

## DANGEROUS MISTAKES IN DRUG ADMINISTRATION

Medico-Pharmaceutical Forum (1979)

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A working party was appointed by the Medico-Pharmaceutical Forum in 1975 to review the problems encountered by anaesthetists in identifying dispensed medicines and to advise possible courses

of action. Their report contains some points that are of interest to general practitioners.

They identify the main problems as being due to human error, such as failure of communication, ignorance of the true nature of the drug, and failure to read ampoule labels correctly. They point out also the confusion that may result from the many synonyms that are in current use to describe drugs, and plead for the use of proper, rather than proprietary, names. They emphasize the hazard of failing to elicit from the patient or his notes evidence of any

known drug allergy or idiosyncrasy, or that he is being treated with drugs likely to interact with those about to be administered.

They recommend that only proper names should be used for drugs, that all ampoules should have the same style and colour and lettering, so that the only way to distinguish them is by reading the label closely, and that the potential hazard of incorrect drug administration should be widely publicized to reach all those handling drugs.

H. W. K. ACHESON

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## REPORT

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# National Conference of Postgraduate Advisers in General Practice of the United Kingdom

THE Conference has met three times since the last *Journal* report in May 1978. The meeting has continued to provide a great opportunity, unique for some, for exchanging ideas and where appropriate for formulating common policies. Since other organizations concerned with providing educational services are represented this provides an ideal opportunity for concerted action in postgraduate education and training for general practice.

One of the important bodies on which the advisers are represented is the Joint Committee on Postgraduate Training for General Practice. This acts as a national 'watchdog' on the quality of training being provided for doctors entering general practice and issues certificates to doctors indicating that they have completed training and may therefore be appointed as principals in the National Health Service. The National Conference and its representatives on the Joint Committee have played an important part in ensuring that the Regulations under the Vocational Training Act 1976 are implemented in a way which can ensure rising standards yet be fair to all those who wish to enter general practice. The advisers are concerned to see that there are no frustrating bureaucratic delays and have been pressing for strong administrative support from the universities in order to ensure this.

In England and Wales the Regulations will state that the regional postgraduate medical committees may select hospital posts from among those approved by other educational bodies (such as the Royal Colleges of Physicians and of Surgeons). This is leading to difficulties as some posts which are not appropriate for

specialist training—particularly those where a short-stay in the post of two or three months has been organized—could nevertheless be appropriate for general practitioners. On the other hand many posts suitable for specialists are not appropriate for training for general practice and these will not be selected for training for general practice by the regional committees. This important regional task will be a major responsibility of advisers in the coming months. In Scotland a greater degree of autonomy has been given to the regional committees to give approval to hospital posts. Whatever mechanism is adopted, clear criteria of the standards to be expected before posts can be approved must be published and applied. The Royal Colleges of Physicians and of General Practitioners first published their joint criteria several years ago and the joint inspection mechanism for senior house officer posts has been in operation for some time. The Royal College of Surgeons too has published statements about its conditions before posts are approved for training. An expansion of this openness both nationally and regionally will help to give the new generation of doctors confidence that there is training rather than exploitation of those forced by law to enter hospital posts *en route* to general practice.

In order to ensure that training programmes are at least of minimum national standard, regions are visited at intervals of not less than three years by teams of three from the Joint Committee on Postgraduate Training for General Practice. Many of the visitors are regional advisers and the host regional adviser has a busy time preparing for the arrival of this team and guiding the regional sub-committee in interpreting and implementing its recommendations. Comparison of successive reports on the same region show that there is steady

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progress in improving the quality of training, though, of course, the expectations of trainees also, rightly, continue to rise. The advisers have continued to spend some of the Conference time in discussing the visiting procedure and reporting.

The problems of part-time training for general practice have been discussed at length and have yet to be resolved. Many difficulties have to be overcome to accommodate those with domestic commitments. At one stage it was asserted that training for potential general practitioners must be at least half-time, as it is for virtually all other medical careers, but some flexibility is now possible though details have yet to be worked out. Although this mainly affects women graduates it must be remembered that they will form an increasing proportion of the total work force, and with an increased proportion of women general practitioners working part-time the nature of general practice itself might change.

Among the other organizations represented at the Conference are the National Association of Clinical Tutors, the Department of Health and Social Security, the General Medical Services Committee, the Councils

for Postgraduate Medical Education, and the College itself. The Conference is grateful to these various organizations for the contributions their representatives make to the general debate. Awareness of the policies and attitudes of these other groups of doctors concerned with medical education is an important function of our meetings.

Following the sixteenth twice-yearly meeting we can look back with some satisfaction to progress, particularly regarding vocational training. The quality and quantity of training have improved steadily and recruitment of a good proportion of the best medical graduates to general practice now seems assured. It is now more important than ever for the advisers to ensure that the educational impetus is not lost once a doctor enters general practice as a principal. With the rapid rate of turnover of medical knowledge, the continuing education programme must also be overhauled and the regional advisers are eager to do all they can to encourage this in the 1980s.

D. J. PRICE  
Secretary

## Government spending

	1976-77	1977-78	1978-79	1979-80	1980-81	1981-82
	(£ millions)					
Defence	6,361	6,255	6,289	6,494	6,660	6,660
Overseas aid and other overseas services	1,188	1,351	1,722	1,860	1,958	1,962
Agriculture, fisheries, food, and forestry	1,133	899	706	654	649	642
Trade, industry, and employment:						
refinance of home shipbuilding and fixed rate						
export credit	636	-174	145	-44	-114	-30
other	2,542	1,970	2,798	2,632	2,589	2,547
Government lending to nationalized industries	330	420	1,350	1,550	1,350	1,100
Roads and transport	2,784	2,590	2,563	2,583	2,572	2,554
Housing	4,870	4,475	4,702	4,814	4,948	4,995
Other environmental services	2,682	2,532	2,594	2,626	2,643	2,657
Law, order, and protective services	1,895	1,096	1,948	1,947	1,970	1,992
Education and libraries, science and arts	8,293	8,010	8,102	8,143	8,205	8,255
<b>Health and personal social services</b>	<b>7,287</b>	<b>7,390</b>	<b>7,537</b>	<b>7,652</b>	<b>7,776</b>	<b>7,927</b>
Social security	12,717	13,226	14,063	14,172	14,458	14,602
Other public services	848	844	854	865	865	886
Common services	896	883	910	952	986	1,022
Northern Ireland	1,737	1,742	1,815	1,811	1,796	1,808
<b>Total programmes</b>	<b>56,201</b>	<b>54,320</b>	<b>58,100</b>	<b>58,711</b>	<b>59,310</b>	<b>59,577</b>
Contingency reserve	—	—	750	1,500	1,750	2,000
<b>Total</b>	<b>56,201</b>	<b>54,320</b>	<b>58,850</b>	<b>60,211</b>	<b>61,060</b>	<b>61,577</b>
Debt interest	1,662	1,900	2,000	1,900	1,800	1,600
<b>Total</b>	<b>57,863</b>	<b>56,220</b>	<b>60,850</b>	<b>62,111</b>	<b>62,860</b>	<b>63,177</b>
<b>Total programmes, contingency reserve, and foreign and market borrowing of nationalized industries</b>	<b>57,635</b>	<b>54,850</b>	<b>58,550</b>	<b>59,611</b>	<b>60,860</b>	<b>61,327</b>

### Reference

*The Guardian* (1978). 13 January, p. 4.