

standards of primary care, but this is something which must be regulated by the profession itself, and a start towards it has already been made through compulsory vocational training.

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#### Reference

Department of Health and Social Security (1976). *Sharing Resources for Health in England*. Report of the Resource Allocation Working Party. London: DHSS.

Sir,

Reading Dr Robson's letter (June *Journal*, p.372) reminded me of the topsy-turvy world of Lewis Carroll, if that is not too flattering a description of the sort of tendentious arguments and selective statistics used, for example, by the Radical Statistics Health Group, with support from the National Union of Public Employees, in their pamphlet *In Defence of the NHS* (1978).

Dr Robson apparently despises butchers and grocers and he dislikes the market place.

He seems ready to blame the independent contractor status for the failings he sees in the NHS.

He is concerned about the increasing inroads being made into doctors' political and clinical autonomy, yet under the umbrella of 'democracy' he suggests that doctors should seek alliances with other health workers and their trade unions, for he believes that trade union organization can protect doctors' interests.

It is, however, difficult to see how this can be so, since trade union power ultimately rests on the ability to injure the employer directly, or in monopoly or nationalized industries indirectly, by injuring the consumer. Doctors will not injure patients, hence their reluctance to strike. The only weapon doctors have, therefore, is resignation to an alternative service; something similar perhaps to that of France or New Zealand. There we find independent contractors operating in the market place, with the government ensuring adequate care for those in financial need.

After 30 years of largely fruitless dealings with successive governments, we have learnt the sad and unpalatable lesson that proper remuneration, and hence the financial power to do the job properly, is not likely to come through our present system, nor through a salaried service, a closed contract, discussion with a Review Body, liaison with trade unions, nor even through

independent contractors without *some* stimulus from the market place applied to patients and doctors alike.

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The Court  
Neopardy  
Nr Crediton  
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#### Reference

Radical Statistics Health Group (1978). *In Defence of the NHS*. London: RSHG.

### TRAINERS' COURSES

Sir,

As the course organizer responsible for the Thames Valley Faculty Trainers' Courses referred to by Dr Wayne Smith (March *Journal*, p.184) and Dr Peter Kersley (June *Journal*, p.373), I would like to describe how the 1977 Course was designed and evaluated by its members.

In the Oxford Region trainers regularly participate in a local trainers' group and attend a teachers' course, not necessarily the Regional Course, once every three years. The aim of the Regional Course, which is residential and lasts five days, is to contribute to the work of the trainers both in their teaching practices and in these local groups, and the objectives were chosen in the light of the needs of these groups and of some of the problems in teaching practices commonly reported by trainees, which have recently been discussed by Dr John Hasler (June *Journal*, p.352).

The Course was designed to introduce the tasks of educational assessment and curriculum design, the preparation and conduct of tutorials, the witnessing and analysis of consultations, and the design and review of records. It was felt that all of these could be continued in the local trainers' groups and would also help with some of the difficulties in achieving them in practice by using the intensity of the residential week to increase our understanding of the problems of working in groups, our difficulties with giving and receiving honest criticism, and our problems with interpersonal relationships, particularly with our trainees. This can be disturbing for the members of the Course and it was the responsibility of the course organizers to maintain the balance of the Course and to respond to the wishes and needs of its members.

The Course was attended by 43 trainers, 11 trainees, and Dr Ben Pomryn, Consultant Psychiatrist, who helped us with the process of the Course. We worked for most of the week in small groups of trainers and

trainees. The session in the previous year's Course, referred to by Dr Peter Kersley, when the trainees were observed in their own group, was recognized as being mistakenly divisive and was not repeated.

The Course was evaluated by a questionnaire sent to members two months after it had finished in which they were asked to rate the degree of relevance and degree of achievement of our objectives. They were also asked the extent to which they agreed or disagreed with various statements about the Course. The conclusions were that while all the objectives of the Course were seen as very relevant, the degree of achievement was greater in consultation analysis, working in groups, and interpersonal relationships than in educational assessment and curriculum design, though these were also considered to have been achieved. The members also felt strongly that the Course had helped to motivate them to improve their teaching and had been a valuable stimulus to their teachers' group; this has also been endorsed by the course organizers of these local groups.

However, they felt that the experience of the Course had been disturbing for some of the members and the question remains whether this was due to the discomfort of finding out more about ourselves and producing a creative dissatisfaction, or whether it detracted from the other tasks we intended to achieve.

Dr Wayne Smith suggested that the course organizers were not experienced enough to handle some of the reactions that arose on the Course and a small majority of the other members agreed with him. While four out of five of us had indeed attended the Nuffield Course beforehand, we may still be short of this experience, but if, as we believe, some of the unresolved problems in our teaching practices and trainers' groups are due to our difficulties with interpersonal relationships and giving and receiving honest criticism, then we cannot take the comfortable option of ignoring them but must continue to work together to resolve them.

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### WHAT KIND OF COLLEGE?

Sir,

Both the William Pickles Lecture by Dr Freeling (June *Journal*, p.329), and the