

JOINT COMMITTEE ON POSTGRADUATE TRAINING FOR GENERAL PRACTICE

The Joint Committee on Postgraduate Training for General Practice and the Royal College of General Practitioners have approved the Glasgow Eastern District and Grimsby Vocational Training Schemes. These schemes are recog-

nized by the Royal College of General Practitioners for the purpose of the MRCGP examination.

SYMPOSIUM ON EPIDEMIOLOGY

A one-day symposium will be held at the Royal Hallamshire Hospital, Sheffield, on Tuesday, 18 November 1980 when

seven invited speakers will present applications of epidemiological methods appropriate to clinical research and practice. The closing date for enrolments is 31 October and the programme and full details may be obtained from Dr R. A. Dixon, Department of Community Medicine, University of Sheffield Medical School, Beech Hill Road, Sheffield S10 2RX.

LETTERS TO THE EDITOR

ASSOCIATION OF GENERAL PRACTITIONER HOSPITALS

Sir,

The Association of General Practitioner Hospitals was founded a little over 10 years ago. In the early years our chief activity was to assist hospitals threatened with closure where that closure did not seem to be in the interest of the communities concerned. More recently, as the Association has gained more status, we have been consulted by Government, by the Royal College of General Practitioners, and by other bodies, for information and advice on the present state and future prospects of general practitioner hospitals.

Part of the problem was the lack of information about what actually went on, and Cavenagh's (1978) paper has been an important milestone.

In Lichfield recently we invited a group of trainees from the North Birmingham Training Scheme to spend the afternoon in our own general practitioner hospital. This was clearly a major eye-opener for them as previously they had believed that cottage hospitals were for the long-term care of elderly people requiring near-permanent stay in hospital. Dr Gerard Vaughan's recent statements make it clear that small hospitals are going to play an increasingly important role in the development of the NHS and we feel it important that all trainees should at least be aware of what happens in general practitioner hospitals and what the possibilities for the future are. Ideally we would like all vocational training half-day release courses to include a visit to a general practitioner hospital and I would be most grateful if you would bring this to the attention of your course organizer readers.

I would be very happy to act as a resource in finding a geographically ap-

propriate general practitioner hospital and interested host general practitioner for as many training schemes as possible.

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Honorary Secretary

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Reference

Cavenagh, A. J. M. (1978). Contribution of general practitioner hospitals. *British Medical Journal*, 2, 34-36.

DEFINING AN EPISODE

Sir,

A pilot study was carried out in this practice to compare the patients and the types of illness presenting to the senior partner and to the trainee. We categorized the illnesses we saw as follows: new illness (including new patient); recurrent illness, but a new episode presenting for advice; short-term follow-up, up to six weeks from first contact; long-term follow-up (concerned with monitoring chronic disease).

We found it difficult to categorize many patients' illnesses. It was difficult to decide when something was genuinely new, and not in some way related to previous or current disease. It was also unclear at times what was meant by recurrent illness.

Some of the ideas for this pilot study were taken from the two National Morbidity Surveys, done in 1955 and 1971, and in particular we drew on their use of the term 'episode of illness'. This term was introduced in the second survey to cover a period of illness during which there may have been a number of consultations. This was done in order to

prevent a large number of consultations for one condition distorting the survey. The conclusions drawn from a comparison of the two surveys (Crombie *et al.*, 1975) indicate that the 'episode of illness' rate per person has risen although total consultation rate has remained static. This has been taken to imply a real increase in workload.

However, examination of the two surveys show that the term episode was used with different meanings. In the first survey 'episode' is a construct obtained from the total number of consultations for a particular diagnosis in a patient throughout the year. In the second survey distinct episodes of the same illness were recorded separately. Although the authors do mention this discrepancy, they go on to draw conclusions about the changing workload of doctors which seem to be implicit in the differing definitions of 'episode of illness'. We do not think that any such conclusions can be drawn when such ambiguity surrounds what is being compared.

Indeed, drawing on our experiences during the pilot study mentioned above and the difficulties we had in categorization, it is questionable whether any definition of 'episode' can be more than arbitrary. In fact, the greatest difficulties in categorization occurred in those patients with psychological symptoms and it is patients in this group who show the greatest increase in episode rate over the period of the two surveys.

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Reference

Crombie, D. L., Pinsent, R. J. F. H.,