

concerned, but the consumer was not consulted; no evidence was received or requested from any of the numerous womens' organizations who could have spoken on her behalf. Evidence of general-practitioner opinion was obtained from answers to a questionnaire sent to chairmen of local medical committees and from the report of an obstetric working party of the Royal College of General Practitioners.² Both emphasized the importance in a maternity service of the general practitioner's rôle as the patient's personal doctor. The committee did not accept this as appropriate in the circumstances, preferring its own interpretation of continuing care. This was not surprising in a committee heavily weighted in favour of consultant opinion; three senior consultant obstetricians to one general practitioner who did not hold even a diploma in obstetrics. Although most of the obstetric diplomates in general practice are young men, youth was not represented on the committee. Of six medical members only one qualified less than 40 years ago, and he in 1933. If the obstetrician members had been in any danger of having to do the spade work in the type of service recommended, perhaps there would have been a difference in one recommendation; that every expectant mother should be seen by a consultant at least twice during her pregnancy. In terms of the latest figures, for 1968, quoted in the report, this is a matter of dividing 1,622,240 antenatal examinations between 555 consultants—for each consultant 32 routine antenatal examinations at each of two sessions every working week!

There can be little doubt that a committee of different composition, having more general-practitioner representation together with evidence from and perhaps representation of the consumer, would have produced a different report.

REFERENCES

1. *Domiciliary midwifery and maternity bed needs*. A report by a subcommittee of the standing maternity and midwifery advisory committee of the Central Health Services Council. 1970. London. Her Majesty's Stationery Office.
2. *Obstetrics in general practice*. The report of a working party. 1968. Royal College of General Practitioners. London.

THE SELECTION OF TEACHING PRACTICES FOR VOCATIONAL TRAINING

The College Council published in this *Journal*¹ in August its considered view on the selection of teaching practices for vocational training. This is an important step at a time when the administrative framework for postgraduate training, vocational and continuing, is being redesigned and strengthened. Many regional postgraduate committees are now appointing general-practice subcommittees and some have already appointed regional advisers.

The first of the 12 clauses of this document is perhaps the most likely to cause controversy. "Teaching practices should be selected by the general-practice subcommittee of the regional postgraduate medical committee, which should include university representatives. As is usual in academic selection, there should be no appeal from its decision". The selection of trainers for the trainee practitioner scheme has been for 20 years the statutory duty of the local medical committees' training subcommittees. Even if the responsibility is transferred to the regional committee, *some* local organization is essential, so that local knowledge can be sought and used. Whether the local responsibility should remain with the local medical committees is a matter for debate. That method will be best which ensures the selection of doctors most interested in teaching,

after careful and fair consideration of all who apply. The second clause in the document states "Whenever teaching practices are to be appointed, all practitioners in the area should be advised that they are eligible to apply".

The clauses about the principles on which training practices should be selected are followed by "Criteria for selection". These are divided into "Personal qualities" and "Practice organization". Of personal qualities a desire to teach and time to teach or readiness to make time have first place. Of practice organization, ability to make available the necessary time for teaching by means of good organization again has first place.

The document has been sent to all interested bodies and the views expressed in it are likely to be debated in more than one important forum in the near future.

REFERENCE

1. *The Journal of the Royal College of General Practitioners*. (1970). 20, 101.

THE HUNDREDTH ISSUE

We publish on another page an article by the college archivist reviewing the development of the *College Journal* over the years. Dr Murray Scott shows how the growth of the College and its wide interests in all the facets which go to make up the general practice of medicine have been reflected in its pages. What Dr Murray Scott does not say and what he cannot know is the work which goes into the production of the *Journal*. The editor must take responsibility for all that goes into our journal, for its production and its distribution. This would not be possible without the loyal and enthusiastic help of a number of people. The editorial board who help to vet papers, the book reviewers, the contributors of reports, all give invaluable assistance, but without the help of the editorial manager and her assistant and the college printers there would be no *Journal*.

Next year in the interests of economy many of these onerous duties will be passed to the publishers; this will not relieve the editor of his responsibility. The editorial manager who has lived with the *Journal* from the beginning, knows and is known by all those who, in various ways, have an interest in the *Journal* will no longer be connected with the *Journal*. To her the college owes a great debt.
