the Editorial to the immense efforts of Dr Paul Freeling in developing this Nuffield Project. His achievements, and those of the participants on the three annual courses, each of six weeks' duration in all, may well prove to be a significant landmark in the evolution of training for general practice and its recognition as a special discipline.

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REFERENCE

Journal of the Royal College of General Practitioners (1975). Editorial, **25**, 547–48.

FLEXIBILITY IN VOCATIONAL TRAINING

Sir,

I would like to support Dr Mackie's point (June *Journal*) that many young doctors prefer to choose their own hospital postgraduate training; and only then, if they are attracted to general practice, will they seek a 'trainee' appointment. My six trainees have all been such doctors.

I would extend his plea for allowing variation in the content of the trainee year itself—each doctor's wishes are different. Only two of my trainees have done the day-release courses which are now considered to be of great importance. One devoted his spare time to studying to take again his anaesthetics diploma which he did successfully; he has now this established extra interest in his own practice. Two have chosen their own day-release subjects; all are now principals in general practice.

One trainee wished to have help and spend much time improving his skills of relationship with his patients in the consultation. He realised that he had difficulties in this—and this is really what it is all about. If a general practitioner has a poor rapport with his patients, then nothing else really matters very much.

This is not a letter to belittle the many splendid vocational schemes which are appearing all over the country. It is a plea for keeping open as many techniques of training as possible in this period of rapid evolution of training for general practice.

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REFERENCE

Mackie, L. (1975). *Journal of the Royal College of General Practitioners*, **25**, 440–41.

KEEPING CONTRACEPTIVE RECORDS

Sir,

A simple suggestion to aid record keeping in contraception in general practice—perhaps an extension to Dr J. O. Woods, theme. A continuation card FP8 could be issued in yellow, just as the summary cards have pink or blue backgrounds. All contraceptive information would then be readily to hand at a glance, the date of the last cervical smear could be seen, changes in blood pressure noted, and the signing of FP1001 or FP1002 recorded. This card could be speedily produced at minimum extra cost to the Department of Health and Social Security and would be well used until the advent of A4 folders, perhaps still ten years away.

If this idea is helpful, where should it be aired to obtain results?

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REFERENCE

Woods, J. O. (1974). *Journal of the Royal College of General Practitioners*, **24**, 865–74.

ACTIVITY SAMPLING

Sir,

The article by Dr Floyd and Mr Livesey, in the June *Journal* introduces an interesting technique in activity sampling in general practice. One of the pieces of information to emerge from the study, was that the doctors spent about one minute listening to the patients' problems, and I wonder if it could be that the patients did not wish to waste any of this valuable one minute's listening time in asking silly questions about a funny bleeping noise arising from various loud speakers in the consulting premises.

In a slightly more constructive vein, I wonder if it would not be better if the bleeps were on a random basis, but averaging every minute, as otherwise there is the possibility that the bleep might perchance coincide with the fixed pattern of the five minute appointment system, or alternatively the possibility that the doctor consciously or unconsciously will be able to predict when the bleep is going to occur and alter his behaviour accordingly.

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REFERENCE

Floyd, C. F. & Livesey, A. (1975). *Journal of the Royal College of General Practitioners*' **25**, 425–31.

HYPERTENSION IN GENERAL PRACTICE

Sir,

Dr John Fry's articles on hypertension in general practice in the July *Journal* contain interesting data, but he omits to mention the mean blood pressure of the practice population which he used to calculate the expected rates of stroke, dementia, primary artery disease, heart failure, and renal disease.

It is essential to know whether this group all had their blood pressures measured, since otherwise it may contain undiagnosed hypertensives, and this in turn might invalidate many of the