

good for patients and a tool for promoting practice federation, the key to modernising primary care. Combining this with a clamp on primary care funding appears illogical but ensures that more and more partners will be replaced by assistants until partnerships become neither viable nor identifiable. When partners themselves demand a salaried service, no doubt to be managed by private healthcare providers, they will be surprised that the money on offer will be based on the average salary of an assistant, not that of a partner. In the interests of self-preservation, they will have extracted all the gold from the 'golden era'.

The small business model may seem to serve a dwindling elite of general practice partners but no longer serves the interests of patients or today's young doctors. It should be abandoned while our leaders are still in a position to negotiate terms.

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1. Jones R, Majeed A, Bhatti N, *et al.* Should general practice give up the independent contractor status? *Br J Gen Pract* 2015; DOI: 10.3399/bjgp15X685441.

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Patient co-payments for general practice

I was pleased to see the taboo topic of patient co-payments being discussed, although it is interesting that the two health systems discussed were Antipodean destinations for emigrant GPs, rather than the many successful European health systems, including Holland and France, that include such payments.

We are missing something in the UK by not enabling patients to contribute towards the cost of accessing the front door of the NHS — GPs. The talk about access is admirable, but why not capture some of the benefit of this to patients and employees by allowing GPs to offer co-payments for extended hours, online pre-booking,

and untriaged urgent appointments? It is wrong that a self-employed plasterer, for example, has to take time off to get an urgent appointment, but this is the reality of a stressed system with funding derived from one source only. Allowing this patient to book a timely yet convenient appointment with a co-payment is obviously beneficial, and can bring in more money than it costs to provide. Similarly, employers may offer to pay for this service for their employees. Bringing in more finances to NHS GP practices in this way would support, rather than undermine, free-at-the-point-of-use GP care for the population.

The oft-misused example of aeroplanes can be useful in this case. All those on a flight arrive at the same destination, captained by the same trained pilot, and equally safe, yet some pay more for convenience and facilities. Of course, if a plane is not going to be safe due to funding, equipment, and staff shortages the flight is cancelled; yet in a centrally-underfunded NHS we soldier on, despite the risks to patients and staff.

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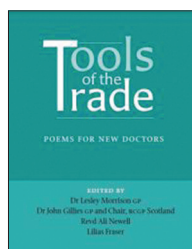
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1. Toop L, Jackson C. Patient co-payment for general practice services: slippery slope or a survival imperative for the NHS? *Br J Gen Pract* 2015; DOI: 10.3399/bjgp15X685105.

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Tools of the Trade

This year and last, all graduating Scottish medical students have received a copy of *Tools of the Trade*, a small book of poetry designed to serve as a supportive companion as they begin their work as doctors and produced in conjunction with the Scottish



Poetry Library (www.scottishpoetrylibrary.org.uk).¹ It was devised initially in memory of Dr Pat Manson, a wonderful GP and educator, who died 3 years ago.

The first edition received very positive feedback and we are now in the process of creating a second edition for next year and beyond, and would be pleased to receive suggestions for poems. They need to speak to the experience of being a junior doctor and to be short. They could be written by well-known poets, by lesser-known poets, or by yourself!

Please submit your suggestions to Kate Hendry (likened@noncoop.coop) by the end of July. We look forward to hearing from you

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John Gillies,

Chair RCGP Scotland 2010–2014.

REFERENCE

1. Morrison L, Gillies J, Newell A, Fraser L, eds. *Tools of the trade: poems for new doctors*. Edinburgh: Scottish Poetry Library, 2014.

DOI: 10.3399/bjgp15X685609

Correction

In the printed version of the May 2015 article by Tran V-T, *et al.* Impact of a printed decision aid on patients' intention to undergo prostate cancer screening: a multicentre, pragmatic randomised controlled trial in primary care. *Br J Gen Pract* 2015; DOI: 10.3399/bjgp15X684817 [abridged text, in print: *Br J Gen Pract* 2015; 65: 236–237], the summary box incorrectly stated: 'A simple, printed decision aid about prostate cancer was shown in a randomised controlled trial to increase patients' intentions to undergo screening.' Whereas it should have stated 'A simple, printed decision aid about prostate cancer was shown in a randomised controlled trial to increase informed decision making and reduce their intention to undergo screening'. We apologise for this error. The online version of the article is correct. DOI: 10.3399/bjgp15X685945.