

## VOCATIONAL TRAINING SCHEMES

The Joint Committee on Postgraduate Training has reapproved the following scheme: North Middlesex Vocational Training Scheme.

## NEW YEAR'S HONOURS LIST

### CBE

Frank Rutter (New Zealand)

### OBE

Paul Freeling  
Ralph Augustus Arthur Rustom  
Lawrence  
Kenneth Michael Parry

### MBE

George Will Morrison

## MRCGP EXAMINATION

The dates for the next MRCGP examinations are as follows:

### October/December 1981

Written papers: Tuesday, 27 October 1981.

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

Closing date: 3 September 1981.

### May/July 1982

Written papers: Tuesday, 11 May 1982.

Orals: In Edinburgh during the week ending 26 June and in London during the week ending 3 July 1982.

Closing date: Thursday, 11 March 1982.

The written papers will be held in London, Birmingham, Leeds, Manchester, Exeter, Newcastle, Edinburgh, Aberdeen, Cardiff, Belfast and Dublin. These and other centres may be used as required, subject to a minimum (and in some centres 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 as follows:

	1981	1982
Application fee	£100.00	£125.00
Reapplication fee	£75.00	£93.75

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 at the College.

## 1981 UPJOHN TRAVELLING FELLOWSHIPS

The Upjohn Travelling Fellowships are awards of money made to enable general practitioners to undertake post-graduate study of their own choosing.

The Fellowships are open to registered medical practitioners working in general practice in the UK and Republic of Ireland and who have not held an Upjohn Fellowship within the previous five years.

Application forms and conditions of acceptance are available from: The Secretary, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

Closing date: 19 June 1981.

### Correction

In the list of new members printed in our March issue, we omitted an asterisk which should have indicated that Dr C. M. Thompson was awarded a distinction. Our apologies to Dr Thompson.

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# MEDICAL NEWS

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## ORTHOPAEDIC WAITING LISTS

The DHSS has published a report of a committee chaired by Professor Robert Duthie which looked into the reasons why so many people wait so long for orthopaedic surgery. One area of good practice which the report commends is to give general practitioners direct access to physiotherapy departments. There is little new in the report, which is full of examples of Richard Crossman's dictum that, more than new advances, the NHS needs wider application of what is already done in the best centres. The report therefore recommends pre-admission assessment of patients (this can reduce time spent in hospital), better management by abolishing the waiting list system and substituting a simple date for admission well in advance, and much more co-operation between orthopaedic surgeons and physicians in geriatrics.

Source: DHSS (1981). *Orthopaedic Services: Waiting Time for Out-patient Appointments and In-patient Treatment*. Report of a Working Party to the Secretary of State for Social Services. London: HMSO. £4.95.

## DHSS STATISTICS

The report of the DHSS study team (guided by Sir Derek Raynor) has recommended 99 ways of cutting the cost of statistical work in the DHSS, and thinks that over £1.55 million a year could be saved by 1985. Although on the face of it each of the recommendations does not appear to presage a major reduction in information, we may be forgiven a small worry that we may as a result be able to find out even less than we can at present about what the nation's biggest employer of labour is doing. It is frequently said that a huge amount of work is done by the DHSS,

but singularly little is known that is useful to those planning health services; will the Raynor proposals merely save money, or will the planners be able to get on with their job unhampered by irrelevant data?

## CARDIAC ARRHYTHMIAS

The European, Danish and Swedish societies of cardiology have produced a small booklet which gives concise and on the whole dogmatic guidelines about how general practitioners should deal with cardiac arrhythmias. Classifying the arrhythmias by the electrophysiological abnormality into 11 groups (e.g., atrioventricular block—second or third degree), the cardiologists list the symptom, effects and need for treatment. The booklet's main use is to remind us—yet again—how often it is best to leave arrhythmias alone unless they are