

and the process of dissolving a partnership is comparable to the dissolution of a marriage and may involve the High Court.

The legal situation is rarely understood even by many principals long established in practice. It is not always known, for example, as Dr Graham notes, that the acceptance of an offer of a partnership constitutes a form of agreement in itself, and may bind both parties until another agreement subsequently replaces it. Similarly, in sharp contrast to the hospital service the duration of appointment varies; there is no fixed retiring age unless this is incorporated in the practice agreement. Consultant appointments in the National Health Service have a fixed retiring age of 65 with few exceptions.

New principals may be appointed to practices in two ways. Either the post may be advertised by the local executive council, usually with smaller practices, or, the existing partners may appoint directly with appropriate approval. These methods differ considerably; there is, for example, an appeal against an executive council decision but none against a practice decision. Where the executive council appoints, the process is similar to a hospital appointing committee and the members of this committee normally have no personal relationships with the practice concerned. When, however, the practice itself is responsible, the existing partners who remain have a strong personal interest in the appointment. How do they set about it? What criteria exist? Is the process haphazard or scientific? How quickly does it happen? Do candidates eliminate themselves unknowingly, and if so in what way may a candidate improve his chances of being appointed? These and other questions spring to mind and some are answered for the first time today. Dr Graham describes the method he used, the criteria that he adopted, the time it took, and in addition, he has analysed the applicants.

Need for more information

We welcome this paper. We believe that at a time when entry to general practice is becoming professionalized, perhaps for the first time this century, there is a real need for further information on this subject. Young doctors, particularly those who have prepared themselves through training programmes, have a right to understand the appointing process. Similarly, we believe that other established principals, in practices very different from rural Devon, may find other criteria more appropriate.

This *Journal* is particularly interested in the process of appointment. We hope to carry more advertisements in the future for practice vacancies, vocational training schemes and trainee posts, as well as for doctors seeking openings.

We welcome further papers and letters describing the process by which general practitioners appoint a partner.

FIRST ENGLISH CHAIR

THE University of Manchester has announced that the Director of the Department of General Practice has been appointed to the first Chair of General Practice in the university. Professor P. S. Byrne therefore becomes the fifth Professor of general practice in the British Isles and the first in England.

It has long been claimed in Scotland that medical education north of the border is superior to that further south. The achievement of Scottish universities in appointing all the first three Chairs of general practice and, as we report in the news section today, the first Chair of nursing studies in the United Kingdom, certainly provides powerful

evidence of progressive thinking in Scotland. The news that England is catching up is therefore welcome.

History of the department

Professor Byrne's appointment is particularly pleasing as he already directs the largest department in the British Isles and has done as much as anyone to foster the development of university general practice. He has achieved much in a short time. Indeed, he was appointed a part-time lecturer *for one day a week* as recently as October 1965. A year later, he increased his commitment to three days a week, still on a part-time basis, when the return journey to his practice was 160 miles.

The Manchester Department has a fine teaching record. Manchester can be proud that 100 per cent of its undergraduates have spent a fortnight in general practice since 1954 and now undergraduates receive teaching in general practice in all three clinical years. Indeed, one set each year receive their very first clinical experience in general practice. The logistics are formidable; 220 undergraduates are expected in 1973.

In March 1966, the Department, in association with the Manchester Department of Education, introduced the first course in the United Kingdom designed to teach general practitioners teaching methods.

In April 1968, the department became a sub-department of the Department of Medicine, and in the same year an appointing committee chaired by the Vice-chancellor appointed two senior lecturers and one lecturer.

Dr Byrne took a leading part in complex negotiations with the Department of Health and Social Security and the General Medical Services Committee. Three crucial agreements were made which formed the basis for the development of many university departments: that reimbursement of ancillary staff would be the same as in other practices, secondly, that notional rent and rates would be similarly reimbursed and thirdly, the concept of notional lists would be applicable to university practices.

The year 1969 was a turning point. The Department of General Practice became an independent department within the Faculty of Medicine. Dr Byrne, began a full-time appointment with the title of 'director'; two more senior lecturers were appointed to complete the staff. At this point it became clear that the future was assured.

Professor Byrne's elevation to the Chair thus marks the culmination of many years of hard work. It is especially pleasing for the members of the Royal College of General Practitioners because Professor Byrne has always strongly identified himself with the College and worked endlessly for it. He chaired with distinction the education committee during what history may show to be one of its most crucial times, and he is today chairman of the board of censors.

It is to be hoped that the light of university general practice, so brightly lit at Manchester will soon burn in every other medical school in the United Kingdom. The omens are good; this *Journal* has already carried an advertisement for the Chair of community care and general practice at the University of Sheffield.

We congratulate Professor Byrne on a great personal success; his remarkably able staff on a great collective achievement; and the University of Manchester on creating for general practice, the first English Chair.