visiting—the part played by the intermediary" (March *Journal,* p. 137). They have illuminated another small, but unique aspect of general practice. The role of the 'intermediary' as described by the seminar is instantly recognizable to all general practitioners, and as the authors point out, "Once the intermediary's role is highlighted it seems so obvious".

What fascinated me was the apparent fact that despite the insights gained by the seminar, the doctors do not appear to have been able to modify their behaviour as a result, and turned their attentions to the barely disguised needs of the intermediary.

Perhaps I am being unfair to the group, but it would be interesting to know if as a result of their observations the seminar members were in fact able to modify their management of this classic situation.

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WHAT KIND OF COLLEGE?

Sir,
Following last year's major debate on the future of the College, The Trent Faculty decided to investigate the demand for devolution of some of its functions to divisions. In March, members from South Yorkshire met to discuss this and the whole question of the College's future role. But, despite the obvious importance of these issues, only 15 per cent of the invited membership attended. Amongst those present there was no doubt that there is a continuing need for the College at national level but members were convinced that its major contribution should be in continuing education and self-evaluation at local level.

Continuing education must reflect the local needs of general practitioners. It must take account of local patterns of disease, the availability of services, the resources available to general practitioners, their ages, and their previous training. Successful programmes consequently depend on a strong general practice voice at postgraduate medical centres. Yet experience shows that the participation of general practitioners in the planning of local postgraduate activities is incredibly protean. The South Yorkshire membership had no doubt that the development of robust local activity based on a College presence is a prerequisite for the future development of our discipline.

Self-evaluation (process analysis or outcome evaluation) should similarly be strongly linked to both the local possibilities. Any imposition of national norms in primary care would be ridiculous in a health service chiefly characterized by variability in both supply and demand.

The membership were certain that the informal devolution of College activities to local organizers is timely and that this could be merely the first step in developing cells of active members, each cell pursuing its own programme of educational and evaluative effort, in every neighbourhood throughout the land. It was not felt that changing the existing structure of the College would have any impact on these aims.

JOHN D. WILLIAMSON

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JOINT COMMITTEE ON CONTRACEPTION

Sir,
I should like to stress to your readers that for doctors wishing to undertake training for the purpose of obtaining the certificate of the Joint Committee on Contraception some skill in gynaecological assessment is a preliminary requirement.

Some doctors testify to their own proficiency even though they have not held a house job in gynaecology and a few cases have been reported where individuals are over-optimistic concerning their ability! Confidence in pelvic assessment must be acquired before embarking on family planning training.

We are always pleased to hear from any doctor who has any problems or queries connected with his or her certification.

BARBARA LAW
Chairman
Joint Committee on Contraception
27 Sussex Place
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COMMUNITY CLINICS

Sir,
I share the hope of Dr M. J. Whitfield in his article on community clinics (April *Journal,* p. 240) that in the long term all general practitioners will be offering a full preventive service. However, it is wrong to pretend that this will come about in the near future. Many practices do offer special clinics such as screening, but many general practitioners are unable or unwilling to do this, especially in the urban areas where the need is greatest, even with the encouragement of the area health authorities.

If all patients could move to practices offering a complete service, community health clinics might become redundant, but this is not possible nor always desired by the patients who may like his or her general practitioner and be quite happy to attend separate clinics. We must not adopt a 'dog in the manger' attitude to community health clinics filling the gaps in our service.

It is doubtful if general practitioners will ever have a total monopoly of primary health care and we must not let professional squabbles prevent us working together with our colleagues in the community health services and voluntary organizations for the benefit of our patients.

H. M. MACKENZIE

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COMMUNITY PSYCHIATRIC NURSING

Sir,
As the RCGP member of a working party on Community Psychiatric Nursing convened by the Social and Community Psychiatry Group of the Royal College of Psychiatrists, I shall be grateful if any of your readers with first-hand experience of working arrangements with community psychiatric nurses would send me brief details as soon as possible, as I am anxious to present a representative opinion.

MARGOT RICHARDS

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INCREASING RESOURCES FOR THE NHS

Sir,
It is not surprising that Sir George Godber, former Chief Medical Officer at the Department of Health and Social Security should try and bolster up the NHS for which he was in part personally responsible for over 10 years (April *Journal,* p. 216). It is sad too that at the end of those years of compromise between needs and resources we should end up the lowest paid medical profession in Europe and that, too, as a consequence of treating our patients well. I am afraid that it is because of