



11th Conference of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians, Barbican Centre, London, 1-6 June 1986

Last chance to register. Please contact Conference Associates WONCA, 27A Medway Street, London SW1P 2BD

Council meeting, 8 March 1986

The third meeting of the 1985/86 Council of the Royal College of General Practitioners took place on 8 March.

Quality in general practice

Written reports have been received from 18 faculties on the progress they have made with implementing the second policy statement, *Quality in general practice*. Many faculties had outlined specific targets for their activities. Several reports show that the faculties are actively involved in schemes relating to prescribing, the promotion of contacts with trainees and young practitioners and joint ventures with community health councils and patient liaison groups to establish closer links with patients.

Several faculties have organized local study days open to all general practitioners to look at ways of reviewing performance, and meetings are being arranged with local medical committees, family practitioner committees, community health councils and district health authorities.

A conference for faculty secretaries has been held at Princes Gate in order to coordinate activities between the College and the faculties, and to discuss methods of implementation of the policy statement.

Approximately 7000 copies of the policy statement have been circulated to individuals and organizations. Over 20 organizations have written to the College to outline their views on the statement and the majority have been supportive of its aims. A number of organizations are arranging locally based meetings with College members to discuss the implications for health service provision in their areas. The Royal College of General Practitioners and the General Medical Services Committee have established an informal working party to consider the question of accountability, incentives and resources.

The General Purposes Committee of the College is presenting a paper to Council in June outlining proposals for professional development, and the Joint Committee for Postgraduate Training in General Practice has established a working party to consider methods of assessing trainees during vocational training. This working party will report in the summer.

Provision of health services to children in general practice

The South East Wales, Sheffield, East Anglia and Thames Valley Faculties presented reports on the provision of health care services for children. The Thames Valley Faculty have recently developed criteria which, it is hoped, will define acceptable standards for the provision of child health services and which are available to interested parties. Dr Colin Waine, Chairman of the Communications Division, was invited to meet representatives of the Sheffield Faculty to consider ways of encouraging general practitioners to provide a broad range of child care services.

Responsible Prescribing Strategy

Dr Bill Styles, Honorary Secretary of Council, reported that advertisements for the College Prescribing Fellowship had appeared in the *British Medical Journal* and the *College Journal*. Dr Donald McLean, Chairman of Scottish Council, reported that Scottish Council would be considering proposals at its next meeting for the appointment of a prescribing fellow for two sessions.

Dr John Hasler, Chairman of Council, said that two meetings had been held with the Department of Health and Social Security and the General Medical Services Committee. The first meeting had considered proposals for redesigning PD8 forms, and the second discussed prescribing in general. It had been made clear that the profession is responsible for ensuring that prescribing is effective.

A second meeting of the faculties involved in the College's Responsible Prescribing Strategy will be held in May and a report on its activities will be made to Council in June.

Requests by children under 16 years of age for treatment concerning pregnancy or contraceptive advice

Dr Donald Irvine, RCGP representative on the General Medical Council (GMC) and Chairman of the GMC Standards Committee, spoke of the complex dilemma created by the changes in the law and in society's perceptions of the role of the general practitioner. Consideration had to be given to three factors: first, whether the primacy of the family or of the individual was supreme; secondly, that the GMC was empowered by law to advise doctors in principle and not in matters of detailed management of individual cases; and thirdly, that the advice as published in the press release was on confidentiality and treatment of children under the age of 16 years and not on matters of contraception alone.

Dr Irvine felt that before the Gillick case it was implicit that a general practitioner preserve confidentiality although this was not a legal requirement, and that the British Medical Association was now asking the GMC to make explicit what was implicit before. The GMC, however, believed that there were occasions where disclosure may be necessary and that a general practitioner needed the freedom to disclose without fear of accusation of professional misconduct. The GMC believed that through its guidelines professional discretion would be restored. The College will make no public statement on this matter.

WONCA 1986

Dr Douglas Garvie, Chairman of the Host Organizing Committee, reported that to date there had been 968 firm bookings and 188 prospective bookings and 136 speakers had been arranged. The four Chief Medical Officers have been invited and Mr Barney Hayhoe has agreed to attend the opening ceremony.

The results of the Sterling Research Awards were announced as follows: Dr P.W. Barritt of Shrewsbury for 'The asthmatic child'; Dr M. Druquer of Wigston for 'The media, the patient and the doctor'; Dr A. Fuat of Stockton-on-Tees for 'Non-accidental injury: the role of the general practitioner'; Dr P. Gray of Whitehaven for 'The media, the patient and the doctor'; Dr J.F. Kinnon of Fraserburgh for 'Non-accidental injury: the role of the general practitioner'; and Dr S. Street of Oxford for 'The relevance of the Declaration of Alma-Ata to general practice in the United Kingdom'.

International Affairs Advisory Group

Council discussed recommendations for the establishment of a group to consider international affairs policies. It was felt important that the College should consider international affairs on a long-term basis, and it was agreed that an advisory group

should be established to do this. In addition, the group will be expected to produce an annual report to Council on its activities. The group will be convened by Dr Denis Pereira Gray and will comprise Dr Garvie and two other members, coopting individuals as and when required.

Development Fund

Finance Committee have recommended that resources from the Development Fund should be used to fund new initiatives intended to further the aims of the College. By establishing a project board, applications could be considered very quickly and the board would comprise members of the Finance Committee, two expert assessors and a senior member of Council.

It was agreed that Dr A.G. Donald would represent Council. The fund currently stands at £70 000 and it was agreed that the costs of the Prescribing Fellow be met from the Development Fund.

Working party on diabetic care

The final report of this working party was presented to Council. It comprised a protocol for the management of diabetic patients together with suggested areas of action for the College.

Annual symposium

Dr Michael Varnam, Chairman of the Education Division, reported on the arrangements for the 1986 Annual Symposium entitled 'Quality in action', to be held on 14 November at the Barbican Conference Centre in London. Areas covered in the symposium will be the care of the dying, asthma, dependency on drugs, alcohol and cigarette smoking as well as child care services.

Information folders

A large number of information folders on age/sex registers and cervical cytology have been sold to both members and non-members since their publication by the College. Further folders on subjects concerning practice organization and clinical subjects such as diabetes, epilepsy, terminal care and asthma are being written and produced. The folders take a subject relevant to primary care and consider it in depth from a general practice perspective. A protocol which defines good management of the problem is included in the folder. Many standard textbooks are written by colleagues who work in hospital and approach problems from a hospital perspective. The folders are written by general practitioners for general practitioners and are firmly based in medicine in the community. One problem general practitioners face when they want to practice performance review is knowing what standard they should compare their work against. The protocols in the information folders have standards relevant to general practice.

The information folders can be obtained from the Central Sales Office, RCGP, 14 Princes Gate, London SW7 1PU. Telephone: 01-581 3232.

Trainees and the MRCGP examination

Four hundred trainees were recently sent a questionnaire about the MRCGP examination. Of those who replied 95% stated that they proposed taking the exam, a figure which is reflected in the record number of 1278 candidates who will be sitting the exam this summer. Five years ago 50% of candidates were trainees at the end of their vocational training course, and 50% had been principals for more than one year. In 1985 80% of

those who took the exam were trainees at the end of their vocational training and the majority of candidates had already obtained jobs by the time that they took the exam.

Conference on the case finding and screening of the elderly

A conference was held in Harrogate in March 1986 on 'Case finding and screening of the elderly'. The conference was sponsored by the Office of the Chief Scientist of the DHSS and attended by members of primary health care teams involved in anticipatory care of elderly patients. Most conference members were either general practitioners or health visitors. Community nurses were under-represented and no social workers or representatives of consumer groups were present — although Professor Williamson of Edinburgh made a claim to represent the consumer as he was over 60! The consensus was that he probably did not represent the typical consumer view. Some of the 18 different projects presented to the conference included:

- Sending questionnaires to elderly patients through the post with reply paid envelopes, and following up patients with certain indicators of risk on their replies. Patients who did not reply were also followed up, usually by health visitors.

- Using volunteers to call on elderly patients and fill in questionnaires to detect patients at special risk.

- Calling elderly patients in to clinics for checkups by doctors and health visitors.

- Using a task force of nurses and health visitors who moved from practice to practice within a health district and fed the results of their screening activities back to the primary health care team.

- Opportunistic screening at consultations with members of the health care team, who see 90% of patients aged over 65 years every year.

Certain issues became clear during the conference. In screening the elderly for risk factors it is essential to define what the patients are at risk from, how much of a risk these factors comprise and what is being prevented by controlling these factors. Secondly, screening of elderly patients should concentrate on functional ability rather than deviations from biochemical or other norms. The professionals who are most effective in performing screening of the elderly are health visitors as they are trained to think in functional terms, in contrast to doctors who think in disease categories. Finally, if this screening of the elderly is to be integrated into the normal functioning of the primary health care team then a more effective evaluation of medium and long-term outcomes must be carried out.

It was interesting that, although there is much talk of the increasing percentage of elderly people in the population, anticipatory care of the elderly is still a minority interest. Health visitors see their role as primarily caring for the under five-year-olds. The distribution of health visitors in the population also varies widely. Among the practices reporting to the conference the ratio of health visitors to practice population varied from one health visitor to 1700 patients in Newcastle to one per 5500 patients in Bedford.

The conference was a useful means of sharing ideas and enthusiasms. The importance of building assessment into projects was clearly understood. I also found it useful to collect some facts with which to argue for an increase in the very poor health visitor complement of our Bedford team.

E.J.M.

General Practitioner Research Group

Forty members of the General Practitioner Research Group met at the University of Warwick on 22 March for a meeting which ranged widely over clinical, methodological and ethical issues in general practice research. The morning session began with Dr Nigel Masters' (London) study of the cariogenic effects of sugar-containing medicines in children. He reminded us that the present vogue for sugar-free presentations is based on a single study carried out before fluoridation on a small number of patients. His own work failed to demonstrate a positive correlation between the ingestion of sugar-containing medicines and dental caries. This stimulated discussion on the role of the general practitioner in this important area of prevention. Dr Peter Fitton (London) had analysed family practitioner committee data on prescribing in a large number of south London practices in an attempt to define factors which might explain the wide variation between doctors and practices in the volume and cost of prescriptions. He concluded that, as when investigating other aspects of general practitioners' behaviour, the readily available demographic and practice variables are inadequate and that more detailed descriptions of individual doctors and practices are required. Dr Roger Gadsby (Nuneaton) reviewed some of the methodological problems he had encountered in mounting a collaborative study of polymyalgia rheumatica in general practice. Ascertainment problems and erratic recording are difficult to overcome, but at the suggestion of Dr John Fry a small group of General Practitioner Research Group members was formed to try to carry the study further. Dr Alistair Ross (Keele) described the very interesting methods that he has used to undertake a prospective study of the possible influences of domestic humidity and temperature on the incidence of acute otitis media in children.

In the afternoon, Dr David Clayden (Senior Lecturer in Medical Statistics, University of Leeds) described some of the difficulties that might be encountered in general practice research when trying to analyse differences between groups. He identified a number of potential pitfalls in study design and data analysis and in particular emphasized the distinction between statistical and clinical significance, and recommended the use of confidence limits rather than bald *P* values. Dr Roger Jones (Southampton) described a follow-up study of patients with upper abdominal pain and negative endoscopies; the results underlined uncertainties about the natural history of non-ulcer dyspepsia and about appropriate therapeutic strategies. Finally, Dr Alan Porter (Camberley) and Mr Gerard Berry (Farnborough) read papers on the causal relationship between tobacco and disease and on the ethical issues that general practitioners might wish to consider both in relation to individual patients and to wider social responsibility. Although it was clear in the discussion that some of the more eccentric criticism of the classical epidemiological studies linking cigarette smoking to disease were not shared by the participants, there was much less agreement about the attitude that a general practitioner should adopt in relation to patients who smoke and to tobacco manufacturers.

The meeting succeeded because, rather than a succession of completed and polished studies, most of the presentations dealt with work in progress which stimulated profitable formal and informal interchange of ideas and information.

The next meeting of the Group will take place in Oxford on Saturday 13 September 1986. This will be preceded by a three-day workshop in general practice research methods which is being arranged in conjunction with the Royal College of General Practitioners' Research Division. Further details about the Research Group and the workshop are available from the Secretary, Dr Roger Jones, Aldermoor Health Centre, Aldermoor Close, Southampton SO1 6ST.

Journal subscriptions for non-members

As from the 1 April 1986, Messrs Bailey Bros and Swinfen Ltd, Warner House, Folkestone, Kent CT19 6PH have taken over all matters connected with subscriptions to the *College Journal* for non-members. All enquiries should be addressed to them and not to the College. Cheques for the *Journal* should be made payable to Bailey Bros and Swinfen Ltd and sent to the above address. College members and those receiving complimentary copies should continue to address enquiries to the Registration Officer at the College.

Teenage mothers and their partners

The results of a survey of teenage mothers undertaken by the Department of Health and Social Security has been published by HMSO Books. The survey is believed to be the first truly national representation of teenage mothers undertaken in the United Kingdom, and also the first in which young fathers have been involved. An attempt has been made to quantify the experiences of these young parents, and the report explores the complex and controversial educational, medical, psychological and social issues, highlighting the implications for policy makers.

The book is an invaluable source of information for those dealing with teenage mothers and their families. *Teenage mothers and their partners* is published by HMSO Books and is available from HMSO bookshops at £6.90.

Artois-Baillet Latour Health Prize

This biennial prize of BF5m will be offered to an outstanding contribution to the knowledge of neuropeptides, their role in the physiopathology of the human being and their therapeutic properties.

Candidatures should be sent to the Secretary General, National Fund for Scientific Research, Rue d'Egmont 5, B-1050 Brussels, Belgium before 1 July 1986. An account of the candidate's work, of at least three pages written in English, should be sent by the proposer.

Help for incontinence sufferers

Coloplast Limited have launched a handbook, *Objective: continence — the systematic approach*, whose aim is to improve the understanding of the problem and its treatment. The handbook is aimed principally at nurses and junior medical staff, though it will be of interest to all those involved in health care.

Free copies may be obtained from The Coloplast Service, Coloplast Ltd, Bridge House, Orchard Lane, Huntingdon, Cambridgeshire PE18 6QT.

Health education project for people with mental handicap

The Forth Valley Health Board is designing and developing a multi-media kit to help people with mental handicap understand and cope with the emotional and physical changes which occur as they are growing up. Part I of the kit is now completed, and includes matching games, jigsaws, a computer game and a videoprogramme. The material aims to teach differences between men and women, dressing for different occasions, the names of parts of the body and physical changes which occur during adolescence. Part II of the kit will look at the decisions and changes which take place during the teenage years and Part III will examine adult relationships.

Further details can be obtained from Sister E. Scott, The Health Education Project, Royal Scottish National Hospital, Larbert (telephone: 0324 556131) or from Dr C. McEwan or Ms K.J. Fraser, Division of Community Medicine, Forth Valley Health Board, 33 Spittal Street, Stirling (telephone: 0786 63031).