

## WORLD CONFERENCE ON FAMILY MEDICINE

The Eighth World Conference on Family Medicine/General Practice, convened by the World Organization of National Colleges, Academies and Academic Associations of Family Physicians/General Practitioners (WONCA) will be held in Montreux, Switzerland, from 14 to 19 May 1978.

In collaboration with Specialized Travel Services, the Royal College of General Practitioners is arranging a conference package for those wishing to attend this international symposium. For full details please write to: Specialized Travel Services, 83a Marylebone High Street, London W1. Telephone: 01-486 1991.

## MRCGP EXAMINATIONS

The dates for the next MRCGP examinations are as follows:

*May/July 1978*

Written papers: Thursday, 18 May 1978.

Orals: In Edinburgh during the week ending 1 July 1978 and in London during the week ending 8 July 1978.

Closing date: 6 April 1978.

*November/December 1978*

Written papers: Thursday, 2 November 1978.

Orals: In Edinburgh and London during the week ending 16 December 1978.

Closing date: 21 September 1978.

The written papers will be held in London, Leeds, Manchester, Edinburgh, Newcastle, Aberdeen, Cardiff, Belfast, and Dublin. These and other centres may be used as required, subject to a minimum (and in some centres a maximum) number of candidates. It may be necessary to limit the total numbers and candidates are therefore advised to apply well in advance of the closing dates.

## BUTTERWORTH GOLD MEDAL

The Butterworth Gold Medal is awarded for the best essay relevant to general medical practice from a list of five selected subjects. The subjects for 1978 are:

1. The primary health care team is in danger of 'relegation'.
2. The doctor and not the illness dictates the therapy.
3. The place of developmental surveillance in general practice.
4. The care of the elderly in general practice.
5. The management of hay fever in general practice.

This competition is open to all fellows, members, and associates of the College. Entries, which must be in essay form, should consist of not more than 10,000

words, be typed on one side of A4 paper only, and be entered under a 'nom de plume' accompanied by the author's name and address in a sealed envelope. They should be marked 'Butterworth Gold Medal Essay Competition' and sent to the Secretary, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

The closing date is 1 August 1978.

## UNDERGRADUATE ESSAY PRIZE COMPETITION 1978

The Royal College of General Practitioners awards three prizes of £70, £50, and £40, with an additional £10 in book tokens for an outstanding essay, to successful candidates in a competition which is open to all undergraduates of medical schools in the UK and Eire who have not yet passed their final examination.

Candidates are asked to submit an essay on a subject relevant to the practice of medicine in the community. This may take the form of an account of a clinical, epidemiological, or practice organization study associated with general practice, or a case report of patients seen in general practice.

Particulars of entry and application forms can be obtained from the Secretary, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

The closing date is 31 May 1978.

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# MEDICAL NEWS

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## CHARING CROSS HOSPITAL MEDICAL SCHOOL

Dr C. J. Leonard, MRCGP, DCH, DRCOG, General Practitioner, has been appointed Senior Lecturer and Head of Department in General Practice at the Charing Cross Hospital Medical School, London.

Dr Leonard was formerly a member of the first Nuffield course of the Royal College of General Practitioners and was in general practice in Chipping Norton. He is now a principal in Harlington, Middlesex.

## UNIVERSITY OF BRISTOL

The following four general practitioners

have been appointed Associate Advisers in General Practice to the University of Bristol: K. J. Bolden, MRCGP, General Practitioner, Exeter, Adviser in General Practice (Devon and Cornwall) with responsibility for promoting trainer workshops; M. S. Hall, FRCGP, General Practitioner, Shebbear, Associate Adviser in General Practice (Devon and Cornwall) with responsibility for assessment; T. Paine, MRCP, MRCGP, General Practitioner, Bristol, to be Associate Adviser in General Practice (Avon, Somerset, and Gloucester) with responsibility for assessment; and F. Millard, FRCGP, General Practitioner, Gloucester, to be Associate Adviser in General Practice (Avon, Gloucester, and Somerset) with responsibility for promoting trainer workshops.

These are all one-session appointments with consultant status at the University of Bristol.

## DR MARGARET POLLAK

Dr Margaret Pollak, MD, MRCGP, DRCOG, has been appointed Senior Lecturer in Developmental, Social, and Educational Paediatrics at King's College Hospital, London and is Paediatrician to the Wilfrid Sheldon Assessment Centre. Dr Pollak is currently President of the Section of General Practice of the Royal Society of Medicine and was formerly in general practice in London.

## CHIEF PHARMACIST AT THE DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Dr B. A. Wills, B.Pharm, Ph.D, FPS, FRIC, has been appointed Chief Pharmacist at the DHSS with effect from 1 April 1978.

Dr Wills is 50 and is at present Head of Quality Control at Allen and Hanburys Limited. He is a member of the British Pharmacopoeia Commission and Chairman of its Committee on Medicinal Chemicals.

## CLWYD AREA HEALTH AUTHORITY

Dr David Thomas Jones, MRCP, DRCOG, MFCM, has been appointed Area Medical Officer of the Clwyd Area Health Authority. It is thought that this is the first time that a member of the Royal College of General Practitioners has been appointed to such a post.

## SWISS SOCIETY OF GENERAL PRACTICE

The foundation meeting of the Swiss Society of General Practice was held on 15 October 1977 at Neuchâtel Castle with about 100 general practitioners and guests present. The meeting was opened by an address from Dr Heller of Klagenfurt, Austria, the President of the International Society of General Practice, and Professor Jéquier-Doge from Lausanne spoke about medical education and vocational training in general practice. Dr Jean Tripet, of Cernier, General Practitioner, who has been President of the cantonal Association of General Practitioners in Neuchâtel which was founded in 1953, was elected President of the Society. Other officers elected for the year 1977/78 included Dr Johann Rudolf Hug, of Zofingen, Vice-President.

## COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS

The Council for the Education and Training of Health Visitors has now been appointed with effect from 1 October 1978. It includes one health visitor in active practice, Miss B. J. Brown, one principal health visitor tutor, and one general practitioner, Dr J. S. Noble, FRCP, of Ashington, Northumberland.

## COMPUTER AWARD

The Exeter Community Health Services Computer Project has won the British

Computer Society's national award for fully computerized general-practitioner systems which were judged to offer the greatest benefit to society.

The award, consisting of an engraved glass trophy, a replica of the same, and £1,000, was presented at the Annual Dinner of the British Computer Society at Imperial College, London on 2 December 1977.

## SOCIAL STATISTICS

More than half the women in Britain now go out to work.

About 60 per cent of women under 41 who are not pregnant or trying to conceive now use oral contraceptives.

Sexual offences form one per cent of all offences known to the police.

More than half the single parent families in Britain qualify for the "low income category" i.e. have earnings below £32.27 per week.

Six per cent of marriages in which the husband and wife are under the age of 20 end in divorce within four years.

Nearly a third of women who marry are pregnant on their wedding day and a sixth of babies born in wedlock to parents under the age of 25 were conceived before marriage.

### Reference

Social Trends (1977). No 8. London: HMSO.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND

The Council of the Royal College of Surgeons of England has approved several resolutions of the Joint Conference of Surgical Colleges passed in Melbourne in May 1977. Among those passed was the following: "... That continuity of responsibility should remain as the underlying principle in patient management: that there is a need for special knowledge in the field of oncology and that this knowledge can be used as an ancillary to total care. Rehabilitation is considered to be an integral part of patient care and should not be looked upon as a separate specialty. It is accepted that there is a place for properly staffed intensive care services which can be used as an integral part of total patient management."

## NEW TOWNS FUNDS

Mr Peter Shore, Secretary of State for the Environment, announced that £1m a year are to be transferred from the Department of the Environment new towns programme to the Department of Social Security to provide extra health

services in Milton Keynes, Peterborough, and Northampton. These additional funds will go to the area health authorities concerned as a special allocation.

## COMMUNITY HEALTH COUNCIL

Mr Roland Moyle in answering a parliamentary question announced that the estimated cost of community health councils in England and Wales in the year 1977/78 will be £3.64m.

## CERVICAL CYTOLOGY

Lord Wells Pestle, House of Lords, reported that a national cervical cancer screening campaign had begun in 1967. In 1976 two and a half million tests had been carried out in England and Wales. The death rate for cancer of the cervix in these countries had fallen from 99 per million females in 1967 to 87 per million in 1976.

## RURAL MEDICINE

The Seventh International Congress of Rural Medicine will take place in Salt Lake City, Utah, USA from 17 to 21 September 1978.

Details may be obtained from L. W. Knapp, Institute of Agricultural Medicine, Oakdale, Iowa 52319, USA.

## HEALTH AND SAFETY COMMISSION

A draft code of practice has been published by the Health and Safety Commission in a consultative document: *Time Off for Training of Safety Representatives: Proposal to Approve a Code of Practice*, published by HMSO, price 10p.

Regulation 4 (2) requires employers to allow union appointed safety representatives to carry out certain functions including holding safety inspections and representing workpeople in health and safety affairs as well as being trained during their working hours. These regulations will come into force on 1 October 1978.

## SOCIAL SECURITY BENEFITS

An increase of 14.4 per cent in pensions and other social security benefits came into force in November 1977 and will benefit more than 12 million people.

The standard pension rose by £2.20 to £17.50 a week for a single person and by £3.50 to £28 a week for a married couple.

Short-term sickness benefits also rose by 14 per cent. Unemployment and

sickness benefit will be £14.70 a week for single people and £23.80 for married couples.

## PRESCRIPTION CHARGES

The amount of money raised by prescription charges in England and the proportion this formed of the NHS drug expenditure was as follows:

Year ended 31 March	Income from prescription charges and sales of prepayment certificates £m	Proportion of charges to gross costs of the service Per cent
1973	22.759	10.1
1974	23.784	9.5
1975	23.166	7.7
1976	23.794	5.8
1977	23.525	4.7

## INSTITUTE OF FAMILY PSYCHIATRY

An introductory course in family psychiatry is being held from 10 to 14 April 1978 at the Institute of Family Psychiatry, Ipswich. Further details can be obtained from the Secretary, 23 Henley Road, Ipswich IP1 3TF.

## KIDNEY TRANSPLANTS

Mr Ennals, Secretary of State for Social Services, has reported that 788 kidney transplants took place in the UK in the year ending June 1977, which was a 14 per cent increase on the previous year.

However, in October 1977, there were 1,178 patients awaiting transplant operations.

## WALES

### Health Service statistics

An analysis of health service expenditure shows that the major component of spending is on running hospital services (56 per cent).

The number of children born in 1974 who by the end of 1976 had received vaccination against whooping cough had dropped to 23 per cent of the total.

The number of abortions reported in Wales has declined each year over the last five years. The greatest decreases have been among married women, those over 20, and those who have already had several children.

### Vocational training schemes

In 1976 there were eight vocational training schemes in Wales at Abergavenny, Bangor, Bridgend, Cardiff, Newport (Gwent), Rhyl, Swansea, and Wrexham. New schemes which began in

1977 were at Carmarthen and Church Village (near Pontypridd).

## RURAL DISPENSING

The Clothier Committee has recommended that a new statutory body should be formed to control changes in rural dispensing.

It recommends that approval of the national body should be required for "any proposal to start NHS dispensing in a rural area at a pharmacy or any proposal to start NHS dispensing in a rural area by a medical practice (other than for 'serious difficulty' patients)".

## GRAVES MEDICAL AUDIOVISUAL LIBRARY

A new tape is being prepared with 22 slides on "Management of Asthma in Childhood". This can be either borrowed or purchased from the Graves Medical Audiovisual Library, PO Box 99, Chelmsford CM1 5HL.

## COST OF THE NHS

The Secretary of State for Social Services, Mr David Ennals, reports that over £6 a week is being spent on health and social services for every man, woman, and child in England.

## SCOTLAND

### Health Statistics 1976

Of the general practitioners in Scotland, 96 per cent offer contraceptive services, a third of whom restrict this service to patients on their own list. In 1976, 220,000 patients received advice from general practitioners in Scotland and 125,000 from family planning clinics. Two thirds of the patients attending family planning clinics were prescribed oral contraceptives.

### Alcoholism

One third of male admissions to mental or psychiatric units in Scotland in 1976 were for alcoholic psychosis or alcoholism.

### Newly qualified doctors

Thirty-four per cent of qualified doctors leaving medical schools, excluding doctors born overseas, in 1976 were women, whereas the intake of women students in the same year was 37 per cent.

### Largest health centre in the UK

A health centre is to be built at Greenock, Renfrewshire, Scotland, which is planned to serve a population of 70,000.

There will be 34 general practitioners working in it and the building is planned to include a pharmacy, dental surgeries, facilities for nursing, midwifery, social work, physiotherapy, radiography, chiropody, occupational therapy, and health education.

Work is expected to start in January 1978 and the building is estimated to cost £1½m.

### Reference

*The Pharmaceutical Journal* (1977). 219, 564.

## GENERAL-PRACTITIONER TRAINERS

On 1 October 1976 there were 1,441 general-practitioner principals who had been approved as trainers.

## DOCTORS BORN OVERSEAS

### General practitioners

The number of general practitioners in England in 1976 who had been born overseas was 3,904. This represents 19.0 per cent of all general practitioners.

### Hospital doctors (% born overseas)

Grade	1976
Consultant	15
Medical assistant	37
Senior registrar	27
Registrar	57
Senior house officer	58
Pre-registration house officer	15

### Reference

Department of Health and Social Security (1977). *On the State of the Public Health for the Year 1976*, p. 107. London: HMSO.

## COURSE EXPENSES

The current rate of night subsistence allowance is £17.37 (£19.77 in London), and day subsistence allowance is £1.22 for five to eight hours and £2.58 for more than eight hours.

Practitioners will be interested to note that expenses for ancillary staff attending Section 63 courses have been increased proportionately to £12.13 per night (£14.60 in London), £0.95 for five to eight hours and £2.24 for more than eight hours.

## PHARMACISTS' REMUNERATION

A new agreement which was reached between representatives of the pharma-

ceutical profession and the Social Services Department took effect in January.

The agreement takes account of the substantially higher operating costs of smaller pharmacies, many of which have been forced to close in recent

years.

## CORRECTION

We apologize that the word 'skill' was omitted from the first sentence of the

final paragraph of Dr Thirlwall's letter on page 697 of the November issue. This should have read: "The nub of the argument for general-practitioner units is combining a relaxed and familiar ambience for delivery with immediately available skill and equipment".

# LETTERS TO THE EDITOR

## PRE-SCHOOL DEVELOPMENT SCREENING

Sir,  
I was interested in the letter from Dr P. Rowlands (November *Journal*, p.698) on the subject of pre-school development screening.

I am a strong supporter also of many of the Court recommendations, and feel that pre-school development screening should be in the hands of general practitioners, and that the child welfare clinics have outlived their usefulness.

I do feel I must issue a word of warning to all those contemplating starting such clinics. We must make sure of an item-of-service payment for such screening. The Department of Health and Social Security would be delighted for us to take on this task without such an undertaking, and with our present open-ended contract this could well happen by default.

We are living through difficult financial times, and we must not take on additional work without adequate remuneration.

A. M. EVANS

35 Sherbourne Road  
Acocks Green  
Birmingham B27 6DX.

## Reference

Court Committee (1976). *Fit for the Future*. Report of the Committee on Child Health Services. Cmd 6684. London: HMSO.

Sir,  
I am sorry that Dr Rowlands (November *Journal*, p. 698) interprets my article on attendance rates at a pre-school development screening clinic (*July Journal*, p.428) as a threat to the motivation and enthusiasm of the many family doctors who organize similar clinics with satisfactory attendance

rates. However, I make no apologies for reporting a programme with high default rates as we are unlikely to make progress in health care if we report only our successes.

Although universal child screening is an attractive concept, review of the literature reveals little research to evaluate this approach and selective screening was discussed not to advocate it but to suggest that we maintain an open mind as to the best means of identifying childhood problems as soon as possible. Individual doctors and groups of doctors should of course implement preventive care of children as they see fit, but those responsible for giving total medical care have a duty to provide clearer guidelines on the basis of more extensive research.

I am somewhat confused by Dr Rowlands' questions about assessment since, as clearly indicated in the title and text of my article, the results related to a screening programme. I am sure Dr Rowlands is aware of the important and fundamental differences between developmental screening and assessment. The details of this programme were not reported in the article as I referred to an earlier published article which gave this information.

CHARLES FREER

Victoria Family Hospital  
Medical Centre  
520 Hamilton Road  
London 41, Ontario  
Canada.

Sir,  
In a report from the Department of Community Medicine, University of Glasgow (*July Journal*, p. 428), Drs Freer and Ogunmuyiwa commented on the problem of non-attendance for pre-school development screening in a health centre.

By contrast, in our group practice of

approximately 12,000 patients in the south of England, the attendance rate is 100 per cent at six weeks and 98 per cent at eight to ten months. Developmental paediatric assessment was started by Dr Pauline K. Keating, Senior Assistant Medical Officer, and Mrs J. Price, Health Visitor, in 1969 with the full co-operation of the general practitioners and staff on the practice premises.

In 1969 children were screened at six weeks, ten months, two years, three years, and four and a half years. The regime has since been modified. Children are now examined at six weeks, eight to ten months, and four and a half years by a senior clinical medical officer and the attached practice health visitor. The two-year and three-year assessment is undertaken by the attached practice health visitor in the home. On completion of assessment the mother and the health visitor decide whether any part of the assessment deviates from the normal. The child is then given an appointment within a month for assessment by the senior clinical medical officer (Fisher and Keating, 1973).

Health education is fully implemented and each mother is made aware at the antenatal stage of the examinations what her unborn child could receive at a later date. Children readily attend from differing social classes and backgrounds. Problem families, child-abuse register children, and children from middle and low social classes are all eager to avail themselves of the caring service offered to them.

If a child defaults the mother usually sends an apology. The child is then offered an alternative appointment within the next month. Second defaulters are followed up at home, reasons established, and if necessary the health visitor will make an assessment during her domiciliary visit.

Births in the practice in 1976	83	
Screened at six weeks	83	
Came into practice after six weeks	9	92