

- c) adequate history, note of clinical findings and all drugs prescribed
- d) diagnosis
- e) if appropriate, was an insurance certificate issued and for what duration?

Are drug sensitivities entered?

Are repeated prescriptions entered in the records and adequately monitored?

3. Are hospital records, referral letters, laboratory and X-ray reports, filed in date order and "pruned"?

Are hospital referral letters copied in the records? Are they of an acceptable standard and do they contain all relevant information so that the reason for referral can be clearly understood?

4. Is a summary sheet completed? Is there use of special sheets or cards, e.g. for hypertension or developmental screening?

5. Is there an age/sex register and a diagnostic index, and what use is made of them?

6. Do other health professionals have access to the records, and do they record on them?

7. Are the records capable of use for problem-solving, teaching, research or audit?

8. What efforts are being made to improve the records?

Appendix C: Consultations*

1. Nature and history of problems adequately defined?
2. Aetiology of problems adequately defined.
3. Patient's ideas, concerns and expectations explored adequately and appropriately?
4. Effects of problems explored adequately and appropriately?
5. Continuing problems considered?
6. At risk factors considered?
7. Appropriate action chosen for each problem?
8. Doctor's understanding or problems shared with patient adequately and appropriately?

9. Patient involved in management adequately and appropriately.
10. Appropriate use of time and resources in consultation?
11. Use of time and resources in long term management appropriate?
12. Helpful relationship with patient established or maintained?

*Source: Pendleton, D. A., Schofield, T. P. C., Tate, P. H. L. *et al.* *The Consultation: An Approach to Learning and Teaching*. OUP (in press).

Acknowledgements

Members of the working party knew what they were letting themselves in for. But their partners and practice staff deserve our thanks, and the Board's, for their forbearance in being used as guinea pigs in an extremely important experiment. They could not have been more co-operative.

Miss Veronica Gilbert, secretary to the Dean of Studies, was in attendance throughout, and produced and circulated records of our meetings and successive drafts of this report. Her efficient help was greatly appreciated.

Members of the Working Party

J. C. Hasler; J. A. R. Lawson (Chairman); M. L. Mariker; Lotte Newman; J. S. Norell; D. A. Pendleton; J. H. Walker.

Additional copies of the complete report can be obtained from the Publications Sales Department, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU; price £2.00 per copy, inclusive of postage. For orders of 10 copies or more, £1.25 per copy, plus postage.

OBITUARY

Thomas Seager, MD, FRCGP

Dr Tom Seager died peacefully on the 3rd July, 1981 at his home in Heswall, Cheshire, after an illness lasting a few months. He was 71.

He was born in Liverpool, educated at Merchant Taylors School, Crosby, and proceeded to the Liverpool Medical School in 1928. A more than able student, he distinguished himself as a speaker, for which his colleagues elected him as their President of the Medical Students' Debating Society. After qualification in 1933 and a series of well chosen resident hospital appointments, he became the Ethel Boyce Fellow in Obstetrics and Gynaecology, which led to his Doctorate in Medicine.

With this broad background of training, and recognised as a man exceptionally endowed with scholarly wisdom, the world of medicine lay open to him. He chose general practice, settling in Heswall, where he remained until retirement in 1976 and where many thousands of patients have learned to be grateful for that choice.

As a member of the Territorial Army, Tom Seager was, at the outbreak of hostilities in 1939, immediately called up for active service. This was to last for five years, first in the Middle East and later in France. His service in the Field Ambulance, which he commanded, took him into areas of bitter fighting; he was, not surprisingly, mentioned in despatches. It should be recorded that his wife, Anna, herself a doctor, carried on his practice throughout the war, together with all the responsibilities of a home and motherhood.

Tom was a founder member of the then College of General Practitioners and served on the Board of the Merseyside and North Wales Faculty for some years, where his balanced opinion was regularly sought and much valued. He was elected Fellow in 1973. His founder membership of the Liverpool Paediatric Club reflected his deep interest throughout his life in the diseases of children. Papers delivered to the Club and elsewhere attracted capacity audiences, for he blended authority with a unique form of humour rather by the manner of his expression than by what he said. He was renowned for his insistence on verbal accuracy and balanced phrasing in the use of the English language. The address he delivered to the Liverpool Medical Institution in 1973, when he was elected President, was a masterpiece which will be long remembered.

It was no wonder that with these attributes, mingled with a strongly humanistic outlook, his retirement from practice was marked by a conspicuous expression of affection by his patients. By sincerity, integrity and wisdom he earned throughout his professional life the deep respect of his colleagues both in general and consultant practice, and set a standard that many of us in general practice should aim to reach.

He is survived by his wife, his son who is a consultant paediatrician, and his two married daughters.

C.H.-S.H