these dangerous conditions could be helped by domiciliary visits to discuss effective management.

On the other hand, when these patients do reach the hospital outpatients department the staff can hardly send them away with a serious condition and so admission has to be arranged immediately. A home visit could often have avoided this and given relief earlier. In the frightened patient the domiciliary visit can act as a reassuring bridge between home and hospital even when admission is necessary.

Domiciliary visits are much cheaper than the daily cost of a hospital bed—which is in any case needed for essential patients.

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Unemployed doctors

SIR,—I wish to submit an interim report describing the response to the letter published in the *BMJ* (29 September p 800), asking for information from unemployed doctors.

Twenty-six replies have been received to date. Seventeen respondents were male and fifteen were UK graduates. Nineteen doctors were engaged in long-term or series of short-term locum appointments and seven were actually unemployed. Most respondents were at SHO grade, a predictable "bottleneck" in view of the already increased number of new graduates, although another common problem was that of the locum consultant who had great difficulty in obtaining a permanent post.

A further report will be submitted later, as I am still receiving replies.

R G WILKINS

Honorary Secretary,
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Junior Staff Committee

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Inner city GPs

SIR,—I am currently a vocational trainee in East London, and complete the scheme in February. I have lived locally for the past seven years, was a clinical student at the local teaching hospital, and have worked in the surrounding hospitals. I am one of the first batch of trainees to complete this course, which was in part designed to encourage young doctors to stay in the inner city area. I am positively motivated to stay, but unhappily there appear to be few openings, and I am disappointed to have had to move out of the area.

While I think problems such as housing, schooling, and physical environment are important factors in the recruitment of young general practitioners to these areas, I do not believe that they are as important as providing the right kind of practice opportunities. In my area there are the legendary aging single-handed practitioners working in what would now be considered inadequate premises. There is at present one new health centre devoid of GPs, and another occupied by an elderly GP and an assistant with empty suites. The problem of keeping young GPs in the area is to phase recruitment with retirement, and to provide purpose-built accommodation. The risk is that without such planning and adequate premises the present style of provision will be perpetuated.

Anticipating my current situation two years ago, I submitted a paper to the Area Health Authority medical advisory committee suggesting, firstly, that retiring GPs are offered the services of a young GP at little or no cost on the understanding that they retire in a specified time (for example, two years) and, secondly, purpose-built premises are provided in a planned way. This would lead to an orderly transfer of patient care, benefit the elderly doctor, and offer an attractive opportunity for young GP. The cost of such a scheme would be minimal in comparison with other "inner city projects" and would have a more predictable outcome. I would therefore agree with the recent recommendation from the Working Party on Underdoctored Areas (24 November, p 1382) to introduce a more flexible initial practice allowance in order to finance such a scheme. I also agree with Dr John Ball's idea (p 1383) of a GP co-ordinator whose responsibility it would be to facilitate such developments in each district.

London E3

J A JEWELL

Women and general practice

SIR,—I read with surprise the letter from Dr Julie Shepherd (26 January, p 257), who states that the BMA attempts to exclude women from general practice. Perhaps it is the women themselves who do not explore the opportunities open to them. I advertised in the *BMJ* for a part-time trainee for many weeks—until I felt embarrassed about the repetition—but I had no suitable applicants. The husband of my present trainee saw my notice on a hospital notice board. At least two other practices in this district appoint part-time trainees and both trainers (women) are active members of the BMA.

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Sex distribution of distinction awards

SIR,—We are glad that Dr Eva Lester (19 January, p 198) has pursued the suspicion we raised in our last two papers on distinction awards.^{1,2} To put her findings more bluntly than she does, men are more than twice as likely as women to get awards; and men score three times as many award points per cent as women (A = 4, A = 3, B = 2, C = 1). Yet the present generation of women consultants were those girls who had to fight harder than boys to get into medical schools and for whom, as doctors, it was harder to become consultants. It is wildly improbable that the Distinction Awards Advisory Committee has given them a fair allocation.

The chairman of the committee has described his attention to a just and appropriate balance of opinion to be represented in his committees. Dr Lester will not be surprised to learn that, already a minority of one in 10 among consultants, on the advisory committees themselves women appear in a minority of one in 60.

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¹ Bourne S, Bruggen P. *Br Med J* 1978;i:456-8.
² Bourne S, Bruggen P. *Br Med J* 1979;i:638-9.

A4 records

SIR,—Along with a small but growing number of practices throughout Britain, we are now changing over to A4 records. One problem which has already been encountered is that of identifying other practices with A4 records when patients' notes are transferred.

The consensus procedure seems to be that when a patient leaves the practice the notes are restored to their original form and stuffed into an EC6 envelope either by the practice staff or by the family practitioner committee. This is clearly untidy, wasteful, and time consuming and it would be nice to be able to identify practices where A4 records would be welcomed. These, I would hope, would include not only those that had already gone over to A4 records or were planning to do so but also those practices which could accommodate a dual filing system and would be happy to receive A4 folders on new patients.

My suggestion is that the medical record card FP4 be amended to include a small box labelled "A4 acceptable." This could be placed in a similar position to the existing boxes for mileage or drugs and a tick would then signify that the doctor would be willing to accept A4 records.

I have forwarded this suggestion to my local medical committee, but would be most interested to hear whether others may have found alternative solutions to the problem.

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Disputes procedure

SIR,—The attention of my association has been drawn to the article by Mr Norman Ellis (5 January, p 61) entitled "A panic measure with hidden hazards."

In this article Mr Ellis is critical of an agreement which he believes the General Whitley Council is about to conclude on a national disputes procedure and sees indeed the danger of health authorities, possibly inadvertently, passing over for decision by arbitration issues of strategic management. He suggests that National Health Service management (and he specifically defines this term as covering both the members of statutory authorities and their administrators) has lost its backbone. We realise, of course, that blaming all the ills of the National Health Service on to the administrator is a popular sport in some quarters, but in this case the allegation is so mistaken and unjust that it cannot go unchallenged.

Firstly, it seems that at the time when the article was published the General Whitley Council had not in fact concluded any agreement and it seems a little premature to castigate a body in respect of an agreement which it is thought that they might enter into. What is more relevant, however, is that administrators as such do not enjoy representation on the General Whitley Council and all persons serving on that body, whether members or officers, are nominees of the statutory health authorities.

My association steadfastly opposed the proposals for a national disputes procedure which were originally formulated by the previous Secretary of State and trade union representatives, on the grounds that any such scheme would detract from the authority