treated by doctors who are incompletely trained and who are not taking part in a training programme? Thirdly, is it good for medicine as a whole, and for general practice in particular, for the specialty of general practice to be regarded as a place where untrained doctors can safely work. And lastly, what message is being given to doctors who have completed their training or are in the process of doing so by the granting to untrained doctors of acquired rights to practise as a general practitioner in any member state of the European Union, particularly when such training has been mandatory in Britain since 1981?

Of several possible solutions, any one is unlikely to satisfy all parties. One option is that all doctors working in general practice—whether as locums, assistants, or principals—should have been fully trained and hold a Joint Committee on Postgraduate Training for General Practice Certificate to that effect. Although relatively simple administratively, it would remove out of hours cover for large numbers of patients at a stroke and mean that general practitioners in isolated communities could not take holidays. It would also put a strain on the training system by increasing demands for further training.

The second option is for any doctor currently working in any capacity within general practice in the NHS be granted an acquired right to practice. Again this would be relatively simple to implement but would give a very negative message to those currently in training and those who are striving to improve the standards of general practice. The third option is some sort of compromise to allow those currently

practising without training to continue to do so in a limited capacity and to offer them retraining, thereby making them eligible for a certificate from the Joint Committee on Postgraduate Training for General Practice. Although the most logical solution, this would be the most difficult to implement within the legislative framework, and any extra training would obviously have resource implications.

The responsibility to decide which doctors will be granted acquired rights rests with the governments of member states. It is difficult to see how the problem can be resolved without difficulties for some of the interested groups. But the decision must be taken soon; the relevant legislation has been in existence since 1986, and the problems have been foreseen by many groups within the profession for a long time.

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1 National Health Service, England and Wales. *The National Health Service (vocational training) regulations*. London: HMSO, 1979. (No. 1644.)

2 Council directive of 15 September 1986 on specific training in general medical practice. *Official Journal of the European Communities L* 1986 September 19;267:26-9. (86/457/EEC.)

3 Council directive 93/16 of 5 April 1993 to facilitate the free movement of doctors and the mutual recognition of their diplomas, certificates and other evidence of formal qualifications. *Official Journal of the European Communities L* 1993 July 7;165:1-24. (93/16/EEC.)

Should doctors charge doctors for medical services?

Private health insurance is changing the ground rules

Traditionally, doctors seeing other doctors, their wives, or their dependent children as private patients have charged no fee. Charging between professional colleagues has been regarded as undignified, unpleasant, and unseemly.

In the days before comprehensive insurance, charges to patients were an appreciable burden, which doctors were reluctant to inflict on their colleagues. The lack of a charge cements relationships and shows that the medical profession, unlike some other professions, refuses to bow to outside pressure to make it more financially aware and money driven. There is, however, increasing pressure to change this practice—not from doctors providing services, who enjoy the warm professional feeling derived from not charging colleagues, but from the doctor-patients themselves.

This change has probably occurred because more doctors and their families are insured to cover the cost of private treatment. The policies negotiated by the BMA with the major medical insurers for doctors are at special rates. One type of policy assumes that no fee will be charged by the providing doctor and is designed to cover only hospital fees. The other type, designed to cover both medical and hospital fees, is more expensive but still cheaper than similar policies sold to the public. This more comprehensive policy is increasingly popular. Altogether some 20 000 medical practitioners in Britain, a fifth of the profession, now have private medical insurance.¹

The intensity of reluctance to charge may vary according to whether the doctor-patient is an immediate colleague working in the same area or a more distant colleague who

is working, or has worked, so far away that there is never likely to be, or to have been, any sharing of responsibility for patients. Indeed, the doctor-patient may be from abroad. Another factor is that the charge for a routine check up, for example, may not be refundable through an insurance policy, although many doctors express the view that they are too embarrassed to return for such check ups if there is no charge at all. The insurance companies would prefer doctors not to charge each other, and their favourable premiums for doctors are based on the assumption that they do not. At one time they would help to finance a gift for the providing doctor, but this is no longer allowed by the income tax inspectors.

Perhaps a way forward is for doctors to continue to avoid charging other doctors and their immediate families unless specifically instructed to do so by the patient. If such an instruction is given, then for routine check ups not covered by medical insurance a small fee could be charged to cover administrative and practice expenses. For items covered by insurance policies the standard insurance company charge could be made. If this becomes standard practice, insurance companies might have to adjust their premiums accordingly and treat doctor-patients in the same way as members of the general public.

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1 Revill J. Twenty per cent of doctors buy private care. *Evening Standard* 1994 Sept 6:19.