members. Co-operation with the Health Education Council was urged, for here would be found the combined expertise of health workers and educators. The teaching practices could also be an ideal site for action. Accreditation of trainers could be contingent on, for instance, the existence of an up-to-date and functional age-sex register. If young doctors could be challenged to think in terms of preventive medicine, and given the tools to turn their thoughts into action, prevention could become built into clinical standards and practice policy.

These are measures which the College, its faculties and its members can undertake, but much more will be needed. The report from the Royal College of Physicians offers further ideas, and there is no doubt that co-operation between Royal Colleges, which are the profession's standard-setting bodies, will increasingly become the norm. Standing together, the Colleges might even begin to apply influence where it will be most immediately effective—the legislature.

The report, Disabling chest disease: prevention and care, is published in *The Journal of the Royal College of Physicians of London,* **15**, 69-87.

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Continuing education

THIS month, we publish a major educational research paper. It shows that continuing education can have a measurable desired effect on performance.

During the 1970s the College's Experimental Courses Study Group withdrew from running trainee courses because they were being organized locally, and switched its main attention to so-called refresher courses, which were falling into disrepute.

Much effort was put into providing a rheumatology course. Hospital clinics were unable to cope with the flood of general practitioner referrals and patients were being kept waiting too long for treatment. The possibility of a hospital-based course was explored, with much encouragement from consultants, but it seemed likely that, whilst such a course would be informative for general practitioners, it would not make them more competent and self-reliant.

At that point a fresh start was made and a general practitioner course organizer was discovered with three special attributes. First, he had worked as a clinical assistant in rheumatology; second, he had analysed his experience in general practice and at hospital clinics (a sort of audit) and so knew the common problems and the learning needs; and third, he was interested in education.

Dr Griffin worked with Ms Barry, the evaluator of the Nuffield Course, and together they accepted the Experimental Courses Study Group brief to run and evaluate a short rheumatology course designed to remedy a small number of deficiencies in general practice, rather than teach a more general smattering of rheumatology. Furthermore, they were to revise and repeat the course and describe it so that others could copy. All this they have done, and the resulting package awaits takers.*

Whilst this has been happening in the UK, similar work has been going on in North America, where eight studies have reported changes in physician behaviour as a result of continuing medical education (Stein, 1981). All eight identified learning needs and a specific audience, had clear goals and objectives, used learning methods which emphasized participation and clinical setting and made systematic efforts at evaluation.

It is becoming evident that continuing education can be effective, but that it will need more resources. As Williamson and colleagues (1968) have pointed out, the courses should concentrate on common problems where we could be doing more for our patients. Such problems need not necessarily be those of clinical specialties, though the newer specialties of rheumatology and geriatrics are obvious fields. The courses could also include new concerns, such as decision-making, the philosophy of medicine and medical ethics, and communication with patients and colleagues—all the subject of intense interest and ripe for down-to-earth application in our daily work.

The DHSS is funding further research into continuing medical education, and 1 in 20 general practitioners have been canvassed for their views. This interest could help revitalize refresher courses and life-long continuing education.

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*The educational package referred to here and described on pages 661-668 is available from G. A. Griffin, 42 Poverest Road, Orpington, Kent BR5 2DQ.