falling sick should be able to nominate to receive this payment a deputy who could be (a) a locum, (b) any other practitioner on the list of the executive council, or (c) his partner or assistant, and that the G.M.S. Committee report further on this proposal."

He said that previous attempts to provide general practitioners with holiday and sickness relief had foundered because of two main objections: first, the danger that the proposals might lead to a salaried service; and secondly, the absence of a pool of locums.

His answer to the first objection was that the inclusion in the present system of provision for holiday and sickness relief would disarm the salaried service of one of its principal attractions. If they failed to incorporate such advantages now he believed that the demand for a salaried service would grow. The existing system was a compromise which combined many of the disadvantages of a salaried service with the disadvantages of private practice. Conference should aim at reaching a new compromise selecting the advantages of both. General practitioners were deterred from taking adequate holidays not merely by the difficulty of finding a deputy but by the difficulty of paying for him and the holiday together. The proposal removed the deterrent by putting on the executive council the duty of paying the deputy the rate for the job that he undertook, thereby automatically correcting any unfairness in reciprocal arrangements with a colleague arising from difference in practice sizes.

Dr. FIDLER (Bradford) moved an amendment to delete: "at the same rate as the general practitioner for whom he deputizes."

He said that the general principle of the motion seemed to be vitiated by woolly wording. What was "the same rate as the general practitioner for whom he deputizes"? He did not know what it meant.

Dr. G. R. OUTWIN (Doncaster) said that it was ridiculous to propose that an executive council should pay a deputy or locum on a basis comparable with that of the person replaced. The motion should be considered on its merits without that aspect of it.

Dr. BREACH (Belfast) said that the matter should be considered from the viewpoint of the payments being regarded as an expense charged on the pool.

Dr. WILLIAMS said that Denbigh and Flint were referring to superannuable remuneration, which was assessed by the executive council. It was therefore not difficult to ascertain an estimate of the remuneration of a general practice. Remunera-

tion of a deputy should be related to the size of the practice relieved.

Dr. DAVIES said that both the motion and the amendment were way up in the clouds. Both were quite impossible and quite impracticable. The proposal meant that the doctor with a small list would have less pay available for his locum compared with a colleague with a larger list, and so the doctor with a small list would never get a locum. As to the expenses factor, if by some miracle the executive council could be persuaded to provide locums—and at the moment there was not the manpower available anyhow—and pay for them it certainly would not be a practice expense. It was a bright idea but would be practicable only within a whole-time salaried service, and even then only if there were sufficient doctors to make it possible. Both the motion and the amendment should be rejected.

The Bradford amendment was carried.

Dr. WILLIAMS said that it was rather sad that Dr. Davies was still looking at a salaried service much as a mouse watched a cat—unable to move back and afraid to move forward. It was sad that thought of a salaried service should paralyse all progress.

The motion, as amended, was rejected.

Improving General Medical Services

Dr. BREACH (Belfast) moved: "That this Conference asks that the G.M.S. Committee take further effective steps towards providing adequate facilities for the general practitioner to enable him to improve his standard of service and in order that general practice may attract new entrants."

He said that there was a time when general practice was an honoured branch of medicine and the other branches were auxiliaries; but that time had passed. The reason was not far to seek. It was not remuneration. It was facilities—facilities with which to carry out general practice in 1963 as it should be carried out. Facilities were showered on other branches, such as the hospital service. How long would doctors with 3,500 patients on their lists live? Recruits would be wanted to fill their places but not enough would be found, and the lists would continue to rise and the vicious circle would close. Very few recently qualified doctors who gave the subject considered thought would choose general practice in present circumstances. A working party should be set up to prepare proposals for the introduction for the general practitioner of facilities not less than those enjoyed in the hospital service.

Dr. DAVIES said that Dr. Breach wanted ancillary help, postgraduate courses, diagnostic facilities, better cars, chauffeurs for them all, more holidays, and so on, and as he favoured all those things he invited the Conference to support Dr. Breach.

The motion was carried.

Vote of Thanks

Dr. KATHLEEN CORBISHLEY (Lincoln) thanked the Chairman for the way he had conducted the Conference, and the meeting then ended.

Correction.—In the report of the proceedings of the Annual Conference of Local Medical Committees (*Supplement*, June 29, p. 307) the speech reported (p. 310) to have been made by Dr. R. GREEN should have been reported as being made by Dr. R. B. L. RIDGE (G.M.S. Committee).

GENERAL MEDICAL SERVICES COMMITTEE

Dr. A. B. DAVIES was re-elected Chairman of the General Medical Services Committee at its first meeting of the session on July 4. He thanked members for having re-elected him, and extended a welcome to the new members of the Committee, Drs. E. Colin-Russ (London), A. A. Clark (Dalmeir), and J. C. Knox (Glasgow). He also expressed the thanks of the Committee to Dr. H. H. D. Sutherland and Dr. W. M. Wilson for their services to the Committee during their tenure of office.

The Committee then proceeded to appoint its representatives and deputies on the various committees of the Association, subcommittees, and other bodies.

Evidence Committee

The Committee considered nominations for the appointment of a general practitioner member of the evidence committee of the medical profession to the Review Body, and Dr. C. J. Swanson was nominated.

Annual Conference, 1964

It was decided that the next Annual Conference of Local Medical Committees should be held on June 10, 1964, continuing on June 11 if necessary.

Surgery Accommodation

Describing it as "an example of excellent liaison in the area," the CHAIRMAN drew the Committee's attention to a letter from the Stratford Division dealing with the question of surgery accommodation in redevelopment areas. It was pointed out in the letter that several members of the East Ham Local Medical Committee and Executive Council had a profitable meeting with the chief housing officer at which they were fully acquainted with all possible new development plans in the borough, and were asked to advise doctors to be on the alert as to the possibility of shifting population. The local authority were fully prepared to build new doctors' premises in new estates or redeveloped areas. It was also pointed out that doctors should examine their leases, because if they had only a short time to run the authority would sympathetically view any approach to them for other suitable premises. The housing officer also guaranteed that there would be no exorbitant rents charged for the new premises.

G.M.S. Committee (Scotland)

Dr. E. V. KUENSSBERG presented the report of the General Medical Services Committee (Scotland). He said that the Committee had not agreed to abandon its Distribution Committee. It had been put in abeyance simply because there was a subcommittee which dealt with mileage, and which, in view of the new mileage scheme, had to do a fair amount of work.

Notifications by Opticians

The Committee's views were sought by the Middlesex Local Medical Committee on a question raised by an optician who pointed out that under his terms of service he was required to notify the patient's general practitioner if he discovered any disease or abnormality of the eye. The question arose, however: Who was the general practitioner