Preferred prescribing penalised

SIR,—May I warn my colleagues in general practice of one of the pitfalls which I have experienced?

Among my patients are a man aged 42 and his sons aged 14 and 11 with familial hypercholesterolaemia who are attending the lipid clinic in Oxford. On the advice of the dietitians in the clinic I changed their corn oil to sunflower oil. Unfortunately the "orange book" (Drug Tariff) states that, whereas corn oil is permissible for hypercholesterolaemia, sunflower oil is a food.

The Family Practitioner Committee has therefore decided that sunflower oil is not allowed under the regulations. I appealed to the local medical committee with the support of Dr J I Mann, who runs the clinic and acts as nutritional adviser to the area health authority. The local medical committee recommended that as sunflower oil contains a slightly higher proportion of linoleic acid and also because the price difference between the two preparations is negligible (the Evans Medical price list shows that 2 l of corn oil costs £3 and 2 l of sunflower oil £3.20) the regulations should be changed. However, they were not able to allow my appeal.

I am therefore to be fined £16.41 for prescribing the treatment recommended as preferable by a specialist consultant clinic.

J N STENHOUSE

Faringdon, Oxon

A confidence trick

SIR,—Dr P W M Copeman (25 June, p 1667), is upset by the mention of money matters in the *BMJ*. He fails to understand the need to associate the principle of the withdrawal of the pay-beds from the NHS with the practical results of that withdrawal, especially to those of us on the periphery of London.

His reticence to discuss financial matters in what is the official journal of our national negotiating body may be due to one of two possibilities. Either he feels that consultants in Central London are not in any way embarrassed by the withdrawal of pay-beds and that their salaries are adequate or, alternatively, he is embarrassed by the low salary that he and his fellow members on the parochial church council pay to his local parish priest. I feel that a person entering the priesthood does not enter that profession with the same financial expectations as one entering the medical profession.

If this seems unprofessional, I am afraid I cannot put myself in a rarified atmosphere while I believe our political masters treat us not as a profession but as a group who have to be crushed and brought into line, as with other non-professional opponents.

ELLIS FIELD

Erith and District Hospital,
Erith, Kent**Resignation by profession**

SIR,—Yes, indeed, Dr R R Drury (25 June, p 1667) is correct. The time has come for mass resignation of doctors from the NHS.

There will be more difficulties involved in resignation from hospital posts than from general practice, and therefore GPs should set

the profession a good example by taking steps to resign from the NHS forthwith.

The profession has suffered a 20% fall in living standards in two years, proof that our services are not appreciated by the Government; we have lost morale and must anticipate a consequent fall in professional standards. The Review Body has recently highlighted the problems and may recommend a substantial award next year: is it at all likely that the Government will honour a substantial award?

Before we sink any further let us throw off the shackles of the NHS, charge realistic fees for an improved service, and if the Government chooses to reimburse some fees to some patients that is their prerogative. We will practise medicine free from the constraints of pay policy and bureaucracy.

MICHAEL A GILBERT

Southampton

Seniority allowance and large restricted lists

SIR,—I read in the BMA's written evidence to the Review Body (4 June, p 1483) no mention of seniority awards to those doctors with large restricted lists. It is an anomaly that such general practitioners, with considerable experience and complying with all the responsibilities of their contract to look after their patients registered under the NHS, are not entitled to a seniority allowance.

In my own practice two doctors look after 5500 student patients on a restricted list. The NHS fees are minimal, so that the impoverished university is compelled to pay the major cost of health care of these patients. Inevitably the doctors' remuneration suffers. It would seem justifiable that our negotiators should press for at least a seniority allowance for this small group of GPs with large restricted lists and I hope that their case can be pursued at national level.

RICHARD M WHITTINGTON

Health Centre,
University of Aston,
Birmingham**Foreign graduates' entry to general practice**

SIR,—I wish to draw attention to the plight of foreign graduates who have spent up to 10 years in the hospital service and now seek entry to general practice.

I write as a member of a group of seven full-time doctors working in an Essex new town. We are all graduates of British universities. This year in response to an advertisement for a resignation vacancy we received 65 applications. Only eight of the applicants qualified from British universities. The foreign graduates had a varied experience of hospital medicine in the United Kingdom. Their average age was 35 (compared with 30 for UK graduates). Seven had higher degrees. Forty-one had recently completed a year as a general practice trainee. We appointed a British graduate.

Recent information from the General Medical Services Committee confirms the trend. In the past 10 years the proportion of foreign-born GPs has risen from 12 to 18%. For some parts of Essex the latter figure may be doubled. Whatever the demand there is clearly a supply of foreign graduates. It would

appear that they have made a late vocational choice for general practice in the UK. At a recent North-east Thames Region course for potential trainers half the course members were foreign-born graduates. Likewise the only applicants for a traineeship were foreign-born.

It appears to me that competition of the order described indicates a serious situation for this group of doctors. It would seem ethically dubious to approve the vocational training of significant numbers of foreign doctors unless this expansion within British general practice has the full backing of the profession and the people.

J B DAVIS

Harlow, Essex

Administrative obstructionism

SIR,—I have long since suspected that the NHS is being run for the benefit of the administrators and not of the patients and I am now able to present you with tangible proof of this fact.

I am in the happy position of having surgical outpatient privileges at Queen Mary's Hospital, Sidcup, where I am able to operate on my own patients and use the facilities of the hospital, including nursing staff and equipment.

I live an inconvenient distance from the hospital and as I have attached to my own practice a very competent nurse I have decided that in order to save my time, my patients' time, and the hospital nurses' time I will perform minor operations at my own surgery. To assist me in this I have asked the hospital to supply me with disposable scalpels and suture material for this purpose. However, I regret to have to tell you that, although they are prepared to supply me with these materials ad lib provided I use them in the hospital, it is impossible to accede to my request officially and, in the words of the hospital administrator, to assist unofficially "would be the thin end of the wedge as far as my stores are concerned."

This incredibly bureaucratic high-handedness is yet one more example of how the administration of our Health Service has lost track of its sole function, which is to serve patients. Naturally this failure to accede to my request will not prevent me from serving my patients in the manner in which I have been trained.

R L L SIMMONS

Bexley, Kent

National Insurance contributions

SIR,—I have no doubt that most self-employed persons have had to pass on at least a proportion of higher costs to their clients by way of increased fees. The class IV National Insurance contributions would certainly come in this category.

Why then should the Review Body feel differently about these contributions? They are certainly expenses all general practitioners are obliged to meet, though we may not all pay exactly the same amount. We cannot charge our clients, nor can we receive payment from the Government without the Review Body's recommendation. I trust our negotiators will continue to press this matter.

MICHAEL HALL

Shebbear, Devon