Changing doctors without changing address

The Patients' Liaison Group has been concerned recently about difficulties experienced by people when changing doctors without changing their addresses. The group sent a questionnaire to the secretaries of all community health councils in England and Wales asking about problems which had come to their notice when patients tried to change doctors under these circumstances. The findings which were based on reported experiences rather than statistically validated facts were:

— Most people who want to change their doctor believe that they can do little about it.
— Many people do not know that they have a right to change their general practitioner.
— Secretaries reported that some people were afraid of the action that might be taken against them by their general practitioners if they attempted to change doctor.
— The main reason why people said that they wanted to change doctor was reported to be poor communication. This was followed by unsatisfactory treatment. Matters such as dissatisfaction with receptionists, the unavailability of the general practitioner, difficulty in reaching the surgery and lack of certain services were also quoted reasons.
— The most frequent reason quoted for doctors' unwillingness to accept people onto lists was that the lists were full. Other reasons given were that the doctor was unwilling to take on another doctor's patient, that the patient lived outside the practice area, and that the doctor was unwilling to take on people with special requirements.
— Some doctors were said not to take on patients with special problems, such as drug dependency, age and frailty, homelessness, alcoholism, physical disability and multiple illness, psychiatric illness and personality problems.
— A number of community health council secretaries were dissatisfied with the way in which people were removed from doctor's lists without explanation.

These findings represent the considered opinions of many community health council secretaries and indicate that it may be quite difficult to change general practitioner without changing address. Certain recommendations proposed by the Patients' Liaison Group were considered by Council at its December 1985 meeting. In response to the report from the Patients' Liaison Group the College has produced the following guidelines so that the issues raised by the group can be discussed more widely.

— General practitioners should recognize that the availability and real choice of a doctor is a key component of good quality care, and should pursue policies to ensure the availability of such choice.
— Everybody in the UK should have access through general practice to health care of good quality. Patients should be fully informed of the services offered by general practice, and of their range of choice of doctor both within a group practice and between practices in a given locality.
— Continuity of care is a key feature of general practice, and although patients should be able to change their doctor, frequent change of doctor is not to be encouraged. A disagreement between doctor and patient does not necessarily mean that there is a need for change.
— There are dangers in changing doctors in the middle of a course of treatment — nevertheless there may be occasions when such change is appropriate.
— Patients should be free to choose the doctors with whom they wish to register, and ways should be sought to overcome barriers to such freedom of choice.
— Mutual choice of doctor and patient should be promoted within the framework of the National Health Service, giving priority to the needs of patients, while not ignoring the preferences of doctors.
— The fact that a patient has not changed address should not be a reason for refusing registration with a doctor.
— The nature of a patient's physical or mental state of health, or age should not be a sole reason for refusing registration with a doctor.

College Council

Nomination of members to serve on the College Council for 1986–1989

At the Annual General Meeting to be held in the Royal Garden Hotel, Kensington, London, on Saturday 15 November 1986, all the faculty representatives and six elected members of Council will retire from Office (Ordinance 36).

Any member of the College may propose another for election to one of the six vacancies among the elected members of Council (Ordinance 37). Forms may be obtained by application to: The Honorary Secretary, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Such proposals, signed by two members in good standing, must be received by the Honorary Secretary between 15 August and 30 September 1986.

Postal ballot

Voting papers for the postal ballot will be sent to all fellows and members with the agenda for the Annual General Meeting in October, and must be returned in the prepaid envelope provided, by 12.00 hours on Saturday 8 November 1986.

The result of the ballot will be declared at the Annual General Meeting on 15 November 1986, and subsequently published in the College *Journal.*

Nomination of trainees to serve on College Council for 1986–1988

Two trainees are elected to sit on Council, one being elected each year for a two year term. Trainees are nominated by faculties and are elected by postal ballot. Nominations should take the form of a letter from the faculty to the Honorary Secretary of Council together with an accompanying curriculum vitae of the candidate. Voting papers for the postal ballot will be sent to all associate trainee members and should be returned by 30 September 1986. The trainee nominated must be in training for general practice at the time of the nomination, or must have recently completed vocational training. He or she must also be an associate of the College. The result of the ballot will be announced at the Annual General Meeting.

The Data Protection Act — registration deadline

All general practitioners who control or use automated personal data must register with the Data Protection Registrar by 11 May 1986. This includes all general practitioners who have practice computers. However other general practitioners may also have to register if for example:

— their family practitioner committees provide them with an automated age/sex facility;
— they use the automated recall systems of the district or regional health authority to identify patients for immunization programmes;
— their accountants use automated systems to provide staffing services.

Under certain circumstances general practitioners who use sophisticated telephone dialling systems, certain labelling machines, world processors or electronic mail may have to register.

Determining who has to register and how best to register is complicated. Filling in the forms is difficult and tedious. An invaluable guide to the problem of data protection registration has been produced by the General Medical Services Committee of the British Medical Association. *Guidance to general medical practitioners on data protection registration* is well written and clearly explains who need register and how the various forms should be filled in. It is essential reading for all general practitioners and can be obtained from BMA House, Tavistock Square, London WC1H 9JR.

Famine in Africa

The following exchange of letters occurred in January this year:

Dear Prime Minister
I have been asked to draw your attention to the following resolution which was passed at the recent Annual General Meeting of this College:

> 'That this meeting notes with alarm the recent continuing suffering in the current famine in Africa. It calls on the Government of the United Kingdom to demonstrate the spirit of Alma-Ata in promoting effective primary health care throughout the world.'

The declaration of Alma-Ata was issued in 1978 at the end of the meeting sponsored by the World Health Organization. It called for 'urgent and effective national and international action to develop and implement primary health care throughout the world ...'

We believe that the United Kingdom has much to offer in this field. This College already has wide international contacts with Central and South America, Africa and the Near, Middle and Far East and has supported work in these areas but we are well aware that resources for this activity are severely limited. Many of us are also aware that supporting the more technical and sophisticated aspects of secondary care can do harm by diverting resources from the more pressing and more economical needs of primary care and are anxious to see the deficiencies overcome.

Yours faithfully
M. Drury

Dear Professor Drury
Thank you for your letter of 6 January, drawing my attention to a resolution recently passed at the College's Annual General Meeting.

The British Government share the College's concern at the current crisis in Africa. We have provided a considerable amount of emergency assistance, particularly to Ethiopia and Sudan, over the past year. In the field of health assistance, we fully support the aims set out in the Alma-Ata Declaration. The responsibility for establishing and running national primary health care programmes must rest with national governments. The role of the donor community, including the United Kingdom, is to provide help to governments with aspects of these programmes which may be beyond their technical and financial capabilities. In this respect, we are often asked to help at the secondary and tertiary level. We do so where this is clearly an integral part of an overall primary health care policy. The provision of central or regional health management expertise is a good example. As you point out in your letter, this country has a great deal of expertise in the health field and we have been able to draw on this in developing our assistance programmes.

Our health assistance includes support for a number of multilateral health programmes, including the WHO's Expanded Programme on Immunization and Action Programme on Essential Drugs, all of which contribute to the development of primary health care programmes. In parallel to this, we provide health aid on a bilateral government-to-government basis and many of these projects are firmly rooted in the philosophy of Alma-Ata.

In addition to our health programme, we also give some priority to population-related activities in the British Aid Programme. Population growth rates are an important aspect of economic and social development in Africa; and the provision of family planning services is an integral part of primary health care. Our support to this sector has substantially increased over the past few years — from £6.5 million in 1981 to £12.3 million in 1984.

I hope this reply reassures you that the Government is fully committed to the objectives of the Alma-Ata Declaration.

Yours sincerely
Margaret Thatcher

RCGP/King's Fund management appreciation courses

The first of a new series of courses designed to introduce general practitioners and their practice managers to the principles of management took place at the Royal College of General Practitioners on 31 January–1 February.

Participants were enthusiastic about the course, and reported that they had learnt a good deal of useful and relevant skills which they intended to put into immediate practice. The mixture of general practitioners and practice managers was felt to be of particular importance, as it gave each profession an understanding of the other's roles and particular problems. Many found the group sessions to be a valuable means for exchanging ideas, discussing common problems and airing controversial issues in an open and honest way. A number of personal and organizational weaknesses could be shared with the group and possible solutions offered.

Sharon Barnett, a practice manager from Leicester who attended the course, writes: 'The ingredients of a successful course include an interesting and important basic theme, careful organization of the topics and lecture material and getting together a group of interested parties in a pleasant and stimulating atmosphere. I am sure that all the participants of the first management appreciation programme course would agree that all of these factors were present.

'The course material was well presented and fully documented, and it has been helpful to have such excellent notes to look back on as various problems arise. In addition to the well-selected topics the small group sessions were particularly useful — it soon became easy to air our different points of view. It was helpful to learn that a lot of my problems were not unique, and I benefited from hearing how others dealt with difficult work situations. Another useful aspect of the small group sessions was problem solving, an example being the selection of an applicant for a post in a practice. Finally, we all enjoyed the film presentations which were both instructive and highly amusing and helped to balance the more intense parts of the course material.

Meeting the other course members was pleasant. Although we were initially strangers thrown together in a strange environment we all got along well, quickly getting into the spirit of the

occasion. The excellent mix of general practitioners and practice managers attending the course certainly contributed to this friendly atmosphere.

'I am sure that all the course members would join me in expressing our sincere thanks to June Huntington, Sally Fountain and everyone who helped to organize the course which obviously required a lot of hard work. I hope that they found it as successful as we did.'

Further information about future courses may be obtained from Miss Sarah Cornish, RCGP, 14 Princes Gate, London SW7 1PU. Telephone 01-581 3232, extension 219.

The Ian Stokoe Memorial Award

The Scottish Council of The Royal College of General Practitioners invites applications for the Ian Stokoe Memorial Award. The Award is open to any fellow, member or associate of the Royal College of General Practitioners. The competition is to encourage high standards in the preparation of material for publication.

For further information please contact: Dr P. Gordon Gaskell, Honorary Secretary, Scottish Council, The Royal College of General Practitioners, 2 Hill Square, Edinburgh EH8 9DR. The closing date for the competition for 1986 is 31 July 1986.

The Ian Dingwall Grant Award

The Scottish Council of The Royal College of General Practitioners invites applications for the Ian Dingwall Grant Award which was created at the request of, and with funds generously donated by, The Caledonian Medical Society. An award of £150 will be made in August 1986.

Those eligible to apply are fully registered medical practitioners under the age of 36 years who intend making a career or have already embarked on a career in general practice, and who, at the time of application, are currently undertaking, or who, within the past five years have already completed, full time postregistration training in Scotland directed towards this end.

Any request for further information should be addressed to: Dr P. Gordon Gaskell, Honorary Secretary, Scottish Council, The Royal College of General Practitioners, 2 Hill Square, Edinburgh EH8 9DR. The closing date for applications is 30 June 1986.

Alcoholism in general practice — essay prize

The Medical Council on Alcoholism is offering cash prizes to vocational trainees for essays on the subject of 'The early recognition of alcohol-related problems in general practice'. Entries, which should be of no more than 5000 words, should be sent to: The Medical Council on Alcoholism, 1 St Andrew's Place, London NW1 4LB, and should be submitted by 1 August 1986.

General practitioner writers association

A group of general practitioners interested in writing books or artciles for all types of magazines and journals is proposing to set up this association. These plans have received considerable moral support from editors of journals ranging from those largely serving general practitioners' interests to the most prestigious. They have received financial and administrative support from King's Fund and several pharmaceutical houses.

There are plans to arrange meetings and courses and to produce a register of authors and their interests and an association newsletter. A pharmaceutical house proposes to donate a substantial sum as a literary award for the association. Membership will be by subscription and there will be additional charges for courses and meetings.

The first meeting will be held on Saturday 19 April 1986 at the Queen Elizabeth Hospital Postgraduate Centre, The Medical School, Birmingham, when speakers will include editors, publishers and general practitioner writers. Numbers will be limited and there will be a course fee of £5.00.

Those interested should contact: Dr David Brooks, 133 Manchester Old Road, Middleton, Manchester M24 4DZ, telephone 061-643 5005.

National Counselling and Welfare Service for Sick Doctors

This is a confidential independent service which has the support of the Royal Colleges and faculties, the Joint Consultants' Committee, the British Medical Association and other professional bodies. The aim of the organization is to provide support for those doctors whose health is affecting their work but who seem reluctant to acknowledge this or to seek help. Advice is available from senior doctors in all branches of the profession on a strictly confidential and informal basis.

The service is controlled by a National Management Committee with representatives from the supporting organizations mentioned above, while being an autonomous group.

For further information or to contact an appropriate adviser, write to the Chairman, National Management Committee, National Counselling and Welfare Service for Sick Doctors, 3rd Floor, 7 Marylebone Road, London NW1 5HH, or telephone 01-580 3160.

General practitioners and the supply of prescribable foods

Dietitians in various parts of the country are experiencing problems with the supply of prescribable foods as directed by the Advisory Committee on Borderline Substances.

There are two main problems. First, general practitioners are not supplying food items on prescription that patients have commenced while in hospital. This ranges from total lack of supply to varying degrees of underprescribing. Secondly, general practitioners are commencing patients on various foods and supplements without referring the patient for dietetic advice. This can result in patients receiving inappropriate, expensive items and not gaining real benefit from them.

The elderly deaf

During 1986 the Royal National Institute for the Deaf will celebrate its 75th anniversary. A special campaign will be launched during the year to help elderly people in the community who have poor hearing. General practitioners and other community health workers will be encouraged to actively seek out hearing impairment in the elderly rather than waiting for the problem to be raised by the patient or relatives. Other suggestions are that district hospitals should set up direct-access hearing-aid clinics so that patients do not have to see a consultant ear, nose and throat surgeon before being assessed for a hearing aid. Once a hearing aid has been supplied general practitioners and district nurses can help patients by keeping hearing-aid batteries in surgeries and examining patients ears every three months to deal with any accumulation of wax. Some patients would also benefit from referral to lip-reading classes where these are available.

Anorexia nervosa — a personal tragedy

General practitioners who are treating patients suffering from anorexia nervosa may be interested in a book to be published on 24 April 1986. *Catherine,* by Maureen Dunbar, it is a mother's account of her daughter's struggle with the illness and eventual death at the age of 22 years. Through this personal account the problems which caused her illness are examined, and the author makes a call for a reconsideration of current medical and psychiatric methods used in the treatment of anorexics today. All royalties from sales of this book will be used to establish a trust to help other sufferers.

Retirement from the Birmingham Research Unit

Bernard Brueton, Administrative Officer at the Birmingham Research Unit of the Royal College of General Practitioners since 1972, retired on the 31 March this year. Before joining the Research Unit he had a career in senior management in industry and served as a member of the board of Evered and Company. He brought skills, insight and accumulated experience which not only greatly increased the efficiency and the effectiveness of the Unit's programme but released researchers from the many necessary but time consuming chores. It is clear that as the cost benefits and cost effectiveness of medical care become important elements in clinical research this contribution becomes even more necessary. Those who know him will not be surprised that he now embarks on yet another career in primary care administration. He has made an invaluable contribution to the Unit's programme and its staff are delighted that he will remain available in a consultative capacity.

New quality of life initiative in Princes Gate

The College is delighted to announce the engagement of Sally Fountain and Donald Irvine. Sally is the Administrator at the College and Donald is the immediate past Chairman of Council of the College and a general practitioner in Ashington, Northumberland. The College wish them a long and happy life together. They are both to continue in their present jobs. British Airways confidently look forward to a large increase in the profitability of their London to Newcastle route.

Medic-Alert Week

The activities of the Medic-Alert Foundation will be publicized during 4–10 May to draw the attention of the public to its aims. Medic-Alert gives protection to its members with an emblem worn as a bracelet or necklet which will notify the medical profession of special or hidden medical conditions suffered by the wearer which may not be apparent to an observer in an emergency.

Medic-Alert is a non-profit-making registered medical charity providing protection for life at a basic cost of £13.80. Further details about the organization may be obtained from the Secretary, Medic-Alert Foundation, 11/13 Clifton Terrace, London N4 3JP. Telephone 01-263 8597.

In memoriam

The College notes with regret the following deaths during 1985: L.R. BAKER, Member, Leicester; W.B. BALLENDEN, Member, Midland; R.B. BALUCH, Member, South West Thames; M.E. BINKS, Member, Thames Valley; W.P. BLACKSTOCK, Founder Member, South East Scotland; M. BLYTHE, Fellow, Tamar; R.J.D. BRONWE, Founder Fellow, Midland; F.H. BROWN, Member, Thames Valley; J.C. BROWN, Founder Member, Wessex; J.P.G.P. BURNIE, Member, Wessex; F.W. CLARK, Founder Member, Cumbria; V.E. CLAXTON, Founder Member, South West Thames; G. COOPER, Founder Member, North East Scotland; H.J. COTTER, Fellow, South East London; W.A. DEVLIN, Member, Yorkshire; J. DIMOCK, Associate, Leicester; T.L. DOWELL, Founder Fellow, Merseyside and North Wales; E.E. EVANS, Member, Thames Valley; C.M. FLEMING, Founder Honorary Fellow, West Scotland; A.R. FOX, Founder Fellow, North East London; D.D.A. FRAZER, Member, South East Scotland; J.A. GAVIN, Member, South London; A. GILLIE, Honorary Founder Fellow, Severn; D.S. GOLDFOOT, Member, North West London; R.D. GRAY, Associate, West Scotland; K.A. GULATI, Member, North West England; G.L. HADDEN, Member, Overseas; G. HAMPSON, Member, North West England; R.E. HAVARD, Founder Member, Wessex; A.W. HENDERSON, Founder Member, Thames Valley; E.M. HOLLINGTON, Associate, Bedfordshire and Hertfordshire; J.M. JONES, Founder Member, South West Thames; T.B. KENDERDINE, Founder Member, Midland; G.S. KENNEDY, Founder Fellow, Essex; F.M. KIRK, Associate, East of Ireland; A.T. LILLIS, Member, North and West London; J.G. LINDSAY, Founder Member, Severn; H.S. MACINTYRE, Member, North Scotland; J.R. MCCOY, Member, South Africa; C.B. MALLEN, Founder Member, Severn; F.M. MALLINSON, Founder Member, South West Thames; R.A. MANCLARK, Founder Member, Overseas; G.W. MEARS, Member, Thames Valley; B.H. MITCHELL, Founder Member, South West Thames; M.J. MITCHELL, Member, East of Scotland; R.J. MOYLAN JONES, Member, Wessex; H.R.H.N. OATEN, Fellow, Overseas; W.G.A. RIDDLE, Member, North England; D.F. ROBB, Founder Member, East Anglia; A.T. ROGERS, Founder Fellow, South East Thames; A.D. ROSE, Fellow, Humberside Sub-Faculty; A.F. ROSS, Associate, Bedfordshire and Hertfordshire; D.A. RYDER, Associate, South Ireland; A. SADDLER, Member, Midland; R. SCHAFFER, Member, Overseas; A.C. SEYMOUR, Founder Member, Northern Ireland; H.S. SLOANE, Member, West of Scotland; S. STOKES, Member, North England; W.E. SUFFIELD, Member, East Anglia; S.M. TYRELL, Associate, South London; J.S. WALLACE, Member, South East Wales; C.J. WHITE, Associate, North West England; H.D. WHITE, Founder Member, Bedfordshire and Hertfordshire; T.M. WIERZUCHOWSKI, Member, Leicester.

Alcohol and the fetus: a reasoned approach

Evidence relating adverse pregnancy outcome to maternal alcohol use seldom focuses on non-abusive levels of drinking, yet this is what the majority of patients seek information about. Outcomes of the hypothesized mechanisms of action appear related to pattern of exposure and timing during pregnancy. Methodological problems encountered in human studies include determination of exposure, method of analysis, and outcome measurement. Physicians should be aware of drinking habits of women in the childbearing years, and the reported adverse effects of moderate drinking.

Source: Musto RJ. Alcohol and the fetus: a reasoned approach. *Can Fam Physician* 1986; **32:** 125-129.