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.

RICHARD L. SIMMONS
Clinical Research Division,
The Wellcome Research Laboratories,
Langley Court,
Beckenham, Kent, BR3 3BS.

## 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 audiotapes 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
Medical Press Information Officer,
Medical Recording Service Foundation,
P.O. Box 99,
Chelmsford, CM1 5HL.

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.

JOHN W. EVANS
Derrydown Clinic,
St. Mary Bourne,
Andover, Hampshire SP11 6BS.

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

of trainees' scores at the end of the course would lead to standardised medical care.

What could be, paradoxically, more rigid and authoritarian (to name only two of the vices stamped out in the trainees) than imposing arbitrary standards of personality and medical care on trainees, and equating conformity with success?

Equally astounding was the conclusion "that there does appear to be good systematic and objective evidence for the implementation of vocational training." How can authors say this when the study was completely *uncontrolled*?

Where was the group of happy reprobates like me who, after relevant training, worked in different countries (developed or underdeveloped); in good, bad, referral, or independent practices; from state organised to totally private medicine or total medical care in the bush, where the only peer-review was the local lynching party!

All this while the poor trainees were finding obstetrics exhausting, not enough spoonfeeding in casualty, and experiencing serious accommodation and financial difficulties! What limited, dependent and unimaginative people they are being turned into ... and how can the trainee schemes claim credit for maturation of attitudes in a group which has metamorphosed from students to full members of the community, with mortgages, spouses, bereavements, overdrafts, and even a few weans to broaden their outlook and understanding?

So much for the Report. Your editorial stated that "the profession now regard this as the proper way to prepare for unsupervised practice." I hope by this that you do not mean three-year mandatory, hospital-based vocational training schemes—as the recent craft conferences and L.M.C. conferences in London passed resolutions deploring the inflexibility of current proposals for three-year vocational training schemes, and the majority of local ordinary general-practitioner opinion in this area seems to feel likewise.

The saddest and most horrifying comment of all was that three-year training was necessary because any less would not produce approximation of trainees' attitudes to their trainers (and betters?) in, of course, simulated interviews.

It seems a perfect system for churning out identical wet blankets "whose just reward is the M.R.C.G.P."—poor old patients!

JOAN L. NOBLE

Ardlarich,
15, Culduthel Road,
Inverness.

REFERENCES

Freeman, J. & Byrne, P. S. (1976). *The assessment of vocational training for general practice. Reports from General Practice. No. 17.* London: *Journal of the Royal College of General Practitioners.*

*Journal of the Royal College of General Practitioners* (1976). Editorial, **26**, 396–397.

Sheldon, M. G. (1976). *Journal of the Royal College of General Practitioners*, **26**, 437–446.

## BOOK REVIEWS

**Focus on Learning in Family Practice** (1976). FABB, HEFFERNAN, PHILLIPS AND STONE. Pp. 253. Published by the Royal Australian College of General Practitioners, Family Medicine Programme. Price: $(A)7·00 (including postage).

When the Royal College of General Practitioners published *The Future General Practitioner—Learning and Teaching*, the academic discipline of general practice took a major step forward. In struggling to present a coherent account of teaching objectives, the content of teaching, and teaching method, the clarity of the message was sometimes obscured by the 'background noise', as critics were quick to note. There is no doubt, however, that the document has made possible several further developments.

One of these is to be seen in *Focus on Learning in Family Practice*, which is intended as a trainers' handbook. The text is in two parts: the first is devoted to the principles of learning and teaching and their application, while the second part offers practical advice for both teachers and learners in planning and implementing educational programmes. Thus, in a relatively small space, the authors have managed to summarise the main features of current educational theory and to produce in a series of appendices a synoptic view of components of clinical competence and perspectives of the content of family practice.

The authors are not always convincing in demonstrating the relevance of some of the educational theory to general practice, and family doctors in the United Kingdom will still be irritated by the overliberal use of what will—to them—appear to be jargon.

Despite these criticisms, there has been produced for the first time a handy, pocket-sized book (with nevertheless large print and liberal