Does the general public really share our enthusiasm for health centres, group practices, appointment schemes and the like? Is the single-handed practitioner really the doom-touched man that so many think? These and many other such questions are completely unanswered. We just don't know, but it is good that we are trying to find out. Even in a seller's market—in which doctors all over the world now find themselves—customer-research is never unproductive, but we must be ready to accept willingly much research and advice from other disciplines if we desire the whole truth, and wish to fructify the last two lines of our quotation.

CHOOSING A PRACTICE

HOW do general practitioners—especially young doctors—choose a practice? Little is known about the selection process and much of what exists comes from established principals. The views of the younger generation will eventually affect practices everywhere, especially when "for the first time in history young doctors are entering general practice having completed a three-year training programme designed to prepare them for their future work."[1]

The balance of power is swinging to the young because the relative shortage of general practitioners has weakened the position of existing principals. Also today's young doctors are more highly selected than ever before,[2] and most vocational training schemes specifically prepare them for their eventual choice of practice.

Principals, once appointed, move less than hospital colleagues so their choice is of great significance. The conflict of interest expressed and resolved in the eventual appointment represents for both sides a clash between idealism and reality. Gilmour and Drinkwater both comment today on the disproportionately high number of young doctors who, despite their professional preparation, seek "a small, group practice in an attractive market town not too far from the sea."

It has been thought in the past that doctors settle near their medical schools, and so it has even been suggested that the schools be moved to under-doctored areas. It is obvious from the practice advertisements in this *Journal* that doctors are thought to favour practices with services such as attached local-authority staff and open access. Barley today challenges this and certainly his tiny group were more concerned with the site of the practice and other relatively unalterable features.

Four principles

Place, pay, personalities and group size with practice philosophy, these are the main factors now guiding young doctors.

Place

Where the practice is placed is fundamental and unalterable. Young doctors must decide early whether urban or rural practice, or openings in large or small cities are desired. It is not yet known how well the vocational training schemes are helping them to balance the pros and cons of these very different forms of practice.

Pay

Graham stated openly the parity he was offering[3], and in this age of frank communication it is strange that none of today's papers comments on pay: in negotiation applicants are

less reticent. The present generation of vocational trainees has made an immense financial sacrifice of about £5,000 each and it is natural that they should try to make this up later.

There is a wide range of possible starting incomes, of practice conditions and facilities. Obviously practices offering the most money and the quickest parity are not necessarily the most desirable as sometimes such offers represent compensation. What guides young doctors in such a maze? Why do some choose an income of up to £2,000 a year less than that obtainable in other areas? What factors do they think compensate? Are they right, or do they have regrets later? The pay problem is interesting and requires further study.

Personalities

Personality, like the place, is not easily changed. The number and personalities of the remaining partners are critical, as colleagues work so closely and become so dependent on each other. The size of the group determines the pattern of practice life, and as some personality difficulties are inevitable in any medium-sized group, the importance of tolerance, if not compatibility, is great.

Much of the appointing process represents a conscious attempt by both sides to assess personalities and partner-compatibility. Compatibility of the wives, especially in small practices in rural areas, may be equally important.

Practice philosophy

One of the most difficult problems for those choosing practices is to assess, in a very short time, the philosophy of the practice. The difference between the best and the worst practices is now probably greater than in most other professions. It is quite possible for two practices offering the same income, in the same city and even in the same road to have quite different philosophies. Some differences have to be seen to be believed.

Only on this fourth principle do applicants today remain at a significant disadvantage. It is still probably easier for those interviewing to determine an applicant's attitudes than *vice versa*. It is not easy in a single day to get under the skin of the organisation of a practice and determine accurately its caring heart.

The agreement process

Given the enormous importance of the agreement process, it is remarkable how casually and how quickly it is often done. Many a partner is appointed in an afternoon; many young doctors will choose a practice after only a few hours' experience. If the partnership relationship is indeed akin to marriage[2], few would become engaged on such a basis.

The selection process may have been haphazard in the past, but it will become more professional in the future. Like an engagement it will be an agreement between equals, and the stereotyped formal interview will progressively become less important. Young doctors in the future may well wish to see the practice in action far more than they have in the past.

Marinker, describing the success of the workshops, stressed the importance of the observation process because "Try as the doctor will he cannot dissemble"[4] and the observer is therefore able to see clearly the practitioner's professional style. Could it be that in future appointing-principals and young doctors alike may wish to see the other at work before agreeing to share the rest of their professional lives?

This *Journal* has a long tradition of reporting advances in practice organisation. We believe that the appointing and selection processes are major aspects of practice

organisation—and both are ripe for study now. We welcome advertisements in the *Journal* both from those offering and seeking openings in general practice, and we look forward to further papers and letters on these subjects.

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THE PATIENT'S POINT OF VIEW

The Harris Poll carried out a survey in April 1972 based on information from 2,629 people aged 16 or over in Great Britain. The following were among their findings:

Seventy-nine per cent of the patients reported that they normally visited a group practice which was defined as two or more general practitioners working together from the same building.

Seventy-three per cent reported 'always or nearly always' seeing the same doctor.

When questioned about appointment routines 61 per cent reported that they normally have to make appointments, 33 per cent have to wait in the waiting room and six per cent can 'do either'.

When asked which was the better system, appointments or waiting rooms 63 per cent preferred appointments and 31 per cent preferred the waiting room, with six per cent 'don't know'.

Confidence

On the whole the general public seemed satisfied with the service they received from their local general practitioner. The vast majority of people trusted his judgement implicitly—very few indeed (less than one in 20) would question whether his medical knowledge is up to date.

'Is up to date' 81 per cent, 'out of date' four per cent, 'don't know' 15 per cent.

Time given by the general practitioner

When asked whether patients felt that their general practitioner was able to usually give enough time the replies were: enough time 80 per cent, not enough time 14 per cent, varies six per cent.

Information received

When asked whether patients would prefer it if their general practitioner told them more about the treatment given or less the replies were: 'told about the right amount' 69 per cent, 'prefer to be told more' 25 per cent, 'prefer to know less' one per cent, 'don't know' five per cent.

REFERENCE

Harris Poll (1972). Doctors and their patients, April.