

---

# COLLEGE NEWS

---

## INCREASE IN MEMBERSHIP

There was a general increase in the number of fellows, members, and associates of the Royal College of General Practitioners in 1980 compared with 1979.

Increases in the various categories were as follows:

Fellows	119 (16 per cent)
Members	293 (4.6 per cent)
Associates	29 (2 per cent)

The total increase in membership of the College for the year was five per cent.

## SCOTTISH COUNCIL OFFICE

Scottish Council moved to new offices on 20 October 1980. The new address is 2 Hill Square, Edinburgh EH8 9DR. Telephone: 031-667 3115.

## PHOTOGRAPHS REQUIRED

Any members or associates of the College who have photographs of particular interest which they would like reproduced in the book *The History of the Royal College of General Practitioners, the First 25 years*, which is now being prepared for publication, should send them to Lord Hunt of Fawley, 14 Princes Gate, London SW7 1PU.

## EXHIBITION ROOM

A collection of specialized stationery has been made in the Exhibition Room. This includes practice introductory leaflets, instruction leaflets for illness, specialized registers, record cards, and other associated leaflets and recording methods.

The Exhibition Secretary, Dr R. M. Ridsdill Smith, would be grateful to receive any examples of specialist registers, stationery, or recording cards, for this display, which is to continue for three months. They should be sent to

him at 732 London Road, Larkfield, Nr Maidstone, Kent.

The Exhibition Room holds records of many highly organized practices, and the Exhibition Secretary would be grateful to hear from any practice which has new equipment, or new methods of using equipment, systems of analysing and pursuing their workload, or items of surgery design, which would interest other general practitioners. Details should be sent to Mrs J. Mant at 14 Princes Gate, London SW7 1PU, who will record it and forward a questionnaire asking about further aspects of the innovation.

The mock-up of the doctor's office contains samples of different types of furnishings, and a list of alternative furnishings and equipment is available.

Various items of interest are on display in the cabinets.

## BACK NUMBERS OF THE JOURNAL

Because of the expense of storing back numbers of the *Journal*, it has been decided to reduce the stocks of back issues which are being held by the College. For a limited period of two months, from 1 November to 31 December 1980 inclusive, readers of the *Journal* are invited to send for back numbers to complete their sets. These will be supplied, when available, free of charge, provided a suitable sized envelope is supplied, pre-addressed and stamped with 26p postage per *Journal*, from 14 Princes Gate, London SW7 1PU.

## JOURNAL CORRESPONDENCE

Dr S. L. Barley, MRCGP, takes office as Editor of the *Journal* on 1 January 1981 and all correspondents to the *Journal* are asked to note the new address of the *Journal* office to which they should write after that date. Letters and communications should be sent to the Editor, 30 Endcliffe Crescent, Sheffield S10 3ED. (Telephone: 0742-681 836).

## MRCGP EXAMINATIONS

The dates for the next MRCGP examinations are as follows:

### May/July 1981

Written papers: Thursday, 14 May 1981.

Orals: In Edinburgh during the week ending 27 June 1981 and in London during the week ending 4 July 1981.

Closing date: 12 March 1981.

### October/December 1981

Written papers: Thursday, 29 October 1981.

Orals: In Edinburgh and London during the week ending 12 December 1981.

Closing date: 3 September 1981.

The written papers will be held in Aberdeen, Belfast, Birmingham, Cardiff, Dublin, Edinburgh, Exeter, Leeds, London, Manchester, and Newcastle. 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 £100 and the reapplication fee £75. There is no fee for members of the College. Candidates withdrawing from the examination after the closing date for applications forfeit 40 per cent of the full fee.

Application forms may be obtained from the Examination Administrator, 14 Princes Gate, London SW7 1PU.

(The 1981 rates for the application fee have been approved by Council but have still to be ratified by the Annual General Meeting of the College).

## MRS A. FISHLEY

Mrs Ada Fishley, who joined the College on 25 February 1963 as Registrar, died suddenly on Friday 17 October 1980. She is sadly missed by her many friends at the College.

---

# MEDICAL NEWS

---

## HIPPOCRATIC MEDAL

On 17 September 1980, Dr J. P. Horder, OBE, MA, FRCGP, FRCPSych, General Practitioner, London

and President of the Royal College of General Practitioners, was presented with the Hippocratic Medal of the SIMG in Klagenfurt for his work on behalf of European general practice.

Dr Horder is the fourth British gen-

eral practitioner to be awarded this medal. It has previously been awarded to Professor Richard Scott, Edinburgh; the late Professor P. S. Byrne, Manchester; and Dr E. V. Kuenssberg, Edinburgh.



*Dr J. P. Horder being presented with the Hippocratic Medal by Herr Ehrenfried Klotz*

#### **DR F. J. DARBY**

The appointment has been announced of Dr F. J. Darby, TD, MRCP, DIH, DMJ, as Chief Medical Adviser (Social Security) in the Department of Health and Social Security.

After seven years in the Army, Dr Darby subsequently qualified in 1950 at the University of Edinburgh. He entered general practice in North Warwickshire and in 1964 joined the Department. He sat the examination for membership of the College in 1970. After being Principal Medical Officer in the Primary Care Division in the DHSS, he was appointed Deputy Chief Medical Adviser in 1978.

#### **DR E. S. BLACKADDER**

Dr Eric S. Blackadder, MRCP (Glas.), MRCP, MFCM, MFOM, DIH, Dip.Soc.Med., has been appointed Chief Medical Officer to the British Broadcasting Corporation, London.

Dr Blackadder, aged 52, is married with three grown-up children, and was formerly Deputy Director of Medical Services, Health and Safety Executive, London. He has published articles covering a wide range of occupational health topics from tellurium poisoning to respiratory disease in Scottish malt-workers.

Dr Blackadder took up his new appointment on 27 October 1980 and plans to develop a full occupational health and safety service for the BBC in the UK and overseas.

#### **DOWN'S FAMILY PROJECT**

Dr J. Campbell Murdoch, Senior Lecturer in General Practice, University of Dundee has been awarded a grant of £10,000 over one year by the Chief Scientist, Scottish Home and Health Department, to set up a pilot study into the morbidity of families with children with Down's Syndrome. The project, which will be based in the Department of General Practice, will seek the co-operation of Scottish general practitioners in comparing the morbidity of children matched for age, sex, and social class from the same practice list.

#### **FAMILY RESPONSIBILITY**

The Secretary of State for Social Services, Mr Patrick Jenkin, in a speech to the Conference of the Association of Directors of Social Services in Durham on 19 September 1980, said that he thought sharing of responsibility was "plain good sense". He thought that it was important that the family, not the state, should be the "first port of call".

Mr Jenkins made it clear that spending on personal social services in the year 1979/80 is expected to have been about three per cent above 1978/79, that is in real terms after allowing for inflation as it affected personal social services.

#### **COMMON MARKET MEDICAL STAFF**

The Government is to change the rule for doctors from the European Community coming to work in the United Kingdom. With effect from 1981 they will no longer have to satisfy the General Medical Council about their knowledge of English on being registered for practice in the United Kingdom or within six months of registration. Instead, if they apply to work in the National Health Service, they will have to satisfy the National Health Service authorities concerned that they have the necessary knowledge of English for the work they will have to do. For all other overseas qualified doctors language requirements will continue to apply before they can be registered.

The medical and nursing Acts will need to be amended, and amendment of National Health Service legislation will also be needed to enable the new arrangements to cover general practitioners as well as hospital doctors. The necessary Order will be introduced into Parliament in the latter part of 1980.

In 1979 the European Commission formally notified the British Government that in their view the requirements operating in Britain applying to doctors from the Community countries were contrary to Community law.

An employer outside the National Health Service, such as a private hospital or nursing agency, can make conditions as to knowledge of English which is required, because of the work to be done. There will be no formal requirements for a doctor, dentist, or nurse from a Community country practising privately.

#### **RELATIVE COSTS OF PRESCRIBED MEDICINES**

Professor G. Teeling-Smith, Director of the Office of Health Economics, speaking at a symposium in Athens in September 1980, noted that medicines formed a declining proportion of total health expenditure in Europe as a whole since 1970. In that year they accounted for about 25 per cent of all spending. By 1978 this had fallen to 15 per cent and in the National Health Service in Britain medicines accounted for only 10 per cent of total spending.

## ASSOCIATION OF GENERAL PRACTITIONER HOSPITALS

The Association of General Practitioner Hospitals is offering a prize of £200 for the best essay received entitled: "The General Practitioner Hospital in Modern Medicine".

Entries, which should not exceed 3,000 words, should be sent to the Honorary Secretary, Dr J. R. D. Brown, of Saint Chad Health Centre, The Dimbles, Lichfield, Staffs WS13 7JP, and should be received by 31 January 1981.

Presentation of the award will be at the next Annual General Meeting on 7 June 1981. The judge(s) will be appointed by the Association, which reserves the right to publish any entry in whole or in part.

## SEAT BELT SURVIVORS' CLUB

The Royal Society for the Prevention of Accidents has launched a Seat Belt Survivors' Club. The Royal Society believes that 1,000 lives would be saved and 10,000 serious injuries reduced to slight injuries if everyone wore a seatbelt.

The Seat Belt Survivors' Club aims to spread that message through the personal stories of the members who believe that they have been saved from death or serious injury by wearing a seat belt during the past few months.

Further information can be obtained from Ms Janice Cave, Royal Society for the Prevention of Accidents, Cannon House, The Priory Queensway, Birmingham B4 6BS. Tel: 021 233 2461.

## EQUIPMENT FOR THE DISABLED

Equipment for the Disabled has now published *Communication* in a revised and updated fifth edition, and *Disabled Child* in a fourth edition. Further information can be obtained from 2 Fore-down Drive, Portslade, Brighton BN4 2BB.

## DHSS POLICY ON GENERAL PRACTITIONER PRESCRIBING

The Department of Health claims success for its 'educational approach' in seeking prescribing economy, and it is planning to set up a working group on prescribing.

In evidence to the House of Commons Social Services Committee, the Department says:

"The Department believes that the educational approach is the right one and that sanctions should be reserved for the

very exceptional case in which gross irresponsibility can be readily shown to be the major factor, rather than high cost. The present emphasis is therefore on minimizing the formal procedures and concentrating on impressing on the general medical practitioner that the Department wishes to give as much support and encouragement as it can to doctors to improve the effectiveness of their prescribing, by extending to them the facilities for retrospective study of their prescribing habits and any other information on drugs and therapeutics which the Department centrally is able to provide.

Recent initiatives include: improvements in the manner and style of presenting individual prescribing information to general practitioners; arrangements for doctors interested in self-audit of their prescribing patterns to be provided with a detailed analysis of a month's prescribing activity and to have returned to them the prescription forms after they have been priced and paid for.

The Health Education Council has tried to improve the public awareness of the real cost of asking for drugs and has pointed to the need to resist the notion that there is a 'pill for every ill' available from the doctor on prescription at every visit.

The educative and supportive approach appears to be having some effect; for example, before prescription charges were increased there was already a discernible shortfall in the volume of prescriptions dispensed in the first six months of 1979 compared with the expected volume. For the whole of 1979 there was a decrease of nearly two and a half million prescriptions over 1978, the first year since 1971 when there has been such a fall; many self-audit doctors are showing reductions in their prescribing costs.

This type of approach has also been pursued by the Department's regional medical officers in their informal prescribing visits to general practitioners. They report greater interest among general practitioners in drug cost economy questions, and a greater preparedness to examine the effect of their own prescribing.

Public concern about drugs is creating a receptive climate for continuing action in this field, and the Royal College of General Practitioners, General Medical Services Committee, and British Medical Association all indicate their preparedness to assist with prescribing questions. The Department is planning to establish an informal working group of all interested parties to discuss prescribing and prescribing-related topics with a view to improving the effectiveness of prescribing."

### Reference

House of Commons Social Services Committee (1980). Third report. Minutes of Evidence and Appendix, Vol. 2. House of Commons Paper 702-II. London: HMSO.

## DEPRIVED HOUSEHOLDS IN SCOTLAND

The Strathclyde Region has the highest proportion of multiply deprived households in Scotland, due largely to the very high proportion found in the Glasgow district. Further information can be obtained from the Scottish Development Department, New St Andrew's House, Edinburgh EH1 3TD.

## SUPPORT FOR FAMILY PLANNING ASSOCIATION

The Minister of Health (Dr Gerard Vaughan) has announced that the Family Planning Association is to have an increased grant of £120,000 next year, an increase of £51,000 on its last grant.

### Reference

*Lancet* (1980). 2, 433.

## BBC TELEVISION

In October, the BBC started to televise a new 20-part series "Speak for Yourself", which aims to help people to communicate better in everyday situations. A BBC publication handbook *Speak for Yourself*, in English, can be obtained in bookshops and newsagents.

## DEATHS AT WORK

The Health and Safety Commission report that during the first five years of operation of the Health and Safety at Work Act the number of fatal accidents at work fell from 651 in 1974 to 544 in 1979 on a comparable basis.

The fatal accident rate, that is the number of deaths per year for every employee at risk, fell by nearly a quarter in construction and by a fifth in manufacturing industry. There were also substantial reductions in the number of deaths in coalmining and agriculture.

## CHANGE IN SICKNESS AND BENEFIT RULES

Under the Social Security (No. 2) Act 1980, claims for benefit will be acceptable only where there are four or more consecutive days of incapacity.

## WELSH NATIONAL BOARD FOR NURSING, MIDWIFERY AND HEALTH VISITING

The Secretary of State for Wales, the Rt

Hon. Nicholas Edwards, MP, has announced the appointment of Mr David Jones as Chairman of the Welsh Board for Nursing, Midwifery and Health Visiting which was established on 15 September 1980.

Mr David Jones is currently Area Nursing Officer with Gwynedd Health Authority, and was previously Div-

isional Nursing Officer and Principal Nursing Officer (Education) at Gwynedd.

### CORRECTION

In the October issue of the *Journal* in the article "The epidemiology of prescribing in an urban general practice"

by J. C. Murdoch, the legend to Figure 1 should have read "Age and sex distribution in the practice as at December 1977", and the blue and yellow bars in Figure 5b and c should each have been one shade only. These errors are greatly regretted.

---

## LETTERS TO THE EDITOR

---

### SPECIALIZATION WITHIN GENERAL PRACTICE

Sir,

I have followed this correspondence with much interest, being one of those who has long been convinced that specialization within general practice is beneficial to patients and doctors and that it can also help in all our endeavours to raise the standards of general practice.

This conviction gave rise in 1973 to the establishment of this Department as an extra-mural department within an NHS group practice, whose principal concern was to study the aetiology, natural history, and treatment of common respiratory diseases.

Like Dr W. J. Bassett (*August Journal*, p. 500) I would plead for the abolition of the term 'specialoid', which has no exact meaning and carries the connotation of would-be or failed specialist. Although this Department's commitment to research and teaching clearly demands specialist knowledge, its whole *raison d'être* is that it operates in the context of general practice. Therefore, our interests and our self-image are those of general practitioners and not specialists. Every member of the Department is also a principal of the practice.

In arguing so clearly the case for specialization within general practice, Dr R. J. Gallow (*August Journal*, p. 501) has drawn attention to one of the most difficult problems we have encountered, namely the necessity for retaining authenticity as general practitioners. Trying to keep up to date with specialist knowledge, while fulfilling research and teaching commitments, is obviously liable to conflict with the day-to-day work of the practice. This is largely a problem of logistics, and our Department is fortunate in receiving financial assistance from the DHSS to

enable the practice to care for a smaller than average number of patients without loss of income.

Similarly, there can be a conflict of loyalties between one's general and specialist interests, which is soluble only if every doctor and member of staff feels an equal loyalty to the Department and the practice. Furthermore, a general practitioner with specialist interests may become less adept in providing care over the whole range of conditions for which patients consult him.

Legal and financial problems have also arisen and their solution is the more difficult because of the differences between the structure of a partnership whose principals enjoy equality and that of a Department whose members differ in academic standing and research experience. This is soluble only with goodwill and enthusiasm.

If one accepts that there is a need for other units, such as ours, in general practice, which might examine emotional illness (particularly that associated with modern lifestyles), depression, disorders of old age or common viral infections, the questions arise how, when, and where the requisite specialist knowledge is to be acquired. So far there has been no scheme in which such training could be obtained within the context of general practice. To my knowledge, every general practitioner who has carried out research has developed his interest and expertise after entering general practice.

Part-time appointments in hospitals are essential for general practitioners wishing to maintain a specialist interest. They help to keep one's academic knowledge up to date and provide an opportunity for discussion with a variety of experts in related fields.

However, part-time appointments do not reduce the need for training programmes for those who wish to develop academic interests in general practice before they become principals. Such a

training programme would reduce the long and painful process of having to teach oneself after one has entered practice.

IAN GREGG

*Director, Department of Clinical Epidemiology in General Practice (Cardiothoracic Institute)*

1 Elm Road  
Kingston-upon-Thames.

Sir,

The debate between 'pure' generalists and those who practise with a degree of special interest has been taken a stage further by Dr W. J. Bassett and Dr R. J. Gallow (*August Journal*, p. 500).

There is something to be said on each side, but surely the crucial test is not the depth of special interest but whether it allows the general practitioner to remain responsive to the wide range of problems brought by his patients. As Dr Gallow suggests, the pursuit of a special interest should entail an obligation to feed back into general practice the results of such studies. It may be appropriate to recall the literature arising over the years from those who have attended Balint seminars.<sup>1-8</sup>

Dr Howard Bacal's survey of group attenders, for example, implies that the skills needed to elicit a history of angina (not always straightforward) have much in common with the skills needed to elicit the emotional and personal factors related to the angina, which may be vital in management. Specialized training in this field may therefore enhance the whole work of a general practitioner.

CYRIL GILL

*Honorary Secretary,  
The Balint Society*

The Balint Society  
11 Briardale Gardens  
NW3 7PN.