ARTHRITIS

Mr David Ennals, Secretary of State for Social Services, has estimated that there were 27,400 arthroplasties of which it is thought that just under half or about 12,500 were hip replacements for arthritis.

PRESCRIPTIONS FOR ORAL CONTRACEPTIVES

In 1976, 5,939,000 prescriptions for oral contraceptives were dispensed in England and Wales compared with 1,357,000 in 1974.

PROGRESS IN HEALTH PLANNING

The Scottish Health Service Planning Council hopes to produce during 1978 recommendations on services for the elderly, for persons with mental disorder, and the whole field of child health.

CANCER STUDY GRANTS

Yamagiwa-Yoshida Memorial Grants

The Yamagiwa-Yoshida Memorial International Cancer Study Grants are designed to enable investigators of any nationality to gain experience in, or make comparative studies of, special techniques in both the biological and clinical aspects of cancer research.

The grants are available only for study outside the applicant's country of residence since they are intended to accelerate and encourage international collaborative activities. They are awarded for periods not exceeding 90 days.

Awards are being offered for research on cancer and will be granted to experienced investigators who have demonstrated their ability for independent research and who wish to broaden their experience by a period of study at a single institution in another country.

Further details of both Japanese and American grants can be obtained from the International Union Against Cancer, Rue du Conseil-Général 3, 1205 Geneva, Switzerland.

HEALTH SERVICE COMMISSIONER

Ambulance services

The Health Service Commissioner has invited a regional health authority, as a matter of urgency, to define the time limit, possibly in consultation with the Department of Health and Social Security, between a family practitioner's request for an ambulance and its arrival *either* at the patient's home *or* at hospital, in order to ensure that members of the ambulance service and family practitioners alike are in no doubt of the precise meaning of time limits set by general practitioners when requesting ambulance services.

This recommendation follows a complaint in which it emerged that a general practitioner requested an ambulance "within an hour", meaning that he wanted the patient to reach the hospital within this time, whereas the ambulance control officers said that they had assumed that "within an hour" meant that the ambulance should arrive to pick up the patient within an hour of the request.

Reference

Health Service Commissioner (1978). Second Report for Session 1977-78, p. 127-130. London: HMSO.

Failure to provide a service

The Health Service Commissioner has recommended that an area health authority should apologize to a complainant and his wife for failure to provide a service which arose when a consultant did not see a patient who had been referred with a letter from a general practitioner requesting an appointment "this morning".

Reference

Health Service Commissioner (1978). Second Report for Session 1977-78, p. 104-105. London: HMSO.

Essential information

The Health Service Commissioner, in his report for the four months ending March 1978 has recommended to a health authority that "revised arrangements be made to ensure that essential information (about patients' discharge from hospital) is provided to family practitioners more promptly in future than in the case he had considered".

Reference

Health Service Commissioner (1978). Second Report for Session 1977-78, p. 20. London: HMSO.

CORRECTION

In the May 1978 *Journal* it was incorrectly stated that Dr Brackenridge was the first chairman of an area health authority to be a general practitioner in active practice.

In fact Dr Ivan Clout, OBE, MA, MRCGP, General Practitioner, Crawley, Sussex was the first general practitioner to have such an appointment and is still Chairman of the Surrey Area Health Authority.

LETTERS TO THE EDITOR

GRANTS FOR MEDICAL RESEARCH

Sir,

I would like to comment on a short news item (May *Journal*, p. 307) in which it was stated that none of the studies funded by the Biomedical Research Committee were from general practice, implying that there is no research in general practice funded by the Secretary of State for Scotland.

The Scottish Home and Health Department have two principal grant-giving bodies for research: one is the Biomedical Research Committee and the other is the Health Services Research Committee. The Biomedical Research Committee, as its name would imply, is concerned with projects of a scientific nature and it is therefore very uncommon for projects for general practice to be appropriate to this Committee. The Health Services Research Committee on the other hand is concerned with both clinical and operational research and it is not unusual for projects from general practice to be reviewed by this Committee. Details of the amounts of money

recommended by the Secretary of State for research projects on the advice of the Health Services Research Committee would thus tend to show that research from general practice is principally funded by this rather than the Biomedical Research Committee.

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GENERAL PRACTICE IN NEW ZEALAND

Sir,
I must congratulate Dr Noble on his excellent article on general practice in New Zealand (April *Journal,* p.211). I too undertook a practice exchange last year from August until December with an Auckland general practitioner and found the experience exhilarating. I was also fortunate to visit the centre in Dunedin at which Dr Noble had been working and was very impressed with all I saw there.

My practice, which was single-handed, was about 15 miles from Auckland and because of this tended to refer fewer patients to hospital than my own practice. There was no practice nurse but fortunately my wife is an SRN. Not having done any minor surgery for many years I grew to like the feel of the scalpel again and I am now doing minor surgery at home here.

Large numbers of patients of all ages presented with sore throats; many of them appeared more or less normal but nearly all expected to be treated with antibiotics and were unhappy if these were not prescribed. I much preferred the New Zealand system of patients paying a fee each time they saw the doctor and gained the impression that emigrants from the UK also preferred the system to our NHS 'free for all'.

A feature of the area in which I was working was the Weekend Medical Centre, built by 30 doctors. Patients do not telephone their own doctor at weekends but contact the doctor on duty at the centre; a nurse is also in attendance. Doctors pay for the use of the centre and also for the nurse on duty, but the fees for the weekend may bring in several hundred pounds. I had two six-hour surgeries from Saturday morning until Sunday at 08.45 hours and saw 119 patients, including 12 visits often at considerable distances and in the hours of darkness, but it was fun!

Like Dr Noble, I would certainly recommend a practice exchange in the delightful country of New Zealand.

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BUTTERWORTH GOLD MEDAL ESSAY

Sir,
It was refreshing to read Dr Taylor's lucid discussion of the merits of better prescribing in his Butterworth Gold Medal Essay (May *Journal,* p. 263).

However, I am sure that the 'carrot' method would be the most successful way of altering poor prescribing habits. At present no general practitioner has any motivation to prescribe fewer drugs or cheaper, equally effective ones, the only control being his conscience and the latest information from the drug firms.

This motivation could be provided by giving general practitioners an annual allowance (say £1,000) if their average monthly prescribing costs were below a figure agreed between the profession and the DHSS. This information could be collected by the Pricing Authority as it is done routinely now.

For an annual outlay of thousands of pounds the government could save millions, but this simple remedy seems to have been missed.

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WHAT KIND OF COLLEGE?

Sir,
At one time it was taken for granted that a medical graduate could enter general practice and only if he wished to specialize did he need further formal training and examination. The explosion of medical knowledge has brought this concept into question, and I believe that in the future a postgraduate qualification will be necessary before a general practitioner can become a principal. If we look back at the birth problems of our sister Colleges, history suggests that our College should take its place as the examining body to ensure standards in general practice. This is what the MRCGP examination should be all about.

We are at present in the uncomfortable transitional period when the majority of practitioners are non-members with resulting voices of dissent both from without and within. Another 25 years will see the end of this problem if we concentrate our efforts in the right direction.

Our efforts must be directed at undergraduates in order to instil in them the ideas of the College from the earliest possible time; so the future rests heavily upon undergraduate tutors. I have heard one fellow say recently that we must attract principals already in practice as members through our activities. I applaud the idea but do not believe it will deliver the results.

Just as most busy consultant surgeons and physicians do not find enough time to attend many meetings, symposia, or undertake research, so the majority of general practitioners will never be highly active in these directions. Many of us, however, can be effective and useful to trainees as we have them with us and among our patients. This is where most postgraduate dissemination of ideas from the College will occur.

What then of the FRCGP? In time to come I hope that this will be given to members who have given long and good service in any aspect of college life including, say 10 to 15 years of active work as trainers in general practice. Fellowship will then be a recognition for services rendered towards ensuring the continued improvement of standards of practice.

Finally, while we are in this uncomfortable transitional period let us not antagonize our non-member colleagues by inferring that we hold the monopoly on integrity and continuing self-censorship and education.

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Sir,
I note with interest your series of articles on the future of the College (March *Journal).* On a recent visit to Britain, which included a stay at the College, I was impressed by the dissatisfaction expressed by individuals regarding the role of the College. All institutions have their fair share of critics, but the