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

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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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Reference

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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

paper by Dr Dokter (June *Journal,* p.349) merit our attention. Both authors stress the need to handle our power over patients responsibly and both are concerned with the manner in which we train new entrants to general practice.

Your editorial (June *Journal,* p.323) dates the job description of general practice by the College as 1972 and by the Leeuwenhorst Working Party as 1977, and one presumes that the evidence for this was gathered over several years. It can therefore be reasonably presumed that the pattern of vocational training is based on studies conducted before 1977, and there have been changes in general practice since then.

This highlights a matter that has long been of concern to me. Through the vocational training legislation we have great power over the manner in which entrants to general practice are trained, and through the considerable (and justified) influence of our College we have the ability to change substantially established general practice, both through our academic reputation and through our influence over various bodies on which we are invited to serve.

I suggest that we must take both Dr Freeling's and Dr Dokter's well reasoned arguments one stage further. We should not only refrain from abusing our power by not dictating to patients, we must also be cautious about the way in which we use our power over both our fellow general practitioners and vocational trainees.

Although to train new entrants on a pre-1977 assessment of general practice provides a good basis for understanding primary care, the remainder of the teaching offered, in which the tutor looks into the future and interprets future patterns of practice, must be handled with great caution. It would be a mistake to misuse our power by directing vocational training down paths which are not acceptable either to the profession at large or to our political representatives on the General Medical Services Committee. Dr Kersley's letter (June *Journal,* p.373) illustrates this point well.

Similarly, we (the College) should be very cautious not to misuse our power over the profession at large. I am doubtful that anyone knows enough about general practice to impose his influence on its development by the use of auditing techniques. I am even more doubtful that we as a college should be involved, as suggested by Irvine (March *Journal,* p.146) in denigrating some of our urban colleagues.

We can effectively monitor only the hardware in the doctor's surgery and office; we can scarcely judge the quality of his practice from his possessions, except in a crude sense. It would seem much wiser for the College to continue to exercise its power over the profession by example. If we can continue to encourage general practitioners to stay in constant touch with recent ideas and developments both in the organization of their practices and in the development of medical care, our influence is bound to improve general practice. It would be an abuse of our power to impose one pattern of development on general practice.

Similarly, I hope that the vocational trainee will be taught to keep an open mind and constantly attempt to improve his manner of practice. It would again be an abuse of power to impose one 'College-approved' style of medicine on the new general practitioner.

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Sir,

The Royal College of General Practitioners seems to be run at local level by a selected hierarchy who have little touch with general practice, or their community. In fact, they are so in the clouds that they do not take notice of any doctor trying to do his best for the community and general practice.

Even most of the lecturers now are new boys trying to jump on the bandwagon. Many of them just did not want to know when the College was first formed, and I am sure the founder members will agree with me that it was very difficult having to cover long distances without pay.

Many of the present holders of office seem to be trying to become tin gods and are not community orientated. They have given up most of their community commitments, whether they are for the general benefit of mankind, such as St John Ambulance, the British Red Cross Society or the rescue forces, or to do with their own localities. All of them are absorbed in academic matters and if a general practitioner comes along with high academic qualifications, he is immediately approached to join their fold. It is a pity that the people who have the College at heart, including foundation and older members, are not given recognition for all their efforts or the opportunity for higher office in the College.

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BUTTERWORTH GOLD MEDAL ESSAY

Sir,

I should like to congratulate Dr Taylor on his Butterworth Gold Medal Essay, "Towards Better Prescribing" (May *Journal,* p.266). Since it is such an authoritative account of the problem I think it might be worthwhile pointing out a small error in the description of the prescribing cost control procedure. It is said that in 1974 the number of cases in which excess costs were recovered from the remuneration of doctors was five. In fact there were none—nor were any cases referred to local medical committees. The misunderstanding probably stems from the imprecision in the table dealing with Service Committee cases in the official statistics (DHSS, 1975) which, in connection with Pharmaceutical Services, does say there were five "decisions to withhold remuneration". However, the item refers not to doctors but to pharmacists.

Not for several years has it been necessary to refer any cases to local medical committees on the grounds of prescribing costs being apparently in excess of what was reasonably necessary. This has been a welcome development.

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Reference

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