

adopt the laudable principles of collaborative study.

KEITH HOPCROFT

17 Copperfields  
Laindon, Basildon  
Essex SS15 5RP

### Compulsory audit projects for medical students

Sir,  
As in Dundee (Letters, October *Journal*, p.430), the Nottingham general practice attachment includes a student audit project. Our experience over several years is that these work best if the topic is chosen by the student. The role of the tutor is often to limit the amount of work planned and to emphasize that while the study is likely to be useful to the practice, the educational objectives are paramount. Other than statistical validity there is little educational gain from analysing 100 rather than 50 records.

Encouraging students to choose their own topic leads to a wide range of projects, some of which are not audits, but studies of the practice population. From the examples given by Neville and Knox, it appears this is also the case in Dundee. Where possible we encourage students to include an audit element in their project, for example a study on use of alternative medicine by patients should include suggestions about how general practitioners should respond to this aspect of their patients' behaviour. Most importantly students should appreciate how far, if at all, their project fulfils the criteria for an audit.

Teaching the principles of audit is difficult, especially because of the lack of an accepted terminology<sup>1</sup>. Response to a question in the final examinations suggested that in the past we have failed to make these clear; many students were unable to give a satisfactory definition of audit or to distinguish between this activity and research. We have attempted to remedy this situation by emphasizing the principles of audit at both the beginning of the attachment and when the projects are presented.

Departments of general practice have to consider carefully how best to use their limited curriculum time. Audit, like communication skills, is a topic which has universal application and in which our discipline has established some expertise. General practice can make an important contribution to this area of undergraduate education.

ANDREW WILSON

University of Nottingham  
Queen's Medical Centre  
Clifton Boulevard, Nottingham NG7 2UH

### Reference

1. Buckley EG. Quality assessment or quality control. *J R Coll Gen Pract* 1989; 39: 302-312.

### Foreign body inhalation: a danger of metered dose inhalers

Sir,  
Encouraging patients to replace the cap on their inhaler may not solve the problem described by Cuckow and English (Letters, November *Journal*, p.476). A patient of mine reported inhaling the cap itself, which impacted in the pharynx causing total respiratory obstruction. Fortunately, a powerful 'huff' managed to expel the cap but the experience was frightening and dangerous. I suspect the cause common to both experiences is undue haste in using the inhaler. Patients should be warned to take their time.

DAVID L COHEN

Radcliffe Infirmary  
Oxford OX2 6HE

### Public policy and the clinical remit

Sir,  
In the government's new contract for general practitioners, preventive services within general practice are seen as an objective of public policy. In his editorial (August *Journal*, p.309), Dr Buckley argues that the setting of targets by the government for preventive measures may reduce the amount of time spent on other clinical work. How can the profession reconcile the public policy aims of the government with the necessity of evolving the clinical content of general practice?

Since the inception of the National Health Service the clinical content of general practice has gradually changed. Initially, the hospital approach to medicine defined the 'clinical gaze'.<sup>1</sup> However, as the range of morbidity changed, with an increase in the presentation by patients of problems of a psychosocial nature and in chronic illness, general practice has adopted a more sociological approach in which different models and values of ill health and the disease process are utilized. This approach takes into account the meaning that ill health has for patients.

In the social process which generates the clinical content of a general practitioner's work, the medical process is negotiated through mutual exchange by the doctor and patient. Doctors must integrate their medical education, still largely hospital based, with the everyday

medical content of general practice and in turn synthesize this collective knowledge with the health beliefs, knowledge and values of their patients.

Given the objectives of government policy, the future of general practice lies in its ability to define and take on a role which may well be more sociological in dealing with ill health, and not just in having a screening and preventive role for the health services.

RUTH SHAW

21 Hogarth Hill  
London NW11

### References

1. Armstrong D. The structure of medical education. *Med Educ* 1977; 11: 244-248.

### The College, the contract and the white paper

Sir,  
While appreciating the need for the College to remain outside the political arena, I wonder if this aloof approach has not been taken to extremes. Most general practitioners are thinking of little else but the contract (after, of course, they have completed their 26 hours a week of work and collected their £65 000 per annum pay packets) while the College appears to be considering it very little. I suspect that many members feel that the College is remote from their day to day anxieties.

Now that the new regulations are on the statute books, it may be time for the College to be seen to be taking an interest in the contract and its effect on College members. May I suggest a series of apolitical articles, leaders and reviews to cover such topics as: the value and optimal frequency of health screening and geriatric surveillance; a consensus view on what constitutes 'hours convenient to patients'; a critical appraisal of child surveillance and health promotion clinics; a discussion of the dangers of stress, fatigue and burn-out on doctors' performance.

We need to counter the disinformation put about by the government with a realistic account of a general practitioner's workload and remuneration. In particular the tenor of the recent newspaper advertisement implying that before the new contract was dreamt up general practitioners had very little to do needs to be contradicted by a respectable source — what better than the College. Our morale is low and our *caritas* is liable to be lost in a mass of *pseudo-scientia*. We need a voice.

JOHN VALENTINE

St Chad's Surgery, Gullock Tynning  
Midsomer Norton, Bath BA3 2UH