

main academically superior to political reality and I urge them to look again at this document with a more critical eye.

DAVID SLOAN

Lower Clapton Health Centre
36 Lower Clapton Road
Hackney
London E5

Editorials reflect the views of the individual author (in this case my views) and are not an expression of official College policy. Ed.

Sir,

The Ealing Young Principals Group is concerned that your editorial (January *Journal*, p.1), in its rush to welcome the affirmation of the central position of general practitioners in primary health care, goes on to endorse the government's white paper with surprisingly few reservations, and appears to take no cognizance of many of the contradictions in the proposals themselves or the context in which they are being presented.

You justifiably point out that the removal of restrictions on the number and type of personnel employable by general practitioners through direct reimbursement could be completely undermined by imposing cost limits. However, you fail to point out that the whole emphasis on improving quality of care and encouraging prevention, is at odds with the plan to increase the proportion of remuneration made up of capitation fees, and the need for a stable population for screening will not be helped by the proposal to make it easier for patients to change their doctors.

In our enthusiasm to promote 'screening' we must not forget that this is only one part of the 'triad' of preventive care and not necessarily the most cost effective. The proposal to 'screen' our elderly patients is a useful example. Many measures could be adopted to promote primary prevention of ill health in elderly people — in particular adequate pensions to allow them to make their homes warm and secure and to eat a nutritious diet, more and better day centres and transport for the socially isolated and housebound, adequate numbers of places in part 3 homes with sufficient well-trained staff, and more home helps and meals-on-wheels. Tertiary prevention — the provision of an adequate 'reactive' service to limit the damage done by disease once it becomes manifest and to aid rehabilitation — is also a major priority and in our daily work we recognize the glaring need for more acute and chronic geriatric and psychogeriatric beds in our district, shorter outpatient and surgical

waiting lists, and a reliable ambulance service for our elderly patients. This is just a start and the situation is growing worse not better.

If we cannot provide a good reactive service for the needs we can already identify, why screen the asymptomatic? There is a clear danger that this will become 'window dressing' to disfigure a service collapsing through lack of funding.

We urge the College to recognize the true intentions behind the white paper and to start reacting vigorously to the threat facing our health service. Failure to grasp this nettle now will prove disastrous in the long term.

DAVID MENDEL

1 Crossland Avenue
Southall
Middlesex

Small group teaching

Sir,

In general practice the formal methods of traditional hospital medical education have been replaced by more informal teaching styles. In your editorial (January *Journal*, p.1) you state that small group teaching will be an important part of continuing medical education in general practice. Small group teaching is now used widely at the trainee level and will increasingly become the hallmark of continuing medical education.

In any form of education an assessment of the aims, objectives and techniques is of paramount importance. However, one aspect of small group teaching is that peer review takes place both at the explicit and the implicit level. This can be important when dealing with qualitative aspects of general practice, such as attitudes, values and behaviour. Furthermore, in postgraduate medical education the role of small group teaching has been most important in psychiatry and general practice.

Small group teaching can probably make its greatest contribution to general practice in the handling of the consultation as it is the doctor's 'attitudes and feelings'¹ and the relationships he engenders that are the essence of the consultation. Moreover, it is in the analysis of the dynamics of the doctor-patient relationship that small group teaching is most pertinent. It may be that the ability to tolerate peer group discussion is more applicable to general practitioners in their attitude to continuing education.¹

Not only can this type of education encompass the techniques of the consultation but it can deal with a range of other issues and topics in general practice which

lend themselves to discussion in small groups.

RUTH SHAW

21 Hogarth Hill
London NW11

Reference

1. Anonymous. Some insights from seminars. *J R Coll Gen Pract* 1976; **26**: 471-472.

Hours of work and fatigue in doctors

Sir,

May I comment on the editorial 'Hours of work and fatigue in doctors' (January *Journal*, p.2). General practitioners clearly want to be seen as super human — why else should we look upon working through the night, having disturbed sleep and then doing a full day's work as a sensible and honorable activity? What would we say to our patients if they did this?

While we have a 24-hour contract we have to develop reasonable mechanisms for coping — certainly for the period 23.00 to 07.00 hours. Deputizing services fall down, not in theory — a major percentage of the world's general practice seems to cope with similar systems — but in practice. What is required at night is a caring, competent doctor who can deal with problems efficiently, who attends when requested and who recognizes the times when drug therapy is not required and that many problems can be dealt with at home. Deputizing has fallen down because of poor response rates, inappropriate management and overuse of the hospital services.

What is required at night is a general practitioner, provided by a deputizing service, by a large rota in urban areas or by a local rota in rural areas. Most importantly, the doctor who is on call at night should not work the next day. His patients will survive, as they do when he goes on holiday, attends a course or carries out hospital work. Only when we cross this hurdle will general practice have finally grown up.

GEORGE TAYLOR

The Health Centre
Guide Post
Choppington
Northumberland NE62 5DD

Comments on the *Journal*

Sir,

The Epsom District RCGP Group met in November 1987 to reflect on the content of the *Journal*, and the September 1987 issue in particular. Ten College members attended the meeting.

The majority of those attending felt that the cover design was good and that the small number of advertisements was refreshing. It was also commented that the typography and layout were good. It was generally agreed that the editorials covered important topics of general interest although some were considered too long.

It was felt that the original papers were often not interesting enough, that there were too many data based papers, that the majority of summaries were too long and that bolder, clearer print should be used for the summaries. The papers on headache and on respiratory illness in childhood in the September issue proved interesting.

It was also agreed that the letters section was valuable, that the new digest section should prove worthwhile and that in general well-selected low-cost publications appeared in the book review section.

The grey edging to the news section pages was considered helpful and at one page or less the length of articles in this section was optimum for rapid reading. It was felt that national news could be more comprehensive but that the inclusion of faculty news in the body of the *Journal* was an improvement. It was agreed that more news of College contacts with medical and other professional bodies should be reported and that obvious political comment should be avoided. The news section should contain reports on College Council and committee meetings, advance notice of meetings hosted or organized by the College and of other important meetings of interest to general practitioners, and short reports on meetings of special interest.

Most comments centred on the interest and relevance of the original papers, some of which had limited appeal. It was felt that more narrative style papers should be published but that anecdotal, subjective accounts should be treated with caution. Occasional clinical review articles would be welcome and the introduction of selected short reports from general practice should be considered. The inclusion of continuing epidemiological surveys was mentioned but comparative drug trials were not generally felt to be helpful. It was commented that the authority of the *Journal* is probably undermined by the incorporation of review articles in the *RCGP members' reference book*.

Overall, it was felt that the quality of the *Journal* has much improved and that it can therefore plan to evolve further to a new position of stability.

J.B. CLOSE

Linden House
30 Upper Fairfield Road
Leatherhead
Surrey KT22 7HH

Readers' comments about the Journal are always welcome. Ed.

Disfigurement Guidance Centre

Sir,

We are a long established, ethical, well respected, always hard up but enormously active and useful national charity. We are hoping to establish a comprehensive research project on haemangiomas and I should be most grateful if any of your readers with a special interest in this subject would assist our endeavours.

I should be delighted to send details of our centre's work and a copy of our free disfigurement handbook on request.

DOREEN SAVAGE TRUST

Disfigurement Guidance Centre
52 Crossgate
Cupar
Fife KY15 5HS

Isolated general practice

Sir,

As a past trainee of the practice responsible for the Island of Berneray, I was pleased to read Dr MacNamara's support for the continuation of training in isolated general practices (*News, October Journal*, p.480). I feel that its value goes beyond producing principals familiar with the lifestyle of remote communities. 'The challenge of providing both traditional family and frontier medicine' does indeed increase one's resourcefulness and with a wider application this might reduce the congestion in our hospital outpatient departments. I am now a principal in a larger mainland rural practice and I do not feel that I have missed out on any aspect of general practice education as a result of training in the Western Isles. I thoroughly recommend that option to anyone considering their future route through vocational training.

D.W. GARDNER

The Surgery
Hill House
Aspatria
Cumbria

Behavioural problems in pre-school children

Sir,

The Association for Child Psychology and Psychiatry is funding a study group on health visitor based approaches to behavioural problems in pre-school children. The group is attempting to review the range of services that are being developed and to identify the implications for training, interprofessional collaboration and research.

We would welcome any material, observations or comments from those with ex-

perience of such work. It is our intention to disseminate the results of our review in meetings and journal articles from the end of 1988 onwards.

JIM STEVENSON

University of Surrey
Guildford
Surrey GU2 5XH

General Practitioner Asthma Group

Sir,

A group is being formed with the aim of improving the management of asthma in general practice. Any general practitioners interested in joining such a group should write to the General Practitioner Asthma Group at the address below. Further details will then be sent.

P.W. BARRITT
S.R. HILTON
D. JENKINSON
K. JONES
M.L. LEVY
C.R.F. SHERLOCK

PRISM
Pinewood Studios
Iver Heath
Bucks SL0 0NH

Request for medical publications

Sir,

As an Indian doctor I find the cost of the *Journal* subscription prohibitive but I need to refer to it in the preparation of a book on general practice. I would like to receive used copies of the *Journal* from a British doctor and I would send copies of the *Indian Journal in Family Medicine* in exchange if required or provide hospitality in India. Journals may be sent by surface mail.

G.C. MAHESHWARI

70/A I L Township
Instrumentation Ltd
Kota 324005
Rajasthan
India

Sir,

I am a medical graduate and have opened a clinic in my native village in Pakistan. Owing to the absence of modern medical facilities in rural areas we need to be more efficient but I cannot afford to purchase medical publications or audio-visual material. I would therefore be grateful for any medical publications or audio-visual material from doctors in the UK.

A.A. BUGHIO

C-13 SRTC Colony
Hyderabad 71000
Sindh
Pakistan