

## REPORTS FROM GENERAL PRACTICE

### III

#### ADDITIONAL PAYMENTS FOR WIDE EXPERIENCE AND NOTABLE SERVICE IN GENERAL PRACTICE: AN OUTLINE SCHEME

##### *Introduction*

The need is recognized to provide some form of encouragement and help for the general practitioner who deliberately sets out to improve and augment the services he gives to his patients—either by increasing the facilities he offers or by training himself for better practice.

In rejecting seniority payments the Review Body thought that “it should be possible to devise a system that would not only be but could also be accepted as being fair and equitable.” They recommended that the profession and the health departments should turn their attention to this problem and hoped that it would be possible to devise a system of ‘self selection’ on the basis of objective criteria, such as experience, seniority, higher qualifications, attendance at refresher courses and so on.

The representatives of the profession had put forward through the Joint Evidence Committee a scheme for such payments based simply on length of service. There had been strong objections in the past to any secrecy surrounding such awards and a selective process for distinction awards for general practitioners was considered too difficult and controversial to establish. Since the Review Body expressed itself so clearly on this matter and since the Royal Commission in its original recommendation suggested that the matter should be discussed with the College of General Practitioners, the Council of the College has given serious consideration again to the academic basis on which any such additional remuneration could be fixed. The College has already accumulated much information and experience in appraising those qualities in a doctor which make for good general practice.

A draft memorandum was presented to the General Purposes Committee at its meeting on the 13 March 1965. The General Purposes Committee accepted the draft memorandum as a working paper and appointed five of its members to consider the matter further. At its meeting on 11 April, Council directed the drafting committee to prepare a revised document, setting out the academic need for and purpose of such payments.

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##### Report of Drafting Committee

1. The knowledge and experience of a doctor who has spent 10 or 15 years in good general practice should be of special value to the community

and the profession. Equally, such a doctor, as he approaches the peak of his career, might hope for additional rewards if he spends any further time or effort on research or teaching students and young graduates, either in his own practice or in one of the new departments of general practice, as envisaged in Council's Report on Special Vocational Training (May, 1965).

2. On reflection, however, most doctors would almost certainly decide to forego any such additional work, since it is scarcely ever possible for a general practitioner at present to earn more by improving his skills or giving better service to his patients. There is no career structure, no incentive and no reward for good general practice in the National Health Service of 1965.

3. We have attempted to study the academic basis on which additional payments might be made for wide experience and notable service in general practice. Although matters of administration have necessarily been examined, these are only presented here in outline. It would be for others, if the profession so decided, to work out in detail the implications, administrative feasibility and cost of our proposals.

4. There is an urgent academic need for the distribution of some additional payments to general practitioners, as an incentive towards and reward for better practice.

5. Such rewards and incentives should encourage general practitioners to work better and more effectively for each patient and each family, and to master new skills as these are devised either within the profession or by those in allied disciplines. They should also, occasionally, make it possible for outstanding men to take a share in the increasing burden of teaching and research.

6. We suggest that the College is an appropriate body to consider such payments and to express its opinion on this matter. We believe that satisfactory machinery can be devised.

7. We propose that there should be three rates of additional payment and suggest that rate III should be the lower, rate I the higher payment.

8. In the title of these additional payments, words such as 'merit', 'seniority', and 'distinction' which have acquired special meaning may have to be avoided; in the following paragraphs the word 'awards' will be used to mean additional payments. The intention is that these awards should be for wide experience and notable service in and to general practice.

9. The awards should be competitive. To attract all general practitioners, we consider that every family doctor might reasonably expect to be able to qualify for such an award by ten years before retiring. If we assume that he will be in active practice for an average of about 30 years, we should plan that an award will be held by about one in three general practitioners at any one time. If there are approximately 23,000 doctors in active general practice, we suggest that about 7,300 doctors should hold an award each year.

10. We are in agreement in suggesting that 5–10 per cent of awards should be in Grade I (top grade), 25–30 per cent in Grade II, and 65–70 per cent in Grade III. It is not our intention at this stage to suggest the amount of such additional payments but there is general agreement that if £x represents the amount of a Grade III award, then the amount for Grade II would be two or three times that amount and the amount for Grade I award would be four or six times as much.

11. We suggest that so long as the recipient of an award remains a general practitioner in the widest sense, each award should be held until the doctor reaches the age of 65 years, when it would automatically be surrendered.

12. Each award would be personal to the doctor receiving it but we consider that a doctor in partnership must be left entirely free to use the award himself or dispose of it as he thinks proper. We recognize that partnership agreements as at present framed will often make it impossible for the award to become the personal property of the doctor receiving it; and we also realize that a doctor might only be in a position to receive an award because of the sympathy and understanding of his partners. As new partnership agreements are drawn up, it should be possible to reconcile equitably the personal and partnership aspects of such awards. This temporary difficulty should not be used as an argument against the principle of making awards.

13. We consider that the granting of an award to any doctor should be a matter as confidential as his other earnings in general practice. There is no reason why such awards should have more publicity than information about the size of a practitioner's list. His partners, secretary, and accountants would know of the award but would be expected to maintain the same discretion as they do about other confidential matters in the practice.

14. We propose that a doctor would need to apply for an award and that certain time limits would operate. No application should be considered until the doctor had been in general practice for a minimum period of, say, five years; we expect that, apart from exceptional circumstances, most applicants would have been in practice for 10–15 years before applying. We propose that, if a doctor's application for an award is not accepted, he would not be eligible to re-apply for another, say, five years; but we envisage that awards—as they fall vacant by surrender at the age of 65—would be granted at any time in less than five years to applicants who were *proxime accessit* on the last occasion.

15. We propose that a doctor's application should be considered by a central 'selection agency' whose duty it would be to verify the facts of each applicant and to ask for references. We suggest that each applicant should be permitted, if he so wished, to submit the names of any person to whom, amongst others, the selection agency might write for reference. In other words, both agency and applicant should have the right to choose or nominate references.

16. We envisage that in the first instance new awards would be made annually but that applications could be submitted at any time. We consider it important that the selection agency must retain the control of all awards, which should never be made automatically to those appointed by outside bodies, for example public committees or university departments.

17. We do not under-estimate the organizational difficulties which the selection agency would need to overcome but believe these are not insuperable.

18. We have started to outline the criteria that might be used by the selection agency. We recognize at the outset that the *quality* of the personal services which a doctor provides directly for his patients cannot be measured. We consider, however, that this quality can often be inferred from other factors which are known or believed to influence the professional quality and nature of a doctor's personal contact with his patients.

19. We therefore propose that each applicant should fill up all parts of a searching questionnaire, covering every aspect of his training, experience, and practice responsibilities. The same questionnaire would be used for all three awards and from this the selection agency would determine which grade of award the applicant would receive.

20. The applicant's age would be taken into account but seniority alone would not be enough. The older man would have had greater opportunities to acquire special experience and render notable service. The awards would go to those who had seized these opportunities.

21. Our preliminary proposals about the selection of applicants for the three grades of award have been reported to Council in an appendix to this report. Since these are concerned with practical details, it would not be proper for them to be published before being seen and considered by other leaders of the profession outside the College.

22. From our information and present studies, however, each of us is convinced that machinery for selection can be devised which "would not only be but could also be accepted as being fair and equitable" to the great majority of doctors in general practice.

23. We submit this report of an outline scheme, realizing that flexibility is necessary at this stage. If the suggestions appear acceptable to the profession, it would be for others to clothe them with flesh and bones, with the College acting only as adviser.

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