COLLEGE NEWS

COLLEGE TELEPHONE NUMBER

The telephone number of the College Headquarters, 14 Princes Gate, Hyde Park, London SW7 1PU, is being changed and from 16 August 1979 will be: 01-581-3232.

MRCGP EXAMINATION

The dates for the next MRCGP examination are as follows:

November/December 1979
Written papers: Thursday, 1 November 1979.
Orals: In Edinburgh and London during the week ending 15 December 1979.
Closing date: 6 September 1979.

May/July 1980
Written papers: Thursday, 15 May 1980.
Orals: In Edinburgh during the week ending 29 June 1980 and in London during the week ending 5 July 1980.
Closing date: 20 March 1980.

The written papers will be held in London, Leeds, Birmingham, Manchester, Edinburgh, Newcastle, Aberdeen, Cardiff, Belfast, and Dublin. These and other centres may be used as required, subject to a minimum (and in some centres a maximum) number of candidates. It may be necessary to limit the total numbers and candidates are therefore advised to apply well in advance of the closing dates.

The application fee is £50 and the re-application fee £25. Application forms may be obtained from the Membership Secretary at the College.

FUTURE COURSES

September 1979
7-9 Five years on in practice—Part 1.
16-21 Teaching and counselling (across culture).
October 1979
15-19 Five years on in practice—Part 2.

PRACTICE ORGANIZATION ROOM

The theme for the exhibitions during the next year will be the general practitioner's office and will deal with the employment of staff, their training, and the equipment they use. The current display features the work of the receptionist and her training.

A display has been mounted by Elva Medical Equipment for offices, including such items as desks and carpeting call systems.

The Practice Organization Study continues to display details of practices for interested enquirers, and the cabinets have been reorganized to display instruments which doctors might carry in their bags when visiting.

DEATHS

Past President
G. I. Watson
Peaslake, Surrey.

Honorary Fellow
Sir J. H. Biggart
Knock, Belfast.

Fellows
W. W. Gerrard
Banstead, Surrey.
T. S. Macdonald
Ayr, Scotland.
W. A. M. Miller
Johannesburg, S. Africa.
L. A. Scriven
Auckland, New Zealand.

Founder Members
W. M. Chesney
Birmingham.
Alexander Matheson
Crowthorne, Berks.
T. S. Macfarlane
Castleford, Yorkshire.

Members
J. R. Gregory
Nairobi, Kenya.
J. L. M. Golaszewski
Leytonstone.
E. W. Malcomson
Letton, Herefordshire.
P. B. Poole
Crowthorne, Berks.
R. G. Anderson
Headington, Oxford.

Associates
J. C. Babbage
Skegness, Lincs.
A. B. Davie
Horton, Slough, Bucks.
G. F. N. Leung
Hong Kong.

MEDICAL NEWS

DR PHILIP HOPKINS

Dr Philip Hopkins, FRCGP, General Practitioner, London, has been elected a Fellow of the American College of Cryosurgery and a Fellow of the International College of Psychosomatic Medicine.

EQUIPMENT FOR THE DISABLED

A fourth edition of *Equipment for the Disabled* has now been published by the Oxford Regional Health Authority on behalf of the Department of Health and Social Security. It is available from 2 Foredown Drive, Portslade, Brighton BN4 2BB.

JOINT COMMITTEE ON POSTGRADUATE TRAINING FOR GENERAL PRACTICE

The Joint Committee on Postgraduate Training for General Practice and the Royal College of General Practitioners has re-approved the following schemes: Torbay, Plymouth, Cornwall, Newport (South Gwent), Nevill Hall (Abergavenny), Roehampton, Croydon, Lincoln, Chesterfield, Gloucester/Cheltenham, Avon, Banbury, Kettering, Lewisham, and Blackburn.

These schemes are recognized by the Royal College of General Practitioners for the purposes of the MRCGP examination.

GUIDANCE ON HEALTH CENTRES

The Department of Health and Social Security has issued a memorandum "Primary Health Care: Health Centres and other Premises" (79)8. This 'consolidates' and supplements guidance to health authorities on health centre policy in England.

It includes a recommendation that pharmacists should be given early warning of any plans to build a health centre; they should be represented on the project team if a pharmacy is to be included in a health centre, and they should have a place on 'practitioner staff committees' in health centres with pharmacies.

Reference

Pharmaceutical Journal (1979). England: guidance on health centres consolidated. **222**, 365.

BASICS

The British Association of Immediate Care Schemes has now produced its first annual report for 1977/78.

The Chairman is Dr K. C. Easton, OBE, OST.J, FRCGP, and the Honorary Secretary is Dr D. C. Rawlins.

The aims of BASICS are to foster co-operation between existing schemes, to encourage and aid the formation and extension of schemes in the UK, and to strengthen and develop co-operation between all services in dealing with emergencies which may cause injury or risk to life.

Further enquiries should be made to 14 Princes Gate, Hyde Park, London SW7 1PU.

GPTV TELEVISION TAPES

The GPTV series of videotapes has been made especially for general practitioners by the Audio Visual Centre of the University of London in association with the British Postgraduate Medical Federation. In the past eight years over 80 programmes have been made, and catalogues or enquiries about hiring or purchasing material should be directed to Miss Pat Gulliford, University of London Audio Visual Centre, 11 Bedford Square, London WC1B 3RA. Tel: 01-636 3104.

The following videotape formats are available:

1" IVC
½" Sony CV
1"Ampex
½" Sony AV
Philips videocassette (1500 series)
Sony Umatic videocassette
National Panasonic cartridge

Other formats may be available by special arrangement.

The most recent programmes which have been made are as follows:

1. *Doctors and their patients.*
In this videotape five consultations have been recorded using simulated patients and real doctors, and they enable the viewer to explore the developing relationship between the doctor and his patient.

It is suggested that these dramatizations are suitable for anyone interested in analysing the dynamics that exist within the consultation.

2. *Surgery sagas.*
In this videotape there are 18 short doctor/patient interactions which have been designed to illustrate various aspects of the general practitioner's skill in dealing with patients. They deal with a wide spectrum of surgery consultations and have been very effective in stimulating discussions especially among small groups. This programme is accompanied by a teaching guide.

3. *The practice nurse.*
In this tape Dr Barry Reedy, of the Medical Care Research Unit of the University of Newcastle upon Tyne, discusses with interested general practitioners and nurses some of the aspects of conditions of service, medico-legal problems, and nursing activities of employed and attached nurses in general practice.

Further information can be obtained from the Television Adviser to British Postgraduate Medical Federation, Dr Paul R. Grob, British Postgraduate Medical Federation, 33 Millman Street, London WC1 3EJ.

PROFESSIONAL AND LINGUISTIC ASSESSMENT BOARD

The Temporary Registration Assessment Board (TRAB) was renamed on 1 January 1979 and is now called the Professional and Linguistic Assessment Board (PLAB).

1978 GENERAL HOUSEHOLD SURVEY

One of the most striking features of changes in the composition of British households during the 1970s has been the continuing fall in the average size of households. Over a period in which the estimated number of households in Great Britain increased, the average household size fell from 2.91 in 1971 to 2.71 in 1977.

This fall is due both to the increasing number of elderly people, more of whom now live alone, and to the decline in the birth rate between the mid-1960s and the mid-1970s, which has led to smaller family sizes and a decrease in the proportion of larger households.

One-parent families

During the period 1972 to 1977, the proportion of families headed by a lone parent rose from nine per cent to about 12 per cent, mainly owing to an increase in the proportion of families headed by a divorced woman, although the proportion of those headed by a single woman also increased.

Owner occupation

The marked post-war growth of owner occupation slowed considerably during the 1970s. Between the censuses of 1951 and 1971 the proportion of households who were owner occupiers rose from 29 per cent to 49 per cent; during the period covered by the General Household Survey the proportion rose only slightly to 52 per cent in 1978. A similar pattern is observable for local authority housing. At the time of the 1951 census 18 per cent of householders were council tenants, whereas this proportion had risen to 31 per cent by the time of the 1971 census.

Central heating

A marked increase occurred in the proportion of households with central heating, from 34 per cent in 1971 to 52 per cent in 1978.

Telephone

There was an increase in the proportion of households with a telephone from 42 per cent in 1972 to 54 per cent in 1976, the latest year for which information is available.

Refrigerator

In 1978, 91 per cent of households had a refrigerator.

Working mothers

The increase in married women's economic activity rates is mainly attributable to the continuance of the post-war trend for women with dependent children to take part-time jobs. Between 1971 and 1978 the proportion of mothers in part-time work increased by about a third, from about 25 per cent in 1971 to just over 33 per cent in 1978.

Smoking

The decline in smoking which was evident in the early part of the 1970s, particularly between 1974 and 1976, has become less marked. Between 1972 and 1976 prevalence fell among both sexes but was more marked among men—from 52 per cent to 46 per cent—than

among women—from 41 per cent to 38 per cent.

The total fall in prevalence was due mainly to the fall in the proportions of men and women who were light smokers (fewer than 20 cigarettes a day); the proportions of men and women who were heavy smokers (20 or more cigarettes a day) remained fairly constant, so average weekly cigarette consumption rose during that period.

Between 1976 and 1978 prevalance fell from only 46 per cent to 45 per cent among men and from 38 per cent to 37 per cent among women.

Reference

Office of Population Censuses and Surveys (1979). General Household Survey 1978. *OPCS Monitor,* GHS 79/1, 29 May.

LETTERS TO THE EDITOR

WOMEN GENERAL PRACTITIONERS

Sir,

Your editorial (April *Journal,* p.195) on the plight of women doctors was sensitive, timely, and welcome.

You mention some of the reasons why others regard women as a 'disadvantaged' group (Maynard and Walker 1978). I cannot accept it wholly that married women doctors with children are at a disadvantage *because* they are married with children. There are other married professional women who are able to combine their careers with family commitments.

One of the more realistic disadvantages of married women doctors is their relative lack of mobility. If the career prospects of a man take him from one part of the country to another, his doctor wife will be restricted to those opportunities that are available to her in the locality of her husband's work, and if she finds a practice—unless her husband is established—her partners will be rightly suspicious that she will stay in the practice for a limited time only.

I submit that it is up to the couple to decide whose career opportunities will determine the permanency, or even relative permanency, of the woman doctor's place of work—preferably before they marry. It is perfectly possible to plan one's career as well as one's family—and even in the absence of domestic help, perhaps it is not beyond the ingenuity of a couple to plan their life to deal with childhood illness, fetching the children from school, and all the other 'problems' which are part of normal living.

I feel that, while of course there are events in any family's life that will make it more difficult to cope with work, the sudden discovery of the married women doctor's 'special situation' is but a forerunner of the discovery that doctors' attitudes to their work *have* changed in general. In the past, doctors moulded their private lives around their practices—now more and more the practice is being moulded to suit the doctor's private life.

Some doctors are men and some are women, and the contribution they make to their practices depends on their skills, knowledge, and attitudes—above all, on their human qualities, on their ability to marry *Scientia* with *Caritas.* And it is their ability which should make them participate in continuing education, in executive committees, and in organizing vocational training courses, and even represent their faculties on College Council. They should be there not as women or men, but as doctors, with a special contribution to make.

KATIE SCHÖPFLIN

198 Cable Street
London E1.

Reference

Maynard, A. & Walker, A. (1978). *Doctor Manpower 1975 to 2000: Alternative Forecasts and their Resource Implications. Research Paper Number 4.* London: HMSO.

Sir,

"Married women doctors need encouragement" proclaims a recent editorial (April *Journal,* p. 195). But they also need jobs, and other statements in your otherwise sympathetic article may make it more difficult for them to obtain these.

You find it necessary to justify "latent prejudice in the medical profession" with a reference. You should have done the same for three other comments. Data, please, to prove that women doctors lose more time for sickness in the 30 to 50 age group; that prove married women principals are providing inadequate personal continuing care, and who precisely thinks employers and colleagues are finding female physicians less reliable sources of cover. I cannot believe that women doctors alone use the deputizing services.

Your *Journal* is widely read and these statements have already been quoted in the national and medical press. You should either provide evidence for them, of a quality you would normally require to substantiate statements in the remainder of the *Journal,* or publish a retraction.

S. H. ROBERTS
Consultant Physician
North Tyneside Area Health Authority
14 Belle Grove Terrace
Newcastle upon Tyne NE2 4LL.

Sir,

I must thank you for the very understanding editorial about women general practitioners. I like your general conclusions. The understanding of caring is basic and at times it can be a noose around our own necks. There is a risk of becoming irritable, but that is a weakness *we* do not recognize.

The paragraph on flexibility is very good. It provides the answer to our fewness on committees or councils, which must by their nature be at fixed hours; when they last for a day or so and at a distance we fear them greatly. Tolerant husbands are not referred to—they can make the whole difference to availability and to success!

ANNIS GILLIE

The Bakehouse
Bledington
Kingham
Oxford OX7 6XQ.

Sir,

It is unfortunate that a national newspaper should highlight your editorial (April *Journal,* p. 195) with the phrase "women doctors less reliable than men". I do not dispute that our biological function may limit some in their contribution to a medical career for varying lengths of time but I cannot accept that we have a greater sickness rate. You, fortunately, have not produced any statistical evidence in support of your claim, and I have been unable to find any to disprove it. Are male colleagues not at greater risk from