in the practice, a part-time general practitioner will attract allowances from the family practitioner committee of at least £4,185 per year, plus £700 per year for out-of-hours cover. She may also be eligible for a vocational trainee allowance of £855 per year. Thus any partnership in a non-restricted area can reduce its workload without incurring any additional expense by employing a part-time partner at a salary between £4,000 and £6,000 a year. Unfortunately, salaried partnership is not recognized by the FPC nor in common law. The salaried partner is still liable for the debts, tax, negligence, and acts of omission of the other partners. Thus, the part-time partner must ensure that she has a comprehensive contract, specifying hours of work, a stated percentage share of profits, an agreed minimum salary, and also insist that money should be retained in the partnership account for tax purposes.

The additional problem facing full-time women partners is that of maternity leave. Most partnerships have an agreement that, if one of the partners is absent owing to sickness, he shall, at his own expense, provide a locum for the practice after a certain specified period of absence. Failing this, he shall pay the remaining partners at the prevailing BMA rates for locums. No doubt a similar clause could be included to cover maternity leave.

But now the snags appear. First, the FPC will only pay sickness payments of up to £125 per week provided that a locum has been employed from outside the practice. (Maternity leave payments rules are very similar but are only paid for a maximum of 13 weeks.)

Secondly, reliable locums are hard to find. Thus, the sick or pregnant partner may have to pay the remaining partners at BMA rates which are at least £200 per week, without any reimbursement from the FPC.

Thirdly, if locums are not available, the additional workload for the remaining partners can be quite considerable, especially in a small partnership. In a society progressing gradually towards a 35-hour working week, the retention of free time and the non-interruption of holiday plans are more important to many doctors than an increase in salary.

Finally, most general practitioners are paying tax above the basic level. An additional income for locum duties will be lost to the tax man. It should be noted that locum rates are still below the average weekly earnings of most general practitioners.

I regretfully concluded that our female colleagues are liable to be exploited or suffer discrimination. How many general practitioners looking for a replacement partner in a practice whose circumstances do not necessarily require a woman partner would choose a female replacement? Probably the answer is inversely proportional to the number of good male applicants. As the number of women graduates increases, there is an urgent need for the profession to negotiate better maternity leave payments with the Government.

K. C. HARVEY

Medical Centre
Hay-on-Wye
via Hereford.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

Sir,

In your Medical News section (January *Journal,* p. 59) you quote Professor T. Counihan as saying that the recent dinner given by the regional vocational training committee at the Royal College of Physicians was the first occasion in history at which the College has welcomed representatives from the Royal College of General Practitioners.

The Chairman of Irish Council of the Royal College of General Practitioners has been a guest at the annual St Luke's day dinner of the Royal College of Physicians almost since the inception of Irish Council.

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Trinity College

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AMSPAR/RCGP WORKING PARTY

Sir,

At its meeting on 12 December 1979, the joint Working Party of AMSPAR and the RCGP agreed the following statement:

"The Joint Working Party of AMSPAR and RCGP is supporting the establishment of courses for middle management in eight centres commencing in September 1980. The Joint Working Party is to monitor and evaluate these courses which are designed for practice administrators/managers and intending administrators/managers."

The Working Party believes that such co-operation between our two organizations represents an important advance in the improvement of training facilities for ancillary staff.

S. O. OLIVER
Chairman,
Joint AMSPAR/RCGP Working Party
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SINGLE-HANDED PRACTICES

Sir,

The Rural Practice Sub-Committee of the BMA's General Medical Services Committee has asked me to prepare a report on the difficulties experienced by doctors who take over single-handed practices. I would be most grateful if any doctor who has experienced any such difficulty would kindly get in touch with me.

The report will contain no detail by which a doctor or practice could be identified. It will be used to try and influence Departmental policy towards more effective continuity of patient care when single-handed practices change hands.

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GENERAL PRACTITIONERS AND CLINICAL PSYCHOLOGISTS

Sir,

We welcomed the section devoted to behavioural problems in general practice in the June 1979 issue of the *Journal.* It was particularly gratifying to note that two of the articles were written by clinical psychologists who reported close co-operation with general practitioners in the spirit of the role envisaged for us by Trethowan (1977).

We had developed a clinical psychology unit in a Newham district health centre (Hallam and Liddell, 1978) which provided a new service in an area in great need of psychiatric provision. However, after two years of operation, the number of referrals from general practitioners was lower than that from psychiatrists, social services, or self-referred clients. With the aim of expanding our service, we systematically attempted to contact every general practitioner listed in Newham. Half were contacted by telephone and half by pre-arranged visit during a three-month period. In this way we were able to discuss our service with 69 per cent of those contacted. Of the 31 per cent not contacted, 11 per cent no longer practised in Newham, five per cent were on sick or maternity leave, it was impossible to find a mutually satisfactory time for 10 per cent of the sample, and only five per cent actually refused to spare us the time. Six months after the beginning of the survey, general practitioners' referrals constituted the largest proportion of our patients.

We feel that the interchange of ideas

has been to our mutual benefit. We learned a great deal about the district and were able to inform general practitioners not only about our service but also about our profession since almost none had dealt with clinical psychologists in the past. Many were reassurred to know about our accredited postgraduate professional training and how we differ from other professional or lay persons who offer therapy. We were able to present succinctly the case that clinical psychologists are the best suited to administer, evaluate, and develop psychological therapies (Liddell, 1977).

ANDRÉE LIDDELL
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MARTYN BAKER
Honorary Clinical Psychologists
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References

Hallam, R. S. & Liddell, A. (1978). The community clinic for teaching psychotherapy. *Bulletin of the British Psychological Society,* **31**, 145-146.

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Trethowan, W. H. (1977). *The Role of Psychologists in the Health Services.* London: HMSO.

A4 RECORDS

Sir,

Dr Bowen is quite correct—A4 records are forced back into one of the antiquated envelopes when patients transfer from one practice to another, and if they then transfer back to a practice using A4s, the notes are then re-converted.

It would be much better if the full A4 records were sent untouched to the new general practitioner. He would then have the option of converting them or using the A4, and he would already have been paid for this work owing to the way general practitioner expenses are reimbursed.

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PAYING FOR IMPROVED STANDARDS

Sir,

You published an article from Drs Miles and Rowley (January *Journal,* p. 40) discussing high pay for high turnover in a new city practice. A case of equal strength can be made out for high pay for high turnover in inner city areas, where the shifting immigrant population, students, and hospital workers all contribute to a high workload.

However, what really interested me was the possibility of a change in attitude on the part of the Editor and the College to fair remuneration for work done. Hitherto, all the Royal Colleges have studiously avoided soiling their white kid gloves by not involving themselves in questions of pay, leaving discussion of 'filthy lucre' to the British Medical Association. Thus the Colleges are always the blue-eyed boys, whilst BMA committee men are continually at loggerheads with officialdom over remuneration.

For 25 years, I have struggled manfully to maintain or even improve my standards in general practice, goaded ever onwards and upwards by my academic colleagues. I can cope with this—I am used to 'em. I am fortunate enough to work in an almost ideal situation, but ordinary general practitioners repeatedly ask me: "Who will pay for the increased work involved in raising standards?" The NHS pays for ordinary care for ordinary illness, not for exotic care for limited numbers.

Is the College now willing to involve itself in these problems?

Professor Metcalfe has, I believe, submitted a paper which will soon be published, showing statistically the increasing burden now falling on general practitioners involved in looking after an ageing population. His paper and that of your aforementioned contributors raised my hopes that the College is not too pious to look at these questions. As a fellow of the College and an active BMA member, I am personally very much involved in these matters.

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ASTON INDEX

Sir,

Following the appearance of my article on looking after children with learning problems (November *Journal,* p. 647) a great many readers have asked for information about the Aston Index. It can be obtained from Learning Development Aids, Aware House, Duke Street, Wisbech, Cambridgeshire. It costs approximately £15.

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BOOK REVIEWS

THE DIVISION IN BRITISH MEDICINE

A History of the Separation of General Practice from Hospital Care 1911 to 1968

Frank Honigsbaum

London: Kogan Page (1979)

445 pages. Price £12.50 (£6.95 paperback)

American commentators have a distinguished record in analysing the British medical profession. Rosemary Stevens's *Medical Practice in Modern England,* for example, is a classic of its kind and illuminates many of the great historical trends in British medicine.

Now another American commentator, Mr Frank Honigsbaum, who was a member of Barbara Castle's working party on primary medical care, has written a lengthy study of general practice since 1911, concentrating on the relationship between generalists and specialists.

The book is arranged in eight sections and deals first with the period 1911 to 1919 and the impact of the Lloyd George 1911-1912 Act on British general practice. The analyses are interesting and the detailed comments and pressures in relation to the formulation of the Ministry of Health in 1919 are important. However, by the time Mr Honigsbaum reaches the formation of the British National Health Service in 1948 it is clear that he has based his thesis on the premise as expressed by Dr Cox: "Every doctor will tell you that the doctor who has the luck to be on the