

paper by Dr Dokter (June *Journal*, p.349) merit our attention. Both authors stress the need to handle our power over patients responsibly and both are concerned with the manner in which we train new entrants to general practice.

Your editorial (June *Journal*, p.323) dates the job description of general practice by the College as 1972 and by the Leeuwenhorst Working Party as 1977, and one presumes that the evidence for this was gathered over several years. It can therefore be reasonably presumed that the pattern of vocational training is based on studies conducted before 1977, and there have been changes in general practice since then.

This highlights a matter that has long been of concern to me. Through the vocational training legislation we have great power over the manner in which entrants to general practice are trained, and through the considerable (and justified) influence of our College we have the ability to change substantially established general practice, both through our academic reputation and through our influence over various bodies on which we are invited to serve.

I suggest that we must take both Dr Freeling's and Dr Dokter's well reasoned arguments one stage further. We should not only refrain from abusing our power by not dictating to patients, we must also be cautious about the way in which we use our power over both our fellow general practitioners and vocational trainees.

Although to train new entrants on a pre-1977 assessment of general practice provides a good basis for understanding primary care, the remainder of the teaching offered, in which the tutor looks into the future and interprets future patterns of practice, must be handled with great caution. It would be a mistake to misuse our power by directing vocational training down paths which are not acceptable either to the profession at large or to our political representatives on the General Medical Services Committee. Dr Kersley's letter (June *Journal*, p.373) illustrates this point well.

Similarly, we (the College) should be very cautious not to misuse our power over the profession at large. I am doubtful that anyone knows enough about general practice to impose his influence on its development by the use of auditing techniques. I am even more doubtful that we as a college should be involved, as suggested by Irvine (March *Journal*, p.146) in denigrating some of our urban colleagues.

We can effectively monitor only the hardware in the doctor's surgery and office; we can scarcely judge the quality of his practice from his possessions,

except in a crude sense. It would seem much wiser for the College to continue to exercise its power over the profession by example. If we can continue to encourage general practitioners to stay in constant touch with recent ideas and developments both in the organization of their practices and in the development of medical care, our influence is bound to improve general practice. It would be an abuse of our power to impose one pattern of development on general practice.

Similarly, I hope that the vocational trainee will be taught to keep an open mind and constantly attempt to improve his manner of practice. It would again be an abuse of power to impose one 'College-approved' style of medicine on the new general practitioner.

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References

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Sir,

The Royal College of General Practitioners seems to be run at local level by a selected hierarchy who have little touch with general practice, or their community. In fact, they are so in the clouds that they do not take notice of any doctor trying to do his best for the community and general practice.

Even most of the lecturers now are new boys trying to jump on the bandwagon. Many of them just did not want to know when the College was first formed, and I am sure the founder members will agree with me that it was very difficult having to cover long distances without pay.

Many of the present holders of office seem to be trying to become tin gods and are not community orientated. They have given up most of their community commitments, whether they are for the general benefit of mankind, such as St John Ambulance, the British Red Cross Society or the rescue forces, or to do with their own localities. All of them are absorbed in academic matters

and if a general practitioner comes along with high academic qualifications, he is immediately approached to join their fold. It is a pity that the people who have the College at heart, including foundation and older members, are not given recognition for all their efforts or the opportunity for higher office in the College.

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BUTTERWORTH GOLD MEDAL ESSAY

Sir,

I should like to congratulate Dr Taylor on his Butterworth Gold Medal Essay, "Towards Better Prescribing" (May *Journal*, p.266). Since it is such an authoritative account of the problem I think it might be worthwhile pointing out a small error in the description of the prescribing cost control procedure. It is said that in 1974 the number of cases in which excess costs were recovered from the remuneration of doctors was five. In fact there were none—nor were any cases referred to local medical committees. The misunderstanding probably stems from the imprecision in the table dealing with Service Committee cases in the official statistics (DHSS, 1975) which, in connection with Pharmaceutical Services, does say there were five "decisions to withhold remuneration". However, the item refers not to doctors but to pharmacists.

Not for several years has it been necessary to refer any cases to local medical committees on the grounds of prescribing costs being apparently in excess of what was reasonably necessary. This has been a welcome development.

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Reference

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