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General Practice—A Worth-while Career

SIR,—Conditions have improved considerably in general practice, and we aim to do even better in the near future. Modern general practice has therefore much to offer to the young doctor trained in up-to-date scientific medicine in hospital and now keen to apply his skill in a wider field.

In the greater part of Britain the family doctor has open direct access for his patients to hospital diagnostic departments, enabling him to investigate his patients as he has been taught. In addition, where patients cannot be cared for in their own homes, and do not need intensive and specialized treatment, family doctors can look after them in many areas in their own hospital beds. We aim to extend these opportunities. The general practitioner sees his patients from the earliest sign of their illnesses to terminal conditions, stages rarely met in hospital. He knows individuals and families, and not just "cases." He also has many opportunities for research. In order to keep abreast of progress in medical science the general practitioner is helped by grants and expense payments to attend up-to-date postgraduate courses on a wide variety of subjects. To make the most of a career in general practice young doctors should undertake carefully planned predoctoral training after qualification. They would be wise to consult the careers department of the B.M.A. If they will write to me I will be happy to pass on their inquiries. The careers department at a later stage can also guide them to areas and practices which have a special interest for them.

Remuneration is now more closely related to work done and responsibility borne. The

family doctor is encouraged to work from his own well-designed and equipped modern professional premises, which he can acquire, as many prefer to do, by borrowing from such sources as the General Practice Finance Corporation. Others lease premises provided by local health or other authorities. Where the family doctor's work is assisted by trained ancillaries, their pay is to a varying extent directly met, and in many areas he has the co-operation of social welfare staff seconded by the medical officer of health.

Except in a few rural areas general practitioners no longer need to practise in isolation. Indeed, there are special payments for practising in groups, where the pooling of knowledge and experience is of benefit to all. Nor is there any need for the old bugbear of continuous drudgery, as partnership arrangements, deputizing services, and rota schemes help to provide essential free time for leisure and study. A recent break-through has been the payments made during sickness to help in the employment of locums. We shall persist in our efforts to improve our conditions, but already considerable progress has been made.

Senior members of the profession established in their chosen branch of medicine have a responsibility to help and encourage young doctors who wish to practise as family doctors. I would ask consultants in the course of their teaching to be sympathetic to the problems of domiciliary medicine, and to help in the establishment of departments of general practice in medical schools. I also believe that family doctors themselves should establish a personal relationship with students and young doctors, especially hospital junior

staff, by inviting them informally to see the work of general practice and to give helpful advice on training for a career in this branch. I do not suggest that general practice is the choice for all, but I hope I have shown that it has attractions and advantages for many.

General practice as a family doctor is now a satisfying career, with attractions as great as those in any other branch of medicine, and in the future will, I believe, provide equal rewards. I have no doubt at all that general practice is a worth-while career.—I am, etc.,

J. C. CAMERON,
Chairman, General Medical Services
Committee.

London W.C.1.

Hospital Attachments

SIR,—Dr. E. O. Evans (3 February, p. 320) has put forward the only practical proposal that can be made from the report of the Ministry of Health's Interview Board to North America (6 January, p. 45). As an exercise in counter-seduction the visit can be dismissed as a depressing waste of talented people's time and the country's money. What the report does demonstrate is the degree of clinical satisfaction enjoyed by general practitioners in North America, and the principal reason for this, vis-à-vis general practice under the N.H.S., is the privilege (or right) to treat their patients in hospital.

The stimulus of spending a part of one's working day in the hospital environment should not be underrated. It provides the venue to meet one's colleagues in practice and the opportunity to discuss clinical problems with junior and senior hospital staff. It is