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## Correspondence

**Michael Balint**

Sir,

As the last general practitioner out of the Balint stable, may I applaud your timely and perceptive editorial? (*March Journal*). You are right when you say, "General practice will never be quite the same again".

However, I feel you have not emphasised sufficiently just how universal Michael Balint's influence has been. His teaching and ideas have transcended national frontiers and the barriers of language. A visiting medical student from Brazil amazed me by her familiarity with his work and insisted on accompanying me to his seminar. It may be fair to say that his ideas are even better known abroad than they are in this country at the present time.

In view of your remarks about the relationship between Jewishness and psychoanalysis, and Balint's own insistence that "negative findings

must be included" it is important to make the following observation. At the recent International Conference of the Balint Society held at the Royal College of Physicians in London in March, 17 different countries sent delegations. The one country conspicuous by its absence was Israel.

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### Appointing a Partner

Sir,

I was fascinated to read Dr B. Graham's paper *Appointing a Partner* (*February Journal*). The thoroughness of his method and the fair assessment will surely make this work a standard

reference of procedure for both principals and applicants alike for some time to come. Some of Dr Graham's findings are most disturbing, especially the appalling standard of written application.

One comment seems out of character with the practical tone of the article: Dr Graham had "an uneasy feeling" with one candidate that it was he who was applying for the vacancy. Although there will always exist a hierarchy of good practices, demands still exceed supply of well qualified intending general practitioners. Surely, every applicant should 'interview' his prospective partner and, reading Dr Graham's work, I am uneasy that only one did so.

I am looking at this subject from a different angle with three objectives: to compare practices advertising vacancies in common periodicals, to assess the acceptability of a simple questionnaire designed to save both parties wasted interview time and expense and, thirdly (of course), to find a job!

As your succinct editorial states, young doctors *do* have a right to understand the appointing process and Dr Graham's work certainly offers some insight to the initiate.

W. J. D. MCKINLAY,  
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#### Vocational training manual

Sir,

I am one of the growing number of doctors who believes that before embarking on a career in general practice one should have completed a properly designed training programme. I am currently engaged in a vocational training scheme for general practice in Aylesbury.

In common with other schemes day release for postgraduate studies is an attractive feature, and I have been attending a course of lectures and discussions at Oxford organised by the Royal College of General Practitioners which is specifically designed to help trainees. Participants are encouraged to discuss the form of tuition they receive as trainees and to raise issues of interest. I have recently given a short talk concerning the possibility of practices who intend to take on trainees providing those trainees with a written guide or working manual which would introduce them to the practice and assist them in dealing with the large quantity of unfamiliar documents that are used in every general practitioner's working week.

The idea was well received by an audience composed of trainee general practitioners and young principals. They felt that such a manual would indeed be a valuable aid and should preferably be presented to the trainee a week or so before joining the practice. No-one subscribed to the idea that the trainee should acquire such information by being thrown in at the deep end of practice life. This is an unnecessary hardship and leads to time wasting and frustration.

I had produced a prototype manual for the meeting, the form of which was readily accepted. I endeavoured to produce a manual of reasonable dimensions, containing useful information that was presented both clearly and concisely. No attempt was made to convey the feeling of completeness as the necessary increase in size could prove to be daunting to the reader, thus losing its point, and indeed making it difficult to keep up to date. The latter factor was to some extent obviated by careful selection of material which was unlikely to need frequent revision.

The manual consisted of a hardbacked, foolscap sized ring file. Loose leaves gave the obvious advantage of easy addition of new information and revision of old. It was intended to be used and not to be viewed as a work of art. Its structure meant that each trainee could make his own contributions and keep the manual up to date. The contents were:

- Page 1 Surgery—photograph, building plan.
- Page 2 Basic practice policy; nature of work; duties of the trainee.
- Page 3 Describes the staff and their function in the practice, also details of timetable.
- Page 4 A list of useful telephone numbers.
- Page 5 Details of surgery site, indication of desirable map.
- Page 6 Suggested list of drugs and equipment. Ideas of how they may be transported and put to best use by the doctor.
- Page 7 Details of local hospitals; type of beds, consultants, outpatient clinic times.
- Page 8 Pathology laboratory facilities and requirements.
- Page 9 Postgraduate work in the area (and elsewhere); preparation for M.R.C.G.P., D.C.H., and D.Obst. R.C.O.G. Names of area clinical tutor and general practitioner tutor.
- Page 10 Book list of topics not included in the traditional medical school teaching programme but relevant to general practice.
- Page 11 A note on communicable diseases.
- Page 12 Note regarding drug companies and drug representatives.
- Page 13 Outline of training programme for the year; including possible visits to outpatient clinics, executive councils, Department of Health and Social Security and other practices. List of contacts interested and willing to help.