commitment as a general practitioner regardless of how I am paid: for instance, ear syringing, which earns one a grateful patient, and night visits for which it is demeaning to have to get a form signed every time. We are gradually moving towards an item-of-service system of payment which can only encourage doctors to encourage patients to be ill in contrast to the capitation system we now have which encourages doctors to educate their patients towards good health and healthy attitudes.

Item-of-service payments should be restricted to those procedures which could be referred out of the practice but which the doctor prefers to do himself for extra payment, or else to enable him to recoup the cost of expensive equipment. Appendix B of the report is purely arbitrary and could be expanded or contracted at will—it is guided by no identifiable principle despite the verbiage in Chapter 7.

A more selective use of the item-of-service payment would then improve practice and lead to all possible work being done by the primary care team: it would increase job satisfaction, as the report says, but not at the expense of endless form filling.

M. E. M. COOK

12 Barnfield Hill
Exeter EX1 1SR.

Reference

General Medical Services Committee (1979). Report of New Charter Working Group. London: British Medical Association.

Sir,

As a new member of the College I would like to comment on the proposals for a new general practitioner's charter (GMSC, 1979).

First, on the positive side, I welcome: 1. the reduction of list size, 2. the aim of increasing emphasis on health education, and 3. the emphasis on both undergraduate and postgraduate training in general practice. As a student in a large inner city teaching hospital I was taught that general practice is learnt in the accident and emergency department because "nobody bothers to go to general practitioners here as they are so awful"—hardly a recipe for generating enthusiasm in a student!

Despite this I have chosen to work in an inner city area and am fortunate to be working in a health centre where there is a good team atmosphere and where we do our best to cope with the awful problems that surround us.

Which brings me to the negative side of this charter—what we need in inner Liverpool is time—time to sort out the real problems behind Mrs Smith's 'depression'—whether it's because her husband is beating her or because he is drinking to cope with his fears of imminent unemployment. Time to deal with Mrs Jones who at 84, and with a colostomy, is too old to go out to her lavatory in the backyard in the middle of the night.

Payments for such ESR procedures as ear syringing, pregnancy testing, and injections will mean more forms and less time. Any doctor worth his or her salt should be doing these when necessary anyway: if not—what is medical education all about?

I am in favour of a salaried service because I would like a reasonable income to allow me to do my job properly. I did not go into medicine to make money by doing millions of cervical smears—I do them because I believe they are of value in detecting cancer of the cervix.

Time and good medical practice *cannot* be bought.

K. GARDNER

Princes Park Health Centre
Bentley Road
Liverpool
L8 0SY.

COMPULSORY REMOVAL

Sir,

I am conducting research into the operation of Section 47 of the National Assistance Act, which provides for the compulsory removal of people, usually elderly people, in need of proper care and attention.

General practitioners are often very much involved in this type of compulsory removal, as they are usually the co-signatories of the application for removal in the more commonly used 1951 Amendment of the Section 47 powers, which allow for the minimum removal of people on the application by a community physician and another registered medical practitioner.

I should be most grateful if general practitioners who have experienced difficulty with the Act, or have views on ways in which it should be further amended, could write to me. It would help me considerably in the preparation of my final report.

J. A. MUIR GRAY
Community Physician

Health Offices
Greyfriars
Paradise Street
Oxford OX1 1LE.

SELECTING TRAINERS

Sir,

I have been interested to read the correspondence between Dr J. C. Oakley (February *Journal,* p.117) and Drs P. Handfield Jones and J. Hasler (March *Journal,* p.186) about trainer selection. Drs Handfield Jones and Hasler feel that they have justified the acquisition of the MRCGP examination as an essential requisite in selection of trainers, but I think the following points ought to be answered as the Oxford Region is at variance with the majority of other regions in stipulating the criterion.

1. The prospective trainer, knowing the requirements, is likely to apply only if he thinks there is a good chance of being accepted. I wonder what percentage of prospective trainers were turned down before the MRCGP examination became compulsory, and how many after?
2. What evidence is there that trainers with the MRCGP are better than those without? If Dr Hasler is justified in making it compulsory, does this mean that Oxford is the best area in which to be trained?
3. Does the trainer with the MRCGP give the trainee confidence in his trainer's ability? If so, is there not a danger of the trainee being trained for the examination rather than for general practice? It is arguably not the same thing.
4. By insisting on the MRCGP examination as a criterion the Oxford area has begun to turn the selection of prospective trainers into a black or white decision and are not in a position to accept a trainer whatever other qualifications or merits he may have.
5. The inclusion of a trainee in the practice will make demands on all those in a partnership, whether they have the MRCGP or not, if the practice is a cohesive unit.

Does this mean that eventually partnerships with 'non-MRCGP' partners will be excluded from becoming a training practice? This could happen in two ways: first, if the selection committee deem the practice to be unsuitable; and secondly, if non-MRCGP members of the practice refuse to have anything to do with the trainee. Of course if this were to happen for either reason the examination for some would become divisive rather than unifying as it was intended to be.

P. D. KYLE

The Gables Partnership
Wantage Health Centre
Garston Lane
Wantage
Oxon OX12 7AY.