

### Annual Spring Meeting

**T**HE Annual Spring Meeting of the College in 1977 was held in Exeter and organized by the South-West England Faculty in association with the Department of General Practice at the University of Exeter.

#### Open day, Department of General Practice, University of Exeter

On Friday, 15 April 1977 the Department of General Practice in the Postgraduate Medical Institute at the University of Exeter arranged a half day at which it described its aims and work.

Dr D. J. Pereira Gray, General Practitioner, Exeter, and Senior Lecturer in-Charge, described the history of the Department, which was the first university department of general practice outside a medical school in the British Isles. It had been established in December 1973 and now had a staff of four senior lecturers, all of whom were principals in four different practices. He compared and contrasted the three different categories of university departments of general practice and circulated copies of the Department's aims.

Dr K. J. Bolden, General Practitioner, Exeter, and Senior Lecturer, described the vocational training scheme at the University of Exeter. There were 27 trainees on 31 March 1977 and the Department believed in an integrated three-year course, an introductory attachment of general practice for each trainee, and a half-day release course running throughout the three years with additional voluntary courses such as an introductory course each year, a course on the doctor/patient relationship, and courses for the MRCGP examination and practice management.

Dr Richard Westcott, vocational trainee, presented his view of vocational training as one entering his last three months of a three-year course. He had completed hospital posts in paediatrics, obstetrics, with three months' gynaecology, three months' accident and emergency, and six months' acute medicine and geriatrics, but felt that the period of hospital training was too long. He doubted if the best way of training landscape gardeners was to spend two thirds of the time in a greenhouse! He had found his entry to general practice after two years in hospital disturbing and the transition from being a disease-centred doctor to a patient-centred doctor difficult at first. He had felt that the early use of multiple 'experts' on the half-day release course had not been productive and had appreciated the way in which the trainee group had

increasingly taken over the course, defined its own aims, and presented the topics themselves. He valued some of the additional courses and emphasized the need for a strong and active trainee group.

Dr M. S. Hall, General Practitioner, Shebbear, and Senior Lecturer, spoke on "Colleagues in the Caring Professions". He described how the Department assisted in courses for other doctors arranged by the Postgraduate Medical Institute, how it had pioneered a course of ten sessions in the Department of Sociology at the University of Exeter training social workers, how it had established one of the early courses for established social workers, which was paid for by the Devon County Council, and how it had recently completed a joint course with the occupational therapists, which had been attended by an average of 50 remedial therapists. He described the Department's other teaching activities in training district nurses, and in making 34 attachments for undergraduates in general practices in Devon and Cornwall, who had come from over 12 different medical schools. All four lecturers had been invited to speak abroad and between them had spoken in France, Denmark, Canada, Puerto Rico, and the US.

Dr R. V. H. Jones, General Practitioner, Seaton, and Senior Lecturer, described the research in the Department. All academic departments stand or fall on the twin pillars of teaching and research, and he emphasized that the research was not an unusual or special activity, but part of the everyday work of doctors in their practices. The Department had received a £1,000 research award from the Medical Sickness Annuity Life Assurance Society Limited of London. The four general practitioners who formed the staff of the department had already had over 20 articles published, and research work was continuing in the Department on both clinical, organizational, and educational subjects. He particularly welcomed the growing interest of vocational trainees in research projects and the Department was pleased that two trainees had had articles published in 1976.

Dr A. P. Kratky, vocational trainee, Department of General Practice, University of Exeter, spoke on the educational value of a trainee research project. He felt it was a feature of the Department that trainees were expected to undertake a research project and described how valuable this had proved both for him and for the third of the trainee group who had now successfully completed projects. Most had been completed in a few

months, and some in as short a time as eight weeks. He listed several of the principles which seemed to him to make participation in a research study a particularly valuable form of learning for vocational trainees in general practice.

The President of the College, Dr E. V. Kuenssberg, General Practitioner, Edinburgh, summed up and said how interesting and exciting the afternoon had been. He noted that over 100 people had attended and wished that more could have heard the presentations, particularly those of the two vocational trainees, who had "stolen the show".

At the end of the afternoon Dr Kuenssberg presented Dr Richard Westcott with the Marwood Prize, a silver medal and several medical books, which is awarded annually to the trainee who has made the greatest contribution to the Department of General Practice during the past year.

### Meeting of Honorary Secretaries

A meeting of Honorary Secretaries of the Faculties of the College was held in the Postgraduate Medical Centre, Exeter, on Friday, 15 April 1977, at which Officers of Council discussed the role of the faculties in the future.

### Annual Spring Symposium

The Annual Spring Symposium was attended by 250 doctors, and the chair was taken by Dr D. J. Pereira Gray, Chairman of the South-West England Faculty Board. He explained that the theme of the day had been chosen by the Faculty as being "Everyday Problems in General Practice." The Faculty had concluded that the logical place to study these was where the problems actually arose, and it was therefore going to try the experiment of breaking the meeting up into small groups which would visit several of the local training practices in Exeter. The session on simple records in general practice would be manned entirely by vocational trainees from the Department of General Practice.

He said that the meeting hoped to symbolize the close partnership between the College through its faculty and the university departments through the local department. He saw no conflict in aims and believed that each side would increasingly build in future on the strength of the other.

### Debate

The meeting then divided in half, one half leaving to meet in groups in the local training practices, and the remaining 125 doctors taking part in a debate on the motion: "This house believes that most general practitioners can provide good care for 5,000 patients".

Dr John Fry, General Practitioner, Beckenham, Kent, proposed the motion and said that he was able to do this himself, accepting a consultation rate per patient

per year of two, which had already been achieved in his own practice, and assuming 5,000 patients, this led to a total of 10,000 consultations per doctor per year. Given an assumption of a working rate of eight consultations an hour, and 46 weeks with six weeks' holiday, it would be necessary for general practitioners to see patients in the consulting room at a rate of 217 consultations per week and 27 hours face-to-face consulting time. His own home visiting rate was only 0.1 visits per patient per year and had been for several years, and he thought 5,000 was quite attainable. He emphasized that he provided both child care, contraceptive care, and obstetric care, and re-emphasized his view that the country was in danger of producing too many doctors.

The motion was opposed by Dr J. Stevens, General Practitioner, Aldeburgh, who argued that the first danger of such a system was that the general-practitioner team would grow in size and patients would increasingly receive a less personal service. He pointed out that the greater the number of people involved in decision-making the faster the number of communications needed was required. He drew attention to recent reports from some nursing organizations where all the problems perceived were those of the nurses and their status, and little, if anything, was heard about patients and their problems. He believed that general practice represented one of the last bastions in our society of patient orientated care systems, and urged retention of the independent contractor status, fearing that passing the motion would pave the way towards a rigid salaried service.

Speaking in favour of the motion, Dr Eric Gambrill, General Practitioner, Crawley, referred to several reports, particularly in the North American continent, outlining the capabilities and potential of the nurse practitioner. He felt that much that was being done at present by doctors could skilfully and appropriately be carried out by nurses and other colleagues, and hence that the aim of looking after 5,000 patients could readily be achieved. He drew attention to international comparisons and showed that there was no evidence that those countries which had a high ratio of doctors had any better health results.

Speaking against the motion, Dr Stephen Wright, General Practitioner, Sheffield, made a strong plea for personal care. He felt that home visits were in danger of being abandoned and that much important information could be obtained from them. He played a short strip on videotape to illustrate this work.

The last hour of the morning was devoted to general debate, with several speakers emphasizing that those speaking in favour of the motion tended to rely on facts, while those opposing it tended to rely on emotions.

At the end of the morning the question was put to the house, and the motion was rejected by 74 votes to 21 votes. In the afternoon the same speakers debated the same motion for the other 125 doctors attending the meeting, and again the motion was rejected, this time by 67 votes to 32 votes.

### *Visits to the practices*

Those who did not take part in the debate were divided into groups and taken by buses to four local centres in Exeter: three of the teaching practices, and the Department of General Practice itself. Groups of 15 doctors then discussed for about an hour one of nine topics: sore throat, anaemia, backache, self-care, contraception, simple records, keeping up to date in spite of the workload, prescribing, and computers in general practice. After the coffee or tea break the two groups in each practice crossed over to discuss their second topic for the rest of the morning or afternoon. Evaluation sheets were used after each session.

### *Plenary session*

Professor Marshall Marinker, from the Department of Community Health, University of Leicester, opened the plenary session. He questioned how exclusive the Royal College of General Practitioners should be and emphasized the importance of the topics chosen for this meeting. He urged that those attending should be careful of excessive authority emanating from university departments. In particular he thought the academic general practitioner was a dangerous animal and needed to be watched closely!

In the ensuing discussion it was reported that the group evaluation sheets showed consistently that doctors attending the second group topic, which they had not chosen as their own special interest, found it to be of greater value, although each session was an exact repeat of its previous version. Dr Clive Froggatt, General Practitioner, Cheltenham, suggested from the floor that perhaps in the initial sessions those attending were busy riding their own hobby horses and were not therefore as open to learning!

The Provost of the South-West England Faculty, Dr A. L. T. Beddoe, of Bristol, closed the meeting by thanking the speakers and those concerned in the organization.

### *Social events*

The City of Exeter, the University of Exeter, and the Devon Area Health Authority provided a reception for those attending the meeting at Devonshire House at the University of Exeter, on Friday, 15 April 1977. The Mayor of Exeter, the Vice Chancellor of the University, and Sir Derek Jakeway, Chairman of the Devon Area Health Authority, were the hosts.

On Saturday, 16 April 1977 the Faculty Dinner was held at Devonshire House, University of Exeter, and for the first time at a spring meeting over 300 attended. The Provost of the Faculty, Dr A. L. T. Beddoe, presided and the guests included the Mayor and Mayoress of Exeter, the Bishop of Crediton, Sir Derek and Lady Jakeway, Professor Rees, and Mrs Rees representing the University of Exeter, the Officers of the College, Professor M. L. Marinker, and Dr C. E. Maybeck,

Chairman of Council of the Danish College of General Practitioners.

### **Spring General Meeting**

The business meeting of the Royal College of General Practitioners was held in the Newman Lecture Theatre at the University of Exeter at 10.30 hours on Sunday, 17 April 1977.

### *Ian Stokoe Award*

Professor Richard Scott announced that the first Ian Stokoe Award for the best medical illustrations in relation to their aptness and suitability for the text was being awarded jointly to Dr J. Howie, of the Department of General Practice at the University of Aberdeen, and Dr P. S. Mukherji, of the Department of General Practice at the University of Edinburgh.

### *New Fellows*

The following members were elected to the Fellowship:

Booth, Cyril, Coventry.  
Brook, Charles Wortham, Bromley.  
Chapman, Daniel Leslie Wilbur, Belfast.  
Cooke, David Alexander Pealing, Cheshire.  
Cule, John Hedley, Llandysul.  
Dawes, Kenneth Sheridan, Canterbury.  
De Bec Turtle, Peter, Hertford.  
Gambrell, Eric Charles, Crawley.  
Griffin, Gerald Alipore, Chislehurst.  
Hall, Michael Stephen, Shebbear.  
Harrison, Herbert Percival Cooper, Glasgow.  
Jamieson, John Alexander, Berkhamsted.  
Lambert, Deryck Michael Denys, Keighley.  
McEwan, John Alexander, London.  
Newman, Lotte Therese, London.  
Nicholas, Peter Thomas, Huddersfield.  
Owen, Morgan, Swansea.  
Pollak, Benno, London.  
Selby, Robert, Wirral.  
Shipsey, Edward Mervyn, Beckenham.  
Sinson, John Denis, Leeds.  
Tait, Ian Greville, Aldeburgh.  
Terry, John Anthony Charles, Newport, IW.  
Thompson, Malcolm Keith, Croydon.  
Urquhart, Alexander Scott, Blyth.  
Wilson, Derek, Hay-on-Wye.

### *Chairman of Council's Report*

Dr M. J. Linnett delivered his first report as Chairman of Council.

*South-West England Faculty.* He began by thanking the South-West England Faculty, the Department of General Practice at the University of Exeter, and the Exeter local practices who had been involved in the weekend meeting. He paid tribute to the work of his predecessor, Dr J. A. R. Lawson, who had initiated much of the work that he was now reporting.

WONCA. He congratulated Dr Stuart Carne, the College's Honorary Treasurer, on being elected President of WONCA, becoming the first British General practitioner to be elected.

*The College's evidence.* The College had reappraised the role of the general practitioner, and had revised its evidence to the Royal Commission on the NHS. A draft had been sent with the *Journal* to every member of the College, and the response was gratifyingly extensive, both from faculties and individuals. The final document, which was considerably modified and guided by this comment, had been approved by the Council, and was published in the April issue of the *Journal*. The College was particularly grateful to Dr Donald Irvine, the convenor of the Working Party.

*Scientific Foundation Board.* The Education and Research Foundation Boards had been amalgamated, and Sir George Godber had accepted an invitation to become the first chairman of a new board that would include Sir Michael Swann, Chairman of the BBC, and Professor Martin Vessey of the Department of Social and Community Medicine at the University of Oxford. The Chairman thanked the previous members of the Research and Education Foundation Boards for their work during the last ten years.

*The Journal.* Arrangements for the publishing of the *Journal* had been successfully negotiated with Update Publications Limited and the *Journal* was now appearing in a larger size and with a changed layout. He was glad that the distinctive appearance had been maintained, and hoped that the financial position was improving. He thanked Dr Pereira Gray, the Honorary Editor, for his work during the changeover of publishers and in maintaining the high academic standard, and he acknowledged the considerable work of the staff of the *Journal* office in Exeter.

*15 Princes Gate.* The College had now completed the purchase of number 15 Princes Gate, and was planning the use of the new building. It was hoped to make additional accommodation available for members.

*Court Committee.* The College Council had debated the report of the Court Committee on child health services and welcomed the declaration that the future care of children should rest with the general practitioner. The College also accepted the challenge of improving training but had rejected the unfortunate implication that there should be any formal sub-specialization in general practice. A preliminary comment had already been submitted to the Department of Health, and a Working Party under Dr Alistair Donald had been formed to produce a report.

*Medical Recording Service Foundation.* After 20 years the Foundation was being overtaken by its own success. There had been legal difficulties about the charitable status and in March the Council had

recommended that a separate charity should be formed which would, however, maintain its links with the College.

*NHS (Vocational Training) Act.* The College had considered with the General Medical Services Committee and the Department of Health a discussion document about the regulations required to implement the new Act. A consultative document would be issued shortly by the Department.

*MRCGP examination.* Dr Linnett noted that "a significant number" of established older practitioners were taking the MRCGP examination and thought there might well be many more if they were encouraged by local faculties. In 1976 the May/July examination had attracted 440 applicants. In May 1977 the number of applicants was no less than 550, a new record.

*Research.* The new Research Division Executive would lead to closer collaboration and co-ordination between the five research units of the College, and with research projects in departments of general practice.

Two research studies had been given "substantial financial support" by the DHSS. The first was the Environmental Morbidity Study of the Surrey Unit under Dr Paul Grob, and the second was the Attitudes to Pregnancy Study launched in October 1976 by the Manchester Unit of the College and the Royal College of Obstetricians and Gynaecologists. Over 1,000 general practitioners had volunteered to work with 400 gynaecologists on this study.

The Research Advisory Service was expanding among the various research units and owed much to the "help and guidance over the years of Dr R. J. F. H. Pinsent, who had pioneered this invaluable work". The College now produces a booklet *Research Intelligence*, which is the only comprehensive guide to research being undertaken in general practice.

The Chairman noted that the number of members involved as recorders in research studies was surprisingly large. There are 1,100 general practitioners involved in the Oral Contraceptive Study, 80 in the Birmingham Continuing Morbidity Study, 60 in the five-year joint study with the Public Health Laboratory, and over 1,000 involved in Dr W. O. Williams's study on aspirin and coronary thrombosis. The College was grateful to the hundreds of members who acted as recorders on all these studies which were simultaneously in progress, and appreciated the support of this "silent, hard-working, and reliable body of members".

*Practice Organization.* The Chairman welcomed the new Practice Organization Committee, which had been reformed. Its main task was the identification of innovating practices, and the Committee intended to produce a gazetteer which would be of value to those seeking information.

The new Central Information Service for General Practice Premises and Organization, a project financed

by the King's Fund, the Cardew Stanning Foundation, and the Department of Health and Social Security, was now beginning a pilot study and the College was providing the staff in the person of Mrs Joan Mant.

*Europe Committee.* The Chairman welcomed the President's account of his Wolfson Professorship on medical education and primary care in Europe, which had been published by the *Journal* as the second *Occasional Paper, An Opportunity to Learn*. Council had formed a Europe Committee in order to keep in touch with developments on the continent.

*The role of the College.* Dr Linnett spoke of his awareness of criticisms of the College both from within and without, and discussed them frankly. But he was heartened by an awareness throughout the College of the need, in the light of what had been learnt so far, of a critical reappraisal of the clinical content and task of general practice.

The College was now in its Jubilee year and he was sure that it still held true to its original aim of encouraging, fostering, and maintaining the highest possible standards in general medical practice.

### Business meeting

*Subscriptions.* Dr Stuart Carne, Honorary Treasurer, moved that Byelaw 2(A) be amended by substituting the sum of £50 for that of £40 for the application fee. That Byelaw 2(D) (v) be amended to read:

A fellow, member, or associate resident overseas who is also a fellow or member of another college of general practice or equivalent organization in general practice may, with the approval of Council, pay an annual subscription of £10. On annual application a fellow, member, or associate who is permanently resident outside the European Community may pay a reduced subscription of £20. Both these reductions shall only apply while the fellow, member, or associate remains overseas.

The motions were passed.

*Medical Recording Service Foundation.* Dr Valerie Graves spoke to a motion from Council on the future of the Medical Recording Service Foundation. She noted that the Service had continued to expand and was now supplying many tapes and slides to doctors and non-doctors outside the College. She moved that: Steps be taken to reduce the Medical Recording Service Foundation Fund established by the predecessor College in General Meeting on 15 April 1969, and that the College be authorized hereby at any time and from time to time to transfer all or any part or parts of such Fund, in accordance with Article 2(n), to any new charitable foundation established with objects similar to but of

wider scope than those of the Medical Recording Service and approved by the Charity Commissioners.

The motion was passed.

*Faculty motions.* The South-West England Faculty had submitted the following three motions:

1. That this meeting notes that many of its members are already providing both preventive and treatment care for children and will continue to do so.
2. This meeting endorses the principle that child care will remain an integral part of general practice in the future.
3. This meeting instructs Council to oppose by all means in its power any proposal that some general practitioners should be identified as responsible for a particular age group.

Dr Sheila Fraser, Faculty Representative on Council, said that these had been passed before the major debate in the Council on the Court Committee, and since the Council policy had now become aligned with that of the Faculty, she requested permission from the meeting to withdraw. This was agreed.

*The William Pickles Lecture.* The William Pickles Lecture was then delivered by Dr K. M. Parry of the Scottish Council of Medical Education. It appears in full in this *Journal*.

The meeting of the College and the William Pickles Lecture were attended by 270 people.

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## An association between ABO blood group distribution and geographical differences in death rates

In England, Wales, and Scotland there is a strong association between mortality rates and ABO blood group distribution. It is suggested that some of the discrepancies in investigations of the relation between water hardness and mortality rates from cardiovascular disease may be attributed to genetic influences.

### Reference

Mitchell, J. R. A. (1977). *Lancet*, i, 295-297.