

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.

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## LETTERS TO THE EDITOR

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### 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.

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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.

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