

Does this mean that the government considers my qualifications as meaningless, or at best inferior to those of a person having undertaken vocational training?

I consider this to be a slur on the reputation of our College and would be grateful for comments.

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DISABLED LIVING FOUNDATION

Sir,
Dr L. T. Newman states in her letter on the Disabled Living Foundation (*August Journal*): "In the past they (the D.L.F.) have always found it difficult to make contact with general practitioners and feel that either the work of the Foundation is not generally known to them or that they may not fully appreciate its significance."

In association with the Disabled Living Foundation the Medical Recording Service Foundation has produced audio-tape programmes entitled *Incontinence Protective Garments, Clothing for the Disabled, Sticks, Crutches, Commodes, and Wheelchairs*; and these programmes have been mentioned in the *Journal of the Royal College of General Practitioners* and other medical media. Details have also been sent to about 4,500 general practitioners on our mailing list.

From the requests received for these audio-tapes we can assure Dr Newman that general practitioners' knowledge of the Disabled Living Foundation is not as meagre as is suggested.

However, if there is a doctor reading this letter who is unaware of the audiotapes produced by the Medical Recording Service Foundation—an educational activity of the Royal College of General Practitioners—he is invited to write for our free catalogue.

PATRICK BROWNING

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REFERENCE

Newman, L. T. (1976). *Journal of the Royal College of General Practitioners*, 26, 576.

INVESTIGATION IN GENERAL PRACTICE

Sir,
May I hasten to apologise to Dr Hooper (*August Journal*) for daring even to think that his practice might not be using both microscope and haemoglobinometer regularly.

With regard to sigmoidoscopy, at least we clearly agree on the general principle that one does not know how much one is missing until one has 'had a look.' The late Dr Geoffrey

Evans taught me that sigmoidoscopy (as demonstrated at the bedside on a ward round) was virtually obligatory before barium studies. I will confess that one of the last things I saw and diagnosed with absolute confidence was a huge mass of threadworms.

I entirely agree with Dr Hooper's principle that our patient's illness should be fully worked-up—by which I understand investigated as far as possible and fully written-up—before we ask for a consultant opinion.

Finally, I would remind your readers that my comment about the luxury of fully treating one's patients was written in 1953 and there have been some important changes since then. I still suspect that most general practitioners will be waiting for many more important changes before they can enjoy handling quite so much do-it-yourself investigation.

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REFERENCE

Hooper, P. D. (1976). *Journal of the Royal College of General Practitioners*, 26, 576.

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Sir,
At last, the living proof! Vocational training really works! I was amazed and amused by Freeman and Byrne's methods and conclusions in their report on assessment of three-year vocational training schemes (*June Journal*), and your bland, totally uncritical editorial on the subject.

Firstly, their whole study revolved around a "job definition of the general practitioner which we created." Is this valid? It would take a brave practising general practitioner to define his job—definitions being created only to suit the narrow horizons and purposes of the researcher.

The assessment tests themselves astounded me. Was there anywhere any mention of the actual non-paper, non-simulated patient? And why were no patients, as consumers of the service, asked for their assessments? I can think of no other business purporting to study quality of service without asking the customers. The statement that "keeping good clinical records is an excellent way of assessing progress" seems to find accord with only a small minority of practising general practitioners (Sheldon, 1976).

Amazing results were forthcoming: after three years of postregistration training, knowledge and skills improved. Dare I say that I should darned well hope so? What is more insidious is that the poorest 15 trainees were said to have undergone "striking and marked personality change" to approximate to the authors' approved pattern, and that uniformity