provided by trainers and trainees. There is still too little information about this, and about the results of different forms of training. Further information is still required.

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References

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Royal College of General Practitioners (1972). *The Future General Practitioner —Learning and Teaching.* London: *British Medical Journal.*

VOCATIONAL TRAINING OVERSEAS

Sir,

I would like to praise Drs Brown and Holland (February *Journal,* p. 97) for their concern about the health of the people of the Transkei bantustan of South Africa. However, I would like to question the wisdom of sending vocational trainees there to work.

During a psychologically and physically hard year in West Africa, it became clear to me that western curative medicine has little to offer the closely linked political, socio-economic, and health problems of the Third World. Vocational trainees are undergoing appropriate primary care training for the UK and have no training for the formidable and completely different problems of the Third World. By transporting western, curative medicine to the developing world, the growth of these inappropriate ideas is encouraged with disastrous results.

Dr D. Morley and his colleagues in a recent letter to the *British Medical Journal* have raised the question of the role of British doctors working in the developing world. It is a serious question that should be answered before the College makes the suggestions of Drs Brown and Holland official policy.

I am sure that six months abroad would be a 'growing period' for the trainees, but it would be 'malnutrition' for the countries they would be serving. Let us show concern for the developing world by giving them the skills and technology that will enable them to pursue their socio-economic development in a way that is appropriate for their needs.

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Reference

Morley, D., Reed, T., Sanders, D., Sloan, D., Vaughan, J. P. & Winkler, F. (1977). *British Medical Journal,* **1,** 572-573.

Sir,

Dr O'Flanagan's article "One Trainee's Clinical Experience" must have broken the heart of the average vocational training scheme organizer. Was this a real account of the total learning experience of a three-year scheme? Was there no introductory course in which the trainee was introduced to, and spent several days with, the various practice nurses, the social services, the community health services and the other trainers in the scheme? Was there no academic day release each week of the three years, when psychiatry and all other relevant subjects were studied and visits were made to relevant centres? Were there no weekly trainer/trainee lunchtime meetings to discuss clinical and organizational topics? The less said about the year in general practice the better.

The purpose of vocational training is to improve general practice. This can only be done by the trainee being involved with several trainers so that he can gradually mould himself through their advice, by accepting or refusing the various parts of his experience. Two years' hospital work and one year as an individual 'face-to-face' trainee cannot achieve this as the trainee cannot become more than a copy of his trainer 'warts and all'.

The first vocational trainee conference at Newcastle tried to end the hospitals' abuse of the scheme and the second conference at Edinburgh tried to deal with the trainers' abuse. It appears that neither were successful. There is still time to scrap the dull and unimaginative programme for the third conference at Oxford and instead hold a real conference for all those involved: one or two general meetings and then separate ones for organizers, advisers, trainers and trainees so that broad guidelines for a basic syllabus can be hammered out by those actively involved in the schemes.

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CONTRACEPTIVE RECORD CARDS

Sir,

Dr Froggatt's contraceptive record card (February *Journal,* p. 107) was timely. I have prepared an alternative card in which the information is arranged so that the front of the card records the history and provides a data base, and continuation examinations are shown on the back.

The card is white, which I believe is important in that it is unobtrusive. Mothers receiving contraceptive advice can become aware if their daughters have acquired distinctive coloured cards similar to their own, especially when they accompany their daughters and see the notes on the doctor's desk. Similarly, I do not recommend having 'contraceptive record' printed on the card, which might project from the notes and be seen.

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Sir,

I was delighted by the response which followed publication of my paper on the contraceptive record card. The letters published by the *Journal* from Dr Smail (May *Journal,* p. 317), and from Dr Creme (June *Journal,* p. 378) reflect some of the comments which I received from other general practitioners direct.

The card has now been modified and referred to the Practice Records Committee for consideration. The modifications have taken note of all Dr Smail's suggestions and have included modifications suggested from other sources.

I have not, however, left space on the card to enter details of claims submitted for contraceptive services and cervical smears. Details of claims can be recorded where appropriate in the "Clinical Details" column. Creating a special column for this would constitute a waste of valuable space, as it would remain blank in the majority of consultations.

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COMMUNICATIONS BETWEEN DOCTORS AND SOCIAL WORKERS

Sir,

Drs Reilly, Patten and Moffett are to be congratulated on a neat though limited examination of the difficulties in communication between doctors and social workers in general practice (May *Journal,* p. 289).

In a three-year study in this dockside practice in Liverpool we identified several factors which prevented the establishment of true multidisciplinary