unication with carers and between health professionals. Carers want information from their general practitioner about the prognosis of their elderly dependant and its implications for care in the future. They want this information at an early stage, even if it is bad news. Some doctors express a reluctance to give such bad news, particularly when they are not able to make a confident prognosis, but they must recognize that although it may be uncomfortable for the doctor and painful for the carer, it is important to be honest about their uncertainty. Carers also need detailed information about the practical aspects of providing care, such as coping with incontinence, lifting, bathing and dressing, and need to be trained to carry out these functions without injury to themselves and their dependant. This training could be provided by nurses or health visitors.

Carers need information about available resources — how to get financial help from the DHSS, how to make contact with support groups or obtain respite care. Since many carers who are themselves elderly turn to their general practitioner for help he or she needs to know what help is available. Printed information about sources of help should be made available in the practices.

More workshops such as those described here should be set up so that general practitioners and other members of the primary care team can discuss the needs of carers and how they can be supported. College faculties should be taking the initiative in stimulating practices and young principal groups to set up multiprofessional workshops. One such initiative, following on from the work of the MSD Foundation, was described recently in this journal. It is essential that carers are included in the groups since they can describe powerfully the emotional as well as the physical responsibilities of caring for a relative at home.

MARY DAVIES
Project Leader, MSD Foundation, London

References
5. Jones DA. A survey of carers of elderly dependants living in the community. Cardiff: Research Team for the Care of the Elderly, University of Wales College of Medicine, 1986.

Continuing education for general practitioners

CONTINUING medical education for established general practitioners is emerging as one of the central educational challenges for general practice. Progress in undergraduate education and vocational training both continue but at a slow and relatively unspectacular rate. The major issue now is how to support and encourage 30,000 doctors throughout a lifetime in professional practice.

It is generally accepted that continuing education for general practitioners is unsatisfactory both in content and in presentation, and that too little is known about it. There is an urgent need for research and occasional paper 38 by Branthwaite and colleagues, from the Departments of Psychology and Postgraduate Medicine at the University of Keele, is therefore particularly welcome as it throws light on the many issues involved.

Branthwaite and colleagues report a study which involved in-depth interviews of general practitioners by trained psychologists followed by a questionnaire incorporating points arising from the interviews. The interviews, which lasted between one and three hours, did not just seek factual information but probed the attitudes of general practitioners to themselves and their work.

One of the most important findings was the clear cut evidence that a substantial minority of general practitioners have major problems in their self-image and satisfaction with their work, saying that they feel lonely and isolated, and uncertain about their role. Older doctors tend to find that the work of the general practitioner is becoming more restricted, a good many worry about their responsibilities, and over a third consider that 'general practitioners are looked down upon by hospital doctors'. Over a third also believe that there is 'insufficient separation of work, leisure and personal/family life', while over two-thirds believe that 'medical training does not lay enough emphasis on the social and personal problems of patients'.

Evidence is also given about the relative satisfaction found in different aspects of a general practitioner's work including a ranking order running from making a correct diagnosis at the top to prescribing at the bottom.

The authors devote considerable time to identifying differences in attitudes and behaviour between those who attend courses frequently and those who do not. They found that 'frequent course attenders exhibited more progressive attitudes to their work, in their approach to preventive medicine and changing people's health behaviour. They were more concerned about developing special skills and about the time and scope to practise medicine effectively, and more conscientious about developing and improving their work.' If this finding can be reproduced, it raises the question whether or not education is effective in achieving these attitudes or whether it is those who already have them who seek education. This is by no means certain as 'two-fifths of general practitioners were unsure that attending lectures made any difference to their competence.'

There are some useful tables about attitudes to lunchtime lectures and the reasons given by general practitioners for not attending — lack of time, 65%; inconvenient meeting time, 44%; unattractive programmes, 29%; venue too far, 27%. It appears that non-UK qualified doctors are significantly more likely to attend lunchtime lectures. It is interesting that younger general practitioners seem to have more time away from the practice in that they work significantly fewer Saturdays than their older partners and have significantly more half-days.

On the question whether or not there should be more lecturing by general practitioners, the finding reported by Reedy and colleagues in an earlier occasional paper was supported in that different populations of general practitioners were seen to have different wishes, and indeed it will almost certainly be necessary to continue to offer different kinds of programme to meet differing needs. Nevertheless many general practitioners now
recognize that part of the value of attending courses lies not just in the course itself but in meeting and talking with other colleagues.

The authors conclude by recommending that there should be more precise briefing of lecturers, greater emphasis by the chairman of the session on its relevance to general practice, more joint presentations by general practitioners and consultants, and a greater variety of content.

Perhaps most important of all is the recommendation that postgraduate education should ‘take steps to counter the feelings of isolation, lack of status and uncertainty in the profession which were experienced, especially by younger doctors.’

The format and atmosphere of continuing education meetings should encourage respect for the work which general practitioners do, enhance their standing, and be reassuring about the work which they achieve. Here indeed is a challenge for all those with responsibility for this work and a sharp reminder of the degree of professionalization which will be necessary. Once again the logic of the College’s policy that there should be a general practitioner professionally paid and resourced in every health district to encourage this development is underlined.

Rational planning depends on objective evidence of need. Our colleagues at Keele can be congratulated on a useful attack on this major educational problem.

DENIS PEREIRA GRAY
General Practitioner, Exeter;
Director, Postgraduate Medical School,
University of Exeter

References

Continuing education for general practitioners, Occasional paper 38, is available from the Central Sales Office, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £5.00 including postage. Cheques should be made payable to RCGP Enterprises Ltd. Access and Visa are welcome.

ROYAL COLLEGE OF GENERAL PRACTITIONERS
in conjunction with
V.I.P. INTERNATIONAL CONFERENCE SERVICES
present special arrangements for

12th WORLD CONFERENCE ON FAMILY MEDICINE
WONCA 1989

‘Universal Issues in Family Medicine’
Jerusalem, Israel, May 28 - June 2 1989

Special low cost travel arrangements, inclusive of return scheduled flight LONDON HEATHROW/TEL AVIV, 6 nights hotel accommodation on bed/breakfast basis and transfers to/from the airport to your hotel in Jerusalem, starting from £350.00* per person sharing a twin-bedded room. V.I.P. will also be offering pre and post Conference tours to explore the wonderful sites of Israel. *Price based on 1988 rates.

For further information, please call Karen Michaelis on (01) 499 4221 or write to her at V.I.P. INTERNATIONAL CONFERENCE SERVICES, 42 North Audley Street, London W1A 4PY.

EDITORIAL NOTICE

Instructions to authors
Papers submitted for publication should not have been published before or be currently submitted to any other journal. They should be typewritten, on one side of the paper only, in double spacing and with generous margins. A4 is preferred paper size. The first page should contain the title, which should be as brief as possible, the name(s) of author(s), degrees, position, town of residence, and the address for correspondence.

Original articles should normally be no longer than 3000 words, arranged in the usual order of summary, introduction, method, results, discussion, references, and acknowledgements. Short reports of up to 600 words are acceptable. Letters to the Editor should be brief — 400 words maximum — and should be typed in double spacing.

Illustrations of all kinds, including photographs, are welcomed. Graphs and other line drawings need not be submitted as finished artwork — rough drawings are sufficient, provided they are clear and adequately annotated.

Metric units, SI units and the 24-hour clock are preferred. Numerals up to 10 should be spelt, 10 and over as figures. Use the approved names of drugs, though proprietary names may follow in brackets. Avoid abbreviations.

References should be in the Vancouver style as used in the Journal. Their accuracy must be checked before submission. The title page, figures, tables, legends and references should all be on separate sheets of paper.

Three copies of each article should be submitted, with a stamped addressed envelope, and the author should keep a copy. One copy will be returned if the paper is rejected.

All articles and letters are subject to editing. The copyright of published material is vested in the Journal.

Papers are refereed before acceptance.

Correspondence and enquiries to the Editor
All correspondence to the Editor should be addressed to: The Journal of the Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE. Telephone: 031-225 7629.

News
Correspondence concerning the Journal’s News pages should be addressed to: The News Editor, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 01-581 3232.

Advertising enquiries
Display and classified advertising enquiries should be addressed to: Iain McGhie and Associates, 7a Portland Road, Hythe, Kent CT21 6EG. Telephone 0303 64803/62272. Fax: 0303 62269.

Circulation
The Journal of the Royal College of General Practitioners is published monthly and is circulated to all Fellows, Members and Associates of the Royal College of General Practitioners, and to private subscribers. All subscribers receive Policy statements and Reports from general practice free of charge with the Journal when these are published. The annual subscription is £65 post free (£70 outside the UK, £80 by air mail).

Subscription enquiries
Non-members’ subscription enquiries should be made to: Bailey Bros and Swinfen Ltd, Warner House, Folkestone, Kent CT19 6PH. Telephone: Folkestone (0303) 565018. Members’ enquiries should continue to be made to: The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 01-581 3232.

Notice to readers
Opinions expressed in The Journal of the Royal College of General Practitioners and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.