Correspondence

World Conference on General Practice

Sir,

The sixth world conference on general practice will be held in Mexico from 3–9 November, 1974. Our College is hoping to organise a charter trip for two weeks to cover this conference and visits to other centres in Mexico. The approximate cost is £290.00 to cover the return air fare per person and fifteen nights at a hotel in Mexico. Tours will be extra. Those who are interested should contact me.

STUART CARNE

Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

What Kind of College?

Sir

I was interested to read the letter from Dr Hart, in the May *Journal*, particularly his suggestions for an easier method of entry to the College for the older general practitioners.

As one of the 40-50 age group that he writes about, I took the examination last year, chiefly as a challenge, to stimulate me to get out the books and read again, and prove to myself that I am still awake enough to be able to satisfy the examiners.

It was a very stimulating, exciting and even a little frightening experience, so that I am now proud to be a M.R.C.G.P., by examination and not by purchase. I recommend the exercise to other practitioners of my age group and resist any move to give an easy entry to those of us of riper years.

J. R. ANGWIN

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REFERENCE

Hart, C. (1973). Journal of the Royal College of General Practitioners, 23, 366-7.

Sir,

The letter from Cyril Hart, under the heading, What Kind of College? raises an interesting point in the penultimate paragraph. Why should "tightening of criteria exclude permanently from membership very many general practitioners of high quality?" The progress from membership by subscription, to the status of a Royal College with a degree examination for membership, was inevitable and I feel that if M.R.C.G.P. is to have any meaning as an additional qualification, it must be only awarded to those who have satisfied the examiners.

I was agreeably surprised last year at the number

of senior practitioners who sat the examination at the same time as I did, and I feel that this number in itself is an indication that many practitioners are prepared to submit themselves to such an examination, which to quote the prospectus "is an attempt to assess competence, not excellence in general practice."

I would be in favour of all members other than those who have taken the examination remaining associates or being entitled to take the examination without fee, but I do not feel that the use of a qualification obtained by subscription alone can do anything but lower the status of the College of which I am now a proud member after 24 years in the wilderness of general practice.

J. S. GILMORE

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Sir Charles Hastings Prize

Sir.

The attention of the Board has been drawn to your editorial on the above subject (February *Journal*) and I have been asked to write to you.

It was in January 1971 that the Council suspended advertisement of the BMA prizes (with the exception of the nurses' and medical students' competitions) until a new policy for the administration of the prizes had been put forward. This decision was taken on the recommendation of the Board as, over the past decade, interest in the essay competitions and the standard of the few entries had often been extremely disappointing.

In the case of the Sir Charles Hastings and Charles Oliver Hawthorne Clinical Prizes the standard of entry had remained high but the number of entries had consistently fallen until in 1970, the last time the prizes were awarded, only two entries were received. At the meeting of the Council in November 1970 only two out of a possible five prizes were awarded. Efforts to attract entries such as wider advertising and increasing the value of the prizes had failed and the cost of administering the prizes was disproportionate to the amount actually awarded.

The Association's solicitors were asked to open negotiations with the Charity Commission with a view to altering policy and administration of the monies governed by the trust deeds. A scheme has now been negotiated and approved by the Council, which will allow greater flexibility in the way in which funds are applied. Legal formalities are now complete and the Board's Panel on Prizes, Research Awards and Fellowships has recently met, and has recommended that the prizes be re-introduced. Their report will be considered by the Board at its next meeting.

Journal of the Royal College of General Practitioners, 1973, 23, 585

The Association appreciates the interest which the Royal College of General Practitioners takes in the award of prizes to general practitioners. The Sir Charles Hastings and Charles Oliver Hawthorne Prizes are available for recognition of research in general practice, but general practitioners are of course eligible to apply for the two BMA research fellowships and the BMA research awards. The advertisement of these fellowships and awards has not been suspended; indeed, those available for 1973 were advertised earlier this year.

It may be of interest to note that the first recipient of a T. V. James Fellowship for research into the nature, causation, prevention or treatment of bronchial asthma was a general practitioner—Dr Henry Blair of London. The value of the fellowship is £1,000 in the first year and £2,000 in the second.

Moreover, over the last four years, six miscellaneous research awards (usually to the value of £300) have been awarded to general practitioners.

ALAN GILMOUR Secretary

Board of Science and Education

BMA House, Tavistock Square, London WC1H 9JR

REFERENCE

Journal of the Royal College of General Practitioners (1973). Editorial, 23, 79-80.

Problem-orientated medical records

Sir,

The article by Drs Tait and Stevens and your editorial (May *Journal*) touch on two separate and difficult areas.

First, general-practice medical notes must differ from those required in hospital as they have a somewhat different purpose. The student is taught the hospital method of recording, but as yet no formal pattern of record keeping in general practice has been agreed upon, nor taught to trainee practitioners. This is a gap which needs filling.

Secondly, the problem-orientated record—this is a matter for further experiment and debate, but there can be no doubt that a 'data base' which can be regularly updated, is central to any systematised medical record keeping.

Enclosed is a copy of the one used in our practice and any recommendations for improvements would be welcomed.

The 'male' form is used for both sexes as the blue female summary card is used by the health visitor to distinguish her records which are kept in the patient's medical record envelopes. The use of the summary card is relatively self explanatory.

I cannot agree with the suggestion of Drs Tait and Stevens that such information "could be obtained through a suitable (and tactful) questionnaire completed by the patient, with, or without the help of a member of the practice team." When the doctor takes the history himself he feels the

patient's life material running through his hands, and can sense areas of tension or even apply health education as various matters are discussed. The time given at this initial interview builds the

Male	Summary of	Freatment Card
Surname		Forename(s)
Address	3	
N.H.S. Number		Date of Birth
Date	Clinical Notes	
	Medical and Obstetric History (including marked psycho/social stress)	
	<u> </u>	to the state of th
Urine		
B.P.		
C.X.R.		

Figure 1.

The form is an overprinted E.C.9a.