

1. A study release course should be available to all trainees throughout their three years.
2. Trainees must have a say in the planning of their study release course.
3. Regional advisers should know who their hospital trainees are.
4. There was a strong mandate for introductory attachments in general practice prior to hospital posts.
5. There should be a mutual selection of trainees and trainers in the general practice year.
6. Job description of training practices should be available to future trainees.
7. Contracts should be available.
8. Standards of records in training practices should be improved.
9. Each trainee should do no more out-of-hours work than his trainer.
10. Trainees who have completed training should be considered on their merits by the Medical Practices Committee for single-handed vacancies.
11. There is a need for local and regional trainee organization.

The final session was an open discussion on better trainee organization. There was a unanimous decision that regional trainee group meetings should be established in all regions. Although this already happens in a few regions it was exciting to see trainees from certain other regions initiating similar groups at the conference. It was further agreed that National Trainee Conferences

should be held more frequently. The next conference should be held in 1981 and the trainees from Trent region volunteered to host this. There was discussion about co-ordination of regional groups, including a suggestion for a working party. A representative was nominated from each region to disseminate information to all trainees in his or her region. The offer of supporting facilities by the RCGP was welcomed. The GMSC representatives were made aware of their responsibility to the body of the trainees at the conference. The Exeter trainee group agreed to distribute the final results of the questionnaire, a detailed summary of the conference recommendations, and an advice sheet for dissemination to all trainees via their regional 'postmen'. Copies would also be sent to the JCPTGP, GMSC, RCGP, and all regional advisers.

Perhaps the task for the next conference will be to see how best this advice system and the regional groups can be co-ordinated.

A high spot of the conference was the social programme engineered by Dr David Hilton. Survivors of the excellent dinner and barn dance on Tuesday night were able to walk, row, or highjack a tandem to get to an open-air barbecue and jazz band on the Wednesday. As much valuable discussion took place during these events as in the formal meetings.

The conference committee wish to thank the Department of General Practice for its encouragement and for providing much appreciated secretarial assistance.

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Vocational Trainees

Role of the physician in health education

AN International Symposium was held in Luxembourg from 2 to 4 July 1980 on the subject "The Role of the Physician in Health Education". The Symposium was organized to discuss the importance of this aspect of the general practitioner's work, the relationships that should be developed between the general practitioner and others involved in health education, and how to improve both graduate and undergraduate education in health education method.

The following conclusions were reached:

1. The general practitioner's main educational emphasis must remain with the individual patient and his family. Group education will be relatively less important—the main constraint being time and finance. Help should be given to special groups such as Weight Watchers and other self-help groups. Priority should be given to advising teachers, especially interpreting epidemiological data to them.
2. There was some difference of opinion in the way

physicians achieve their educational objectives and some intercountry variations. Some felt that doctors should be involved almost in a coercive way; others, the majority, agreed that patients should be given information about health and receive appropriate guidance on how to use this information.

A relatively new concept was explored—that of the 'active patient', a patient who is encouraged to seek out the ideal health model for himself, the physician being available to advise. This was seen as a further extension of the move to remove the doctor from his pillar and develop personal responsibility for health.

3. Medical students need to be involved in health education, and research-orientated group work has been found to be an ideal way of achieving this involvement. It encourages the development of communication skills and a long-lasting interest in patient education.

MICHAEL WHITFIELD