

The motions as printed on the agenda paper were passed.

Workload

Dr J. Tudor Hart, South-West Wales Faculty, moved:

“That the Royal College of General Practitioners should undertake a formal investigation into the variation in workload in general practice throughout the United Kingdom.”

There was discussion in the meeting about the appropriateness of the use of the word ‘formal’ and an amendment to omit it was proposed and carried. The motion was then lost.

Postgraduate education

Dr Midha, South-West Wales Faculty, moved:

“That the Royal College of General Practitioners should establish a minimal acceptable level of postgraduate educational requirements for general practitioners.”

After discussion in which Dr D. Irvine and Dr J. S. Marks spoke against the motion, the motion was lost.

Postgraduate study

Dr Midha, South-West Wales Faculty, moved:

“That the Royal College of General Practitioners should make representations, through appropriate negotiating bodies, to establish postgraduate study as an integral part of a general practitioner’s normal duties. Appropriate periods of adequately remunerated study leave should be incorporated into the terms and conditions of service of general practitioners.”

Dr D. Irvine supported the idea behind the motion which he unfortunately considered premature and thus had to oppose. This motion was also lost.

Clearing house for overseas students

Dr Robin Steel, Midland Faculty, moved:

“That the Midland Faculty Board urges the College to take the initiative in setting up a joint meeting with representatives of the British Medical Association, the Department of Health and Social Security, the British

Council, and the Association of University Teachers of General Practice, to consider the setting up of a clearing house to facilitate overseas medical students seeing British general practice and British medical students seeing general practice in other countries.”

He noted that a growing problem existed in placing overseas medical students. He declared a personal interest and had had students from many countries to his own practice.

In a lengthy debate, Dr J. S. Norell noted that increasing numbers of medical students, coupled with the small staffing of many university departments of general practice, was causing great strains in placing British medical students, quite apart from overseas medical students. Dr K. J. Bolden emphasized the importance and value to overseas students of visiting selected practices in which high standards could be demonstrated, but he did not consider the practices needed to be as highly selected as those for vocational trainees. Dr Irvine urged that this matter should be investigated and the motion was passed.

Lottery

Dr George Swift, Wessex Faculty, moved:

“That this meeting regrets the decision of Council to reject an offer of money which could have been made available from a lottery and wishes that the matter be referred back to Council to clarify whether any future offers would be accepted or rejected.”

Dr J. F. Burdon, South-West England Faculty, reported that lotteries in South-West England were failing and were being withdrawn. The motion was lost.

Appointment of auditors

Messrs Price Waterhouse were re-appointed as auditors.

Spring General Meeting

It was announced that the Spring General Meeting of the College would be held on 22 April 1979 in Cardiff. A warm welcome awaited all those attending.

The meeting ended at 16.30 hours.

1978 Annual General Meeting Symposium Your team – for promotion or relegation?

IT was a powerful team that Captain Keith Bolden from Exeter assembled to go into bat at the Annual General Meeting Symposium of the Royal College of General Practitioners on Friday, 17 November 1978.

Dr T. Stewart

The innings was opened by Dr T. Stewart of the Sonning Common Health Centre, who defined the team in

terms of task, process, and method of decision taking. He emphasized the need for a captain who inspires loyalty among the team members, and the need for the doctor, as the natural leader, to exercise dynamic communicating skills in the art of decision taking. His perspective was an individual one and stimulated good discussion from the supporters' benches.

Mrs S. M. Kilby

He was followed by Mrs S. M. Kilby, a practice manager from Swindon, Wiltshire, surely one of the most glamorous 'dragons at the gate'. She highlighted the problems of general practice as seen from the staff side of the reception desk: increasing workloads; lack of appointments for patients; lack of communication between doctors and receptionists; lack of knowledge and communicating skills by receptionists; and poor pay and conditions of work.

Her solutions, which were heartily endorsed by the many receptionists who spoke afterwards in the discussion, were: more involvement of doctors in the activities of their receptionists; an adequate number of reception staff; regular meetings of reception staff with doctors; training schemes for reception staff; career and pay structure for reception staff; and an adequate number of appointments to meet patient demand.

Mrs Kilby's remark "General practitioners live in their own little world" was greeted by the Chairman, Dr Ekke Kuenssberg, President of the College, as "The truth at last!".

Mrs June Clark

Mrs June Clark, SRN, was sent in as watchman before lunch and it rapidly became apparent that 'The problems of attached staff' are 'Big problems', and that there are many of them. There are still conflicts over the concepts of a 'geographical' and a 'practice' clientele. Mrs Clark told the meeting that her early enthusiasm for attachment had waned over the years and there was some evidence from the floor that this could be due to the performance of middle management in the domiciliary nursing field.

Mrs June Neill

Following refreshment, Mrs June Neill attempted to help the audience answer the question "Why social workers?" She was clearly in favour of a continuing dialogue between doctor and social worker despite the "innate antagonistic gut reaction" of each for the other. She emphasized the need for social assessment in medical care, the advantages of short-term social intervention in long-term medical care, the importance of doctors and social workers contributing their special skills for the patient's benefit, the need for interdisciplinary training, the importance of learning

from failures in co-operation, and the necessity for both professions to have faith that greater satisfaction comes from large interdisciplinary teams. She emphasized that to do their jobs, doctors and social workers required adequate time, application, skill, humility, and humour.

This was borne out in the discussion, and there was much laughter at the difference in professional understanding of the words 'soon', 'crisis', and 'confusion'. It appeared that social workers can also suffer from poor management, but that no problems of confidentiality arise where there is personal contact between practitioners of medicine and social work.

Rev. S. Barnes

The Rev. Stephen Barnes, a member of a patients' committee in Glyncoed, West Glamorgan, gave a hard-hitting view of the team (ensuring that the patient had not been forgotten) which evinced from Dr Jack Norell, Dean of Studies, the tribute that he was "a highly educated, highly articulate, well trained speaker". Well he might, for Mr Barnes is a preacher and he delivered a first-class sermon, in which he invited his audience to consider their sins of: bossiness, impatience, rudeness, deafness, and misunderstanding.

He urged us to let patients read their own notes and to treat the patient as a member of the team by sharing our dreams with them.

Dr B. L. E. C. Reedy

Time was now running out and the tail-ender, Dr Barry Reedy, from the Medical Care Research Unit at Newcastle, went in to share with us his view of "The present and the future". He described himself as a *voyeur* preaching to the converted. He took a philosophical approach—distinguishing between *intra*-disciplinary collaboration and *interdisciplinary* collaboration. He advocated the availability of a comprehensive service under one roof and the holding of a common body of information and perspectives about each patient and family. He contrasted the use of continuous as opposed to episodic management. He referred to the Harvard Davis Report (1971) and its prediction of specified and circumscribed teams.

The innings closed with an optimistic stroke: "That we proceed urgently to solve the problems of designing and carrying out interdisciplinary joint education in order to prepare the next generation of doctors, nurses, and others to collaborate with each other in what we hope will be properly designed settings for what, by then, might be correctly called 'teamwork'!"

Discussion

The final discussion applauded the following views:

"The team is dead, long live the team."

"Doctors can't work with other doctors."

“Only the best is good enough.”

“The standard of performance is the all important factor.”

Taken in conjunction with the 1977 AGM Symposium, when the theme was “Standards and settings in general practice”, when the Royal College of General Practitioners nailed its colours to the mast of high-quality care, this Symposium demonstrated that within this College there is the means to deliver high-quality care, provided that its members constantly exert themselves towards achieving it. Your correspondent left the 1977 AGM Symposium fired to raising the standard of patient care in his part of the outback. This year he was given some clues on how, and with whom, to do it.

JOURNAL CORRESPONDENT

Reference

Davis, R. H. (1971). *Organization of Group Practice*. London: HMSO.

Where are the untreated depressives?

At the Crichton Royal Hospital between 1968 and 1976 outpatient referrals of patients given one of the ICD depressive diagnoses fell by 47 per cent while admissions for depression fell by 31 per cent. In Newcastle, at St Nicholas Hospital, over the same eight years, admissions for depression fell by 22 per cent. The reduction in referrals with depressive disorders is probably a combined effect of the increasing use of antidepressants by general practitioners and a reduction of re-referrals of recurrent manic psychoses owing to the increasing use of lithium in secondary prevention.

This observation has considerable implications for clinical research in psychiatry when, as in our experience, a clinician can now attract only 10 suitable untreated depressives in a year for a drug trial with broad selection criteria. Were Leff's reasonable case for eliminating polar prognostic groups to be adopted, the single-handed clinician could well take 10 years or more to collect two series of 25 depressed patients adequate for a drug effect comparison. The lesson is clear: psychiatrists can henceforth pursue drug trials in depressive illness only under two conditions: first, in collaborative multicentre investigations; secondly, by moving out of the wards and outpatient departments and attaching to one or more general practices, for it is here that the untreated depressive now presents.

Reference

Little, J. C., Kerr, T. A. & McClelland, H. A. (1978). *British Medical Journal*, 1, 1593-4.

OCCASIONAL PAPERS

The *Journal of the Royal College of General Practitioners* has introduced a new series of publications called *Occasional Papers*. The prices shown include postage and copies can be obtained while stocks last from 14 Princes Gate, Hyde Park, London SW7 1PU.

OCCASIONAL PAPER 1

An International Classification of Health Problems in Primary Care

The World Organization of National Colleges and Academies of General Practice (WONCA) has now agreed on a new, internationally recognized classification of health problems in primary care. This classification has now been published as the first *Occasional Paper*. Price £2.25.

OCCASIONAL PAPER 4

A System of Training for General Practice

The fourth *Occasional Paper* by Dr D. J. Pereira Gray is designed for trainers and trainees and describes the educational theory being used for vocational training in the Department of General Practice at the University of Exeter. Price £2.75.

OCCASIONAL PAPER 5

Medical Records in General Practice

The fifth *Occasional Paper* by Dr L. Zander and colleagues from the Department of General Practice at St Thomas's Hospital Medical School describes a practical working system of record keeping in general practice which can be applied on ordinary records or on A4 records. Price £2.75.

OCCASIONAL PAPER 6

Some Aims for Training for General Practice

The sixth *Occasional Paper* includes the educational aims agreed by the Royal College of General Practitioners, with the specialist organizations in psychiatry, paediatrics, and geriatrics, as well as the Leeuwenhorst Working Party's aims for general practice as a whole. Price £2.75.