staff since 1974 has, as we all know, fallen further behind. Need I say more?

M HAMID HUSAIN
Hon Secretary,
Rotherham Division, BMA

Rotherham,
S Yorks

Incomes: vive la différence

SIR,—Mr Rudolf Klein (10 July, p 126) is right. There can never be a fixed rule that previous differentials between the medical professions and other workers should always be rightly maintained—of course times change. However, to round it off he should also have said that there is no rule that the medical profession's training and expertise, sense of responsibility, and willingness to do unpaid overtime should continue without a change. These two aspects, differentials and professional standards, are connected and pay is not the only differential to be considered. The public makes its choice.

JAMES DIXON

Torbay, Devon

SIR,—Mr Rudolf Klein's article (10 July, p 126) seems to be based on the assumption that professional men have an inherent right to enjoy a higher standard of living than the mass of the population. Such an attitude is understandable, since it is unpleasant to be toppled from a position of affluence—living in the manner to which one has become accustomed—by such insidious factors as inflation, increased taxation rates, and unemployment. Yet it seems irresponsible in this time of economic slump to advocate maintained wage differentials, especially by the use of such arguments as the need for increased recruitment incentive. Such an argument seems to ignore completely the large number of students with an excellent standard of A-level achievement who apply for entry to medical schools, most of them without success. The existence of such a high demand completely invalidates any suggestion that the material rewards of a medical career are inadequate to attract new recruits.

Medicine is no longer a job chosen with the aim of earning a lot of money but instead is subscribed to by persons who desire a career with minimal risk of redundancy combined with high job satisfaction, not to mention the familiar altruistic reasons. The result of this chance is that competition for entry to medical schools has increased as the popularity of the pure sciences has decreased, and consequently selection processes have had to alter, giving greater emphasis to "intelligence" as measured by GCE examinations. It is natural, therefore, that the new medical student should survey his or her position and be thankful that the opportunity of entering so satisfying a career has been granted against almost overwhelming odds. With this thought in mind it must seem fit both to them and to other people in similar positions that Britain should indeed be adopting a new scale of values to meet changing conditions in the country.

Thus academic achievement in the professional studies should no longer be rewarded by higher than average living standards. Instead, Government and the professions should strive for a situation in which academic qualification leads to more subtle remuneration of services and responsibilities, such as stability

of employment and the possibility of achieving a living standard which steadily, if slowly, rises throughout the career. This latter factor is notably absent in the case of manual workers, whose earnings tend to decline with age, as pointed out by Mr Klein.

The ideas which I am proposing—namely, lower earnings throughout the whole scale of medical practice, phased in slowly so that substantial falls in living standard are not experienced, may not be shared by all my colleagues. Through no fault of their own they tend to be shepherded through their training by staunch, solid conservative administrators, with the result that they inherit the social and political views of their teachers, which have now become antiquated and entirely unsuited to the current economic climate of our country. Nevertheless, many of them would certainly agree that it is no good sitting back and waiting, or striving to maintain living standards in the hope that sooner or later the situation in Britain will revert to their mid-60s position. There have been changes since then which prohibit such retrograde steps, so it is surely the duty of fortunate people such as ourselves to act for the common good by decreasing wage differentials and creating a more civilised atmosphere in which many of the problems of tension and strife, which are the bane of doctor and patient alike, would be diminished.

RICHARD J OSBORNE
Third-year Medical Student,
Manchester University

Newcastle upon Tyne

Payment of wives

SIR,—We were glad to see that you had reported our test case against the DHSS and our family practitioner committee, initiated by the Medical Protection Society (10 July, p 122). The eventual outcome is by no means certain and until the case comes to trial we must continue to put pressure on the DHSS and our members of Parliament.

We would ask the BMA not to relax its efforts in trying to get paragraph 52 of the Statement of Fees and Allowances deleted. We would ask all general practitioners who employ their wives (and those who do not) to continue to press for this injustice to be put right through any channel they can use.

In the meantime very many GPs' wives work in practices at no cost to the NHS. They do it because they enjoy their work and wish to work for their husbands or their partners, giving a worthwhile service. Nowadays, it seems, so many people are paid by the State for not working that it is about time that those who work hard were paid, and at the rate for the job.

For ourselves, we are seriously discussing the future. If we lose this case we shall probably change roles. So there will be one less GP in the NHS and a paid practice nurse.

MICHAEL GLANVILL
M J GLANVILL

Chard,
Somerset

Group practice allowance and night duty

SIR,—My partner and I have recently moved into a new health centre, along with two other

practices. Although we have retained our independence as a two-man partnership, we have a close relationship with all the other general practitioners and we therefore applied for group practice allowance, believing that we fulfilled the spirit of the conditions laid down in the "red book."

However, our application was turned down by the Lancashire Family Practitioner Committee and also by the DHSS when we appealed. We have established that it is only because the group as a whole does not have an all-embracing night rota; my partner and I cover alternate nights for patients of our own practice only. If we were to devise a larger rota we should be on call only for one night in six, or even conceivably one night in 10. Arguably the result would be a less personal service for the patients and certainly less work for the doctors, and yet we would be paid extra for it. This surely cannot be the object of the group practice payment scheme.

Rumour has it that there are a number of doctors, mainly in the larger towns, who are in receipt of group practice payment and yet who regularly put all their night work (even including maternity) over to the deputising services. This is in blatant disregard of paragraph 15.1 (C) of the Statement of Fees and Allowances and means that a false declaration has been made in order to obtain the addition for group practice.

P J HOYTE

Clitheroe,
Lancs

Medical manpower and the hospital service

SIR,—Mr J E Woodyard (10 July, p 112) is absolutely correct in suggesting that a sub-consultant grade is the only feasible solution to the problem of hospital junior staffing, but wide of the mark in asserting that general practitioners will have nothing to do with looking after their own patients in hospital. There is considerable evidence that younger GPs are anxious to maintain formal hospital contacts, and indeed about 30% of GPs have some sort of hospital appointment. GP vacancies with access to hospital beds have no difficulty in attracting applicants of a high calibre, despite the fact that at present such work is poorly remunerated. In practice here in Brecon the hospital provides nearly 25% of our work but only 7% of our income.

GPs are neither more nor less altruistic than their hospital colleagues, and will certainly take on the work involved if it is remotely worth their while to do so. The hospital practitioner grade could well be expanded to cover the majority of work at present performed by junior staff. North American hospitals do not depend to the same extent as the UK on resident junior staff, and patient care is certainly comparable to our own. The time has come for some far-sighted and courageous region or area to experiment boldly with such a staffing structure. It may allay apprehension on both consultant and GP sides if the arrangements are subject to review and modification at the end of one or two years. The success of the scheme would unquestionably lead to its widespread implementation.

A J M CAVENAGH

Brecon