

consulted were unanimous in agreeing that the JCPT should be designated as the body to issue certificates for both prescribed and equivalent experience. A multiplicity of bodies would:

1. Lead to multiple standards rather than a national standard of training.
2. Leave the JCPT with no effective control over the quality of training posts and programmes.
3. Confuse trainees who may undertake their prescribed experience in programmes in more than one region.

Doctors who became principals on the appointed day would be exempt from the requirement as would those who had been principals during a prescribed period before the appointed day. There is to be an appeal body.

The comments of the JCPT on the proposals were endorsed by the Conference after discussion and further written comment from the advisers; and these comments were also later endorsed by the Council of the College at its meeting in September 1977.

DOUGLAS PRICE

Practice activity analysis

2. Choice of chemotherapy

FROM THE BIRMINGHAM RESEARCH UNIT OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

THIS report is based on an analysis of the first 140 returned proformas received, which concerned approximately 46,000 consultations. Recording took place during two consecutive weeks of July or August chosen by the recording doctors. The results are therefore not from a representative sample of family doctors, although the total of 46,000 consultations is enough to provide a reasonable cross section of patients consulting at this time of year.

Consolidated results

The consolidated results are presented in Grid C as in the retained slip of the original analysis sheet. They provide a basis for comparison between the doctors who took part. When considering the individual cell values presented in this grid, possible local biases must be taken into account. Examples include a consultation pattern biased towards a specific subgroup, such as the

pupils of a residential school, or by some minor local epidemic occurring during the recording period.

Total antibiotics prescribed

In all, 4,540 new courses of chemotherapy were prescribed, equivalent to a course of antibiotics being initiated in about ten per cent of consultations. Table 1 shows the range of the frequency with which antibiotics were prescribed. As in the previous report in this series, "Punctuality of Appointments", the recording doctors are divided into five equal groups. The prescribing rates which separate the groups are shown in the table. The lowest values are seen in Group A and the highest in Group E. The minimum and maximum rates are entered. One fifth of the recorders prescribed antibiotics on fewer than 66 consultations per 1,000, and at the opposite extreme a fifth prescribed with a frequency greater than 137 per 1,000 consultations.

The significance of age is examined more closely in

Table 1. Range of rates of total antibiotic prescribing in each of five equal subgroups of recorders.

	A	B	C	D	E	
Recorders	(28)	(28)	(28)	(28)	(28)	
	5.3	66.0	83.0	107.6	136.7	275.2
	↓	↓	↓	↓	↓	↓
	Minimum rate	Intermediate values separating subgroups			Maximum rate	

Table 2. Here, the values are consolidated into two age categories, 0 to 14 years and 15 years and over. As in Table 1, those rates which divide the recorders into five groups are presented with maximum and minimum

values. Since the denominator is *total consultations* and not age-specific consultations, the table should be interpreted with caution by all recorders. Those recorders whose consultation pattern is obviously

Table 2. Age-specific range of rates of antibiotic prescribing in each of five equal subgroups of recorders.

	A	B	C	D	E	
Recorders	(28)	(28)	(28)	(28)	(28)	
Age 0-14 inc.	0	20.0	28.1	36.6	50.0	116.3
Age 15 +	0	42.5	54.0	64.5	87.5	158.9
	↓	↓	↓	↓	↓	↓
	Minimum recorded rate	Intermediate values separating subgroups				Maximum recorded rate

GRID C. Antibiotics prescribed by age of patient (number and rates per 1,000).

		0-4 years	5-14 years	15-64 years	65 + years	Total
Natural penicillins (NP)	Number	364	425	635	32	1,456
	Rate	7.9	9.3	13.8	0.7	31.8
Broad spectrum (BSP)	Number	240	211	571	143	1,165
	Rate	5.2	4.6	12.5	3.1	25.4
Erythromycins (E)	Number	81	81	118	21	301
	Rate	1.8	1.8	2.6	0.5	6.6
Tetracyclines (T)	Number	7	26	643	111	787
	Rate	0.2	0.6	14.0	2.4	17.2
Sulphonamides (S)	Number	19	9	94	18	140
	Rate	0.4	0.2	2.1	0.4	3.1
Trimethoprim drugs (TM)	Number	67	96	281	70	514
	Rate	1.5	2.1	6.1	1.5	11.2
Others (O)	Number	22	18	109	28	177
	Rate	0.5	0.4	2.4	0.6	3.9
Total	Number	800	866	2,451	423	4,540
	Rate	17.4	18.9	53.4	9.2	99.0

biased towards the elderly or the young will not find it a satisfactory basis for comparison. It should be noted that recorders may quite reasonably find themselves in Group A in one table and Group E in the next. The grouping arrangement is made to aid comparison.

Choice of antibiotics

The natural or simple penicillins were the most frequently prescribed antibiotics, though they were not often used in the over-65 age group. Broad spectrum penicillins were prescribed more often than tetracyclines. Trimethoprim-containing drugs were prescribed more often than erythromycins and sulphonamides.

More detailed examination of the results involves separate consideration of choice in the respective age groups. For this purpose the results for the 0 to 4 years and 5 to 14 years age groups may be consolidated. When considering choice it is sensible to look at the actual numbers of prescriptions rather than the rates.

Just under half of all antibiotic courses in children

were simple penicillins (i.e. 789 out of a total of 1,666). Only 33 prescriptions for tetracyclines were issued and sulphonamides (28 prescriptions) are also seldom prescribed. The substantial use of broad spectrum or semisynthetic penicillins (451 out of 1,666 antibiotic prescriptions) suggested that some doctors had ceased prescribing the simple penicillins and were prescribing newer forms instead. The figures did not support this hypothesis.

In the age group 15 to 64 years, the simple penicillins, broad spectrum penicillins, and tetracyclines were prescribed with equal frequency. In the 65-plus age group broad spectrum penicillins and tetracyclines were most commonly prescribed and simple penicillins (32 out of 423) were used relatively rarely.

Acknowledgements

This report is presented by the Birmingham Research Unit in co-operation with the Department of Engineering Production at Birmingham University. The support of Messrs Reckitt and Colman is gratefully acknowledged. The work of the recording doctors is appreciated.

OBITUARY

Dr Timothy Liok Yew Hee, FRCGP

Unlike most of the doctors in Singapore, Timothy Liok was not born there. He was born in China in 1928 and came to settle in Singapore with his parents and family at the age of nine. His father, Faithful Luke, was a strong and dedicated missionary and it was in this spartan home that the young Timothy grew up.

From his early years it was soon clear that there was much talent in Timothy Liok. Despite a late start in local English schools, he soon outshone the other boys in his class. He was a born linguist and there was hardly a Chinese dialect that he was not fluent in. Soon he mastered English and Malay as well. During the Japanese occupation in the Second World War he learnt enough Japanese to be able to find employment to help the family.

After the war he resumed his studies and graduated from the University of Malaya, Singapore, in 1955. He worked for some years in the Kandang Kerbau Maternity hospital, made famous in the *Guinness Book of Records* as the largest maternity hospital in the world. He was so well liked and respected by his colleagues that even when he later went into general practice he served as Vice-President of the Obstetrics and Gynaecological Society of Singapore for a number of years.

It was in general practice, however, that Timothy Liok found his niche in life. It did not come easily to

him, however, and he worked in two rural practices in Malaysia before finally establishing his practice in Singapore.

He was made a member of the Royal College of General Practitioners in 1968 and elected a fellow in 1975. As one of the forward-looking general practitioners in Singapore he served on the Singapore Medical Association's Committee on the formation of a higher academic body for general practitioners, which paved the way for the formation of the Singapore College of General Practitioners in 1971. He was on the College Council for many years and was Vice-President in 1976. In recognition of his services to the College he was made a fellow in 1977.

He is remembered by many overseas doctors attending medical conventions in Singapore as the charming driving force behind the social occasions. He could always be counted on when it came to organizing such functions and he discharged his responsibilities not only with efficiency but with tact and a smile.

Timothy Liok was a man of many parts. He had a rich baritone voice and played the flute superbly. A gifted musician, he could improvise on the organ without effort.

He loved golf and played well but it was billiards in which he was nonpareil. He was easily the best among the Singapore doctors and it will be a long time before another master like Timothy appears.

His patients both loved and respected him. He never