Correspondence

Professional (vocational) training—the present position

Sir,

I have today received my copy of the *Journal*, and turned with some interest to read the letter from the chairman of the Vocational Training Subcommittee. I was surprised to see that the list of existing vocational training schemes did not include the scheme currently in operation in Kettering.

We started talking about our scheme early in 1968, and ever since the definitive formation of this department in November 1968, we have been most particular to include the Royal College in all our deliberations. Indeed, at our formative meeting the honorary secretary of the Thames Valley Faculty, was present, and played a constructive part. Further to this, Dr Slater, the honorary secretary to College Council, was informed of our intentions in November, 1968, and from early in 1969, we have been represented on the Thames Valley Faculty Education Subcommittee with whom our every move has been discussed. It is worth adding that we have also submitted all our ideas, plans, and final schemes to the Oxford University Committee for Postgraduate Studies who, in co-operation with the Regional Board, have had to approve everything which we have done.

There is a lot of interest in this sort of scheme amongst the junior hospital staff, and it is discouraging when interested doctors come up to me, with the current duplicated list, obtained from the Royal College, of the available schemes, and to have my attention drawn to the fact that our scheme is not included in this list. This, coupled with Dr J. Horder's letter in the *Journal* has prompted me to write this letter.

I do hope that the omission is an isolated one, and that other areas have not suffered in the same way; and that the Vocational Training Subcommittee will see to it that in future all information given to them directly, or via Faculty Education Subcommittees will be incorporated into its printed information at an early date. Above all, I hope that the omission is not due to our relative isolation from the centres of power.

Can I take this opportunity to let your readers know that we have our first trainee in post, a second starting shortly, and a third currently being 'processed'.

General Hospital,
Rothwell Road,
Kettering,
Northants.

NOEL CASH.
Director,
Department of
General Practice
Studies.

Vocational training

Sir,

I am sorry that the Kettering scheme has not yet appeared in the list of vocational training schemes. This was a summary of information available to me on the 1 Sept. 1969. I first heard of the Kettering scheme on the 8 February, 1970—from Dr Cash himself. Communication between faculties and college headquarters needs to be closer.

The omission is almost certainly not an isolated one—*indeed I hope it is not*, because there are a number of schemes in other parts of the country in the stage of planning. Some may have started. Others may be unknown to me. I hope that this correspondence will cause other people to send information about schemes which did not appear in the list.

JOHN HORDER,
Chairman, Vocational
Training Subcommittee.

London.

Public health examination combined with multiple screening tests in general practice

Sir,

Those of us who have, over the last few years, been advocating the value of screening as part of primary medical care, cannot but be encouraged by the experience of Dr Taylor and others who have managed to introduce some form of screening into their general practices.

In most warmly congratulating Dr Taylor

on his paper (*Journal of the Royal College of General Practitioners*, 1970, **19**, 146) I would like to emphasize two points, first that he was convinced that the 'yield in morbidity' was worth the effort and second that it was appreciated by the patients.

In due course screening will, I believe, become part of accepted medical practice and be provided by the health service. Until then it must remain as an activity for the enthusiast—both medical, who is prepared to take the trouble and spend the time, and the participant who may, like the business fraternity, be prepared to pay to be screened or to have a health check.

We at BUPA have just opened a multiphasic screening centre and pathology laboratory. Here in 1½ hours a detailed screening profile is carried out and a 16 item biochemical profile plus blood count carried out. There is also a special women's screening unit for pelvic disease and breast cancer. Patients are only accepted through their own doctors to whom a detailed report will be sent within 48 hours. The Centre has been set up as a charity to conduct research into the value of screening and the promotion of health. To facilitate this the referring doctor can receive a fee of £4 for sending us a report which involves a clinical examination. This facility may be less desirable than an 'in practice' service, but it does bring a very detailed screening procedure within the reach of anyone who can afford £25 (£22 for BUPA subscribers) and get themselves to King's Cross.

I will be delighted to send full details to any interested doctor and we welcome medical visitors.

BUPA Medical Centre Ltd., H. B. WRIGHT.
210 Pentonville Road, Director
London N.1.

Obstetric beds and the general practitioner

Sir,

It is time for the Royal College of Obstetricians and Gynaecologists to inform the Royal College of General Practitioners whether it considers obstetrics totally unsuitable for non-specialist practice. This would logically require the specialist obstetrician to assume responsibility for all deliveries.

It is becoming increasingly evident in negotiations over the integration of the general practitioner in the new district hospitals that many specialist obstetricians wish to usurp the selection of patients. This necessitates the acceptance by the general-practitioner obstetrician of the rôle of clinical assistant, with the delegation of ultimate responsibility to his chief. He must renounce clinical responsibility in the primary care of these patients, together with his freedom to seek specialist advice only when it is needed. Is it the view then, that the general practitioner is not clinically adequate to supervise antenatal care, and further that if such deficiency exists it cannot be corrected by better education? Of all prophylactic medical exercises the routine of antenatal care would seem amongst the most well defined. Is only the specialist obstetrician capable of dealing with the unforeseen emergency during and after delivery? In that case he must attend the labour of everyone himself, despite impeccable selection. It would appear that what is primarily required of the general practitioner is the diagnosis of the possibility of pregnancy.

It may next be suggested that once the baby is born, the paediatrician should see it as soon as the general practitioner or obstetrician pronounces it alive. That decision may yet be denied both, if the diagnosis of death comes to require a specialist opinion!

An important principle of general practice is involved. It may be that in future general training should require instruction only in the broadest nature of disease to enable speedy and accurate reference to the specialist department dealing in the system affected. The resultant overloading of the specialities will encourage the creation of clinical assistantships and thus ensure a good supply of junior hospital staff from those who would prefer to be assistant specialists than clinically-responsible general practitioners. It will fundamentally alter the nature and quality of general practice if such supervision of primary care of the patient is accepted. This is not compatible with the encouragement of good general practice, but it will provide an interesting change of pattern in the National Health Service.

Camberley. JOHN CULE.

The south Derbyshire general medical practitioners' group

Sir,

Local medical societies are not new, and many formed in the last century are still flourishing. Some in the larger centres have