

law. What people tell their solicitors is privileged: the doctor has no such protection in court.

The future

Much of primary care will always depend on patients talking frankly and freely to their doctors about their families and themselves. Patients will soon get a poorer service and doctors much less professional satisfaction if people become afraid to talk. Already some patients are beginning to say, "Please don't write it down, doctor". What is this but a plea for more confidentiality?

General practice now faces the challenge of ensuring that the administration of the team, the soundproofing of the rooms, the arrangement of the records, the control of the computers, and the whole practice organisation, as far as possible, combine to keep the concept of confidentiality.

REFERENCES

- British Medical Association Planning Unit (1969). London: B.M.A.
Medical Recording Service Foundation of the Royal College of General Practitioners (1973). *Quests in general practice: the quest for confidentiality*. Tape 73/67. Chelmsford: M.R.S.F.

DR E. V. KUENSSBERG

DR E. V. Kuenssberg's three-year term as Chairman of the College Council ended in November. His prime-ministerial qualities had been known long before his election as chief executive, but in office he developed still further. Not only was he able to keep himself fully aware of all the scattered activities in the College but he was constantly in the thick of all the action.

Dr Kuenssberg's remarkable mind and endless energy created much of the activity. The College has never been so busy and has rarely been guided so effectively.

Looking back, three characteristics stand out. First, he had a rare readiness to consider new ideas, secondly he never became remote and he remained approachable, and thirdly he had a great interest in younger doctors with whom he spent much time and many of whom he greatly encouraged. It is good news that he has just been awarded a Woolfson travelling professorship which will spread his ideas and optimism even further afield.

Not only the College, but general practice as a whole has reason to be grateful for Dr Kuenssberg's leadership during these last three hectic years.

LEICESTER IN THE LEAD

IT is becoming difficult to keep track of academic developments in general practice as the pace is accelerating so fast. In our editorial *The first English chair* (February 1972 *Journal*) we welcomed Professor Byrne to the first chair of general practice in England, yet now, only 22 months later, Dr Marinker becomes the ninth general practitioner to become a university professor in the British Isles.

The Leicester appointing committee has shown vision and imagination. It is notable that for a chair of community health they have selected, from an outstanding field, a general practitioner in active practice, without an M.D., an M.R.C.P., or any

diplomas. Dr Marinker has been chosen for what he has done, for what he is, and particularly, for what he is likely to do at Leicester.

This situation is unique. Ever since the Apothecaries Act of 1815 general practice has been progressing academically, but all the other professors reached their chairs after the medical school was well under way. At Leicester, by contrast, a practitioner has been appointed for the first time in history before the curriculum is agreed and to a new university with reasonable resources.

Dr Marinker has already shown himself to be one of the leading educational thinkers in general practice today and was one of the authors of *The Future General Practitioner—Learning and Teaching*. If he succeeds at Leicester—and it may take six years to evaluate his influence—an entirely new kind of doctor may emerge. In any case the stimulation and balance of the new university curriculum will increasingly contrast with the rigidity of teaching in some of the older centres. London, in particular, is falling behind and has very few departments of general practice and no chairs in its many medical schools.

Dr Marinker has been a member of the Editorial Board of this *Journal* since January 1972 and has worked hard in many ways. It is thus with particular pleasure that we congratulate him on his appointment and wish him well.

REFERENCE

Royal College of General Practitioners (1972). *The Future General Practitioner—Learning and Teaching*. London: *British Medical Journal*.

MID-STAFFORDSHIRE POSTGRADUATE MEDICAL CENTRE
IN CONJUNCTION WITH
THE INSTITUTE OF EDUCATION AT THE UNIVERSITY OF KEELE

**A course in teaching methods and practice for
general practitioner trainers and other doctors
involved in teaching**

A course on modern teaching methods suitable for use in general practice training will be held at Keele University from Friday evening, January 4th, to Sunday afternoon, January 6th, 1974. The course will be resident or non-resident and is recognized under Section 63, but numbers will be restricted.

The course will be suitable for any medical practitioner involved in teaching, but priority will be given to general practitioners.

Details of the programme and application forms may be obtained from Mr. J. E. Bridger, Postgraduate Clinical Tutor, Postgraduate Medical Centre, Staffordshire General Infirmary, Foregate Street, Stafford. Tel. Stafford 4251.