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,
Vocational Trainee
Newcastle General Hospital,
Westgate Road,
Newcastle upon Tyne, NE4 6BE.

REFERENCES

Graham, B. (1972). *Journal of the Royal College of General Practitioners*, **22**, 73–8.

Journal of the Royal College of General Practitioners (1972). Editorial, **22**, 67–8.

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.

There then followed a section devoted to the executive council. This indicated the range of printed data supplied by the council with which the doctor was expected to become familiar. The data obviously could not be included but it was suggested that acquiring this information and developing a filing system was time well spent during the trainee year. However, the majority of forms supplied by the executive council were displayed. Many of these are self-explanatory, but additional notes as to their nature and use were supplied where necessary. Particular attention was drawn to medical certificates, prescriptions, maternity forms, registration of new patients, temporary residents and patients' notes. Finally, space was given to data relating to local social services.

Both my trainer and the area general practitioner tutor have felt the project worthwhile and made useful comments. It seems reasonable to bring the idea to the notice of as many trainers and potential trainers as possible. Is there a place for a trainee general practitioner working manual?

ALAN R. DUKE
Vocational trainee
23 Welbeck Avenue,
Aylesbury,
Buckinghamshire.

Infectious Mononucleosis

Sir,

I was very interested in Dr K. J. Bolden's study of the effects of corticosteroids in the treatment of infectious mononucleosis (February *Journal*).

I note that "all patients had concurrently a 12 day course of phenoxymethyl penicillin—250 mg q.d.s." Dr Bolden does not state if any of his patients developed an allergic rash in the course of this treatment and if so, was this antibiotic stopped?

I recently had a case in a young woman who was originally misdiagnosed as having a β-haemolytic streptococcal throat infection and who was given a course of ampicillin. On the ninth day she developed a severe rash, and this is apparently a likely complication in 50 per cent of cases given ampicillin.

R. K. MCELDERRY
301 Shore Road,
Newtonabbey,
Co. Antrim.

REFERENCE

Bolden, K. J. (1972). *Journal of the Royal College of General Practitioners*, **22**, 87–95.

General Practitioners and Social Workers

Sir,

As a social worker who both teaches and works with doctors in training in a family medicine programme, I wish to take issue with some statements in the *Journal*. The report entitled *General practitioners and social services departments*, helps to clarify the problems existing between the medical and social work professions. The act of discussing problems of communication aids in the process of communication; hence, the article was most helpful.

I was particularly stirred by some remarks attributed to Dr Paul Freeling, general practitioner from Middlesex, which are refuted below:

(1) Patients *can* relate to more than one healer at a time, if they are taught and gently guided into bringing their problems to a team. Recently one cancer patient in our family health centre was introduced by her doctor to the social worker. A three way discussion about her physical, social and severe emotional problems ensued. Subsequently, she reached out for help alternatively either to the doctor or social worker, or as they were available. This kind of situation is common in our family health centre. We demonstrate to patients that any member of the team is interested and willing to be of help, while some members will have special skills to offer, such as, marital counselling by the social worker, health education by the nurse, and medical management by the physician. Patients learn to utilise all team members as a result of a casual, instructive approach.

(2) We have found great utility in formulating psychosocial-physiological diagnoses and treatment plans by use of inter-disciplinary team conferences. Families' total problems are elicited and discussed in an open, informal manner by physician, social worker, nurse and senior physician. Consensus is reached as to what plans should be undertaken, and which team member shall accomplish which task.

(3) Patients are helped immeasurably by having all resources "behind the same door", contrary to Dr Freeling's belief. Easy accessibility is one of the hallmarks of comprehensive family health care. When the patient's needs are kept foremost, and not the professional's need for self-esteem and status, close co-operation and good patient care are the result of such propinquity.

(4) In listing the resources of social workers, Dr Freeling may have been only facetious or simply uninformed in excluding case-work and counselling skills, knowledge of individual and family dynamics, knowledge of community resources of all kinds, to name only a few.

(5) In our experience, screening for emotional illness in patients and families although not always successful and certainly difficult to measure objectively, does work when patients and families are helped to look at potential trouble areas, and to accept counselling before a crisis has occurred; such as in pre-marital counselling, child management and discipline difficulties, and in many other common family developmental stages.

We advocate many of the issues raised: (a) common areas of training for all health professionals, and opportunities to study and work together so that knowledge of the skills and