Sir,
Your somewhat neutral editorial on *Working for patients* (March *Journal*, p.87) fills me with concern that the College is losing touch with the feelings of its members.

Our present contract certainly penalizes investment of time and equipment and also high quality ancillary staff, but there can be no doubt that the new contract will increase the penalties for such investment — especially in small practices. Personal care will also be penalized. The best interests of our patients will be served by resisting strongly the imposition of such penalties.

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Sir,
The National Health Service has always been a political football. It was stampeded into being soon after the war as a great vote catcher despite the misgivings of the medical profession who had little say on how it was to evolve. Its tripartite inception as hospital, public health and general medical service each divorced from the other was a disaster from the outset and has made it impossible to fully integrate total medical care.

Politicians glibly thought that after the first few years when patients' immediate needs had been met, demands on the service would lessen. Thus the planners did not enlarge the service to cope with the explosion that did occur. New hospitals were not planned and existing hospitals were not expanded in time to meet the rush. Frustrated young doctors went abroad in the medical brain drain of the 1950s and when eventually a crisis developed, alternative labour was cheaply imported from under-developed countries.

It was not until this revolt, and the charter of the late 1960s, that the general practitioner began to come into his own; even so modern technology has remained largely out of reach within large hospitals together with the deliberate exclusion of community hospitals in which the family doctor could have a stake.

It has taken over 40 years of hard won negotiations for the family doctor to reach the present situation. Money made available as the result of the charter has seen a spectacular improvement in general practice. All this the health secretary intends to turn upside down without consultation with those who do the work. The majority of doctors, after years of exacting training, do a fair day's work and carry considerable responsibility. Any success attributable to the NHS is due largely to the dedicated hard work of those who labour long hours in it. Successive governments have relied undeservedly on this good will.

We are not against change, but it must not be reckless. Improvements will require more money not increasing bureaucracy. The country cannot have a first class health service at third rate prices.

The minister appears to have taken advice from academics and practitioners comfortably situated in large partnerships in those salubrious areas of the country within easy reach of the Royal College of General Practitioners. Those who work in isolated and deprived areas, especially those with single handed and small list partnerships, have been discounted.

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What kind of College?

Sir,
Geoffrey Roberts' idea of government payments on reaching a certain standard (January *Journal*, p.30) is not new and the vocational training allowance has never been controversial. Seniority payments used to be conditional on attendance at a certain number of section 63 sessions, and the abolition of this link was a retrograde step. In the USA doctors have to be seen to be engaging in some form of postgraduate activity and in the UK our consultant colleagues have merit awards, although no objective assessment of merit is involved. It is noteworthy that the Doctors and Dentists Review Body in its 1988 report wanted distinction and merit awards to be for a fixed term only, renewable after review, and the current white paper[1] seems to be in favour of this. In the past good arguments have been advanced against merit awards in general practice and Fry[2] points out that the College has consistently opposed this, but there is nothing like a financial incentive for stimulating interest. Most of the objections to payment for merit in general practice were centred on difficulties of measurement, but in the last decade the College has been instrumental in the