
THE COLLEGE DIVISIONS

The Communications Division

Responsibilities

The main purpose of the Communications Division is to co-ordinate and improve the contacts the College has with patients, other doctors, and organizations connected with general practice, including Government. Secondly, the Division is responsible for the College's internal communications between its own members and its own committees and working groups.

The Division will work by encouraging as many people as possible to be involved, by spreading responsibility, and particularly by allowing younger doctors to take office within the College.

The policy of the Division will be to innovate when possible, to help the College adapt to a rapidly changing society, and to absorb new technology in order to improve the standard of patient care during the 1980s.

Working groups

The new Executive Committee which will control Divisional policy will be smaller than some previous College committees. It will have only 11 members, and no power to co-opt. Members of the Committee will lead small groups which will carry out the work of the Division.

One Committee which will remain unchanged, but will now be within the Communications Division, is Publications. This will be chaired by Dr Colin Waine (North of England Faculty) and will continue to have responsibility for all the College's publishing arrangements, including those for the *Journal*, *Occasional Papers*, a new Annual Report and a new brochure. It will also help develop electronic communications, which will be the responsibility of Dr Simon Smail (South East Wales).

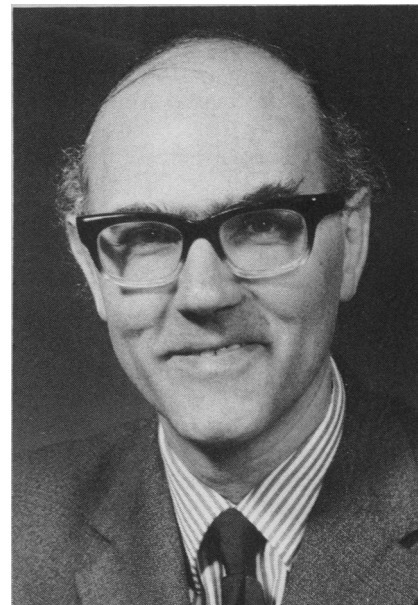
A new kind of appointment within the College falls to Dr Clive Froggatt (Severn Faculty) who will be reviewing the information services of the College, particularly the CIS and the Library Foundation. He will be looking for ways of cross-fertilizing these two services and promoting the College's information services generally.

Dr John Lawson (East Scotland) will have responsibility for international affairs and will be reviewing all the College's overseas links with a view to preparing a College policy.

One of the problems the College faces is its relationship with new principals and trainees. Many of them are still unaware of what the College can offer and do not yet see the need to take up the special offer of Associateship made to them at only a quarter of the current annual subscription. Dr Clare Ronalds (North West England Faculty), who was recently a trainee is to be responsible for encouraging better relationships between the College and young doctors, particularly trainees and young principals.

One of the most dramatic developments within the Division will be a new initiative in public relations. The College will be forming much closer links with television, and Drs Simon Smail and John Bennison, with the help of an Executive Committee led by Dr Donald Irvine (North of England Faculty) will be co-ordinating the College's contribution to the new fourth television channel, which is to produce a series of programmes for the public prepared by the College.

Another new strategy will be to build up better links with patients. Responsibility for initiating this will fall to Dr John Hasler (Thames Valley Faculty) who will continue as Honorary Secretary and Press Officer of the College.



Dr D. J. Pereira Gray, Chairman of the Communications Division.

The Division will also start to consider the standards of care which patients can expect of members of the College, and it will discuss these and other difficult topics during the next year.

Membership and Responsibilities of the Executive Committee

The special responsibilities of Committee members are summarized below and appear in brackets after their name.

Chairman: Dr D. J. Pereira Gray (standards of care).

Members: Dr J. C. Bennison (fourth TV channel); Dr C. Froggatt (information services: CIS and Library); Dr J. C. Hasler (relationship with patients; Press Officer); Dr D. H. Irvine (relationship with Government, GMC and BMA; Chairman, executive committee on fourth TV channel); Dr J. A. R. Lawson (international relations); Dr C. Ronalds (relationship with new principals and trainees); Dr S. Smail (Health Education Council; Prestel; fourth TV channel); Dr C. Waine (Chairman, Publications Committee).

MEDICAL NEWS

Meetings and Courses

BASW Summer School, 30 June–3 July, Owens Park, Manchester. Theme: Chronic illness in everyday life. Further details from Lyn Nock, BASW, 16 Kent Road, Birmingham B5 6RD.

Communication Within the Hospital: Seminar, 18–20 June. Doctor-patient relationships and interdisciplinary communication. Luton Industrial College. Further details from A. E. Boyes, Vice-Principal, Luton Industrial College, Chapel Street, Luton LU1 2SE.

Self-destructive Acts: A Psycho-analytic Approach. 8 May, Institute of Psychoanalysis, 63 New Cavendish Street, London W1. £15.00. S.63 recognized. Applications to the Hon. Secretary, Public Lectures, Institute of Psychoanalysis, address as above.

Expenditure Limits on Health Buildings

The DHSS has revised what is called the "base functional unit costs for health buildings", that is, the sums it allows health authorities to spend on new buildings. A health centre for three doctors is costed at £42,500, and one for twelve doctors at £121,000; about the same would be given for housing the community services such as health visiting and community nursing—from £46,000 for 7,500 patients, up to £101,000 for 30,000 patients. £159,000 is allowed for a postgraduate medical centre; this figure may be set against £140,000 for the medical records space in a 600-bed hospital, or £153,000 to build changing facilities for 300 non-resident staff.

Management of Addiction

Because of the present crisis in drug addiction many addicts are now appealing for help from independent doctors. Few of them have had experience or training in the subject, and they find themselves at a loss because there is no one to whom they can turn for advice. A meeting of doctors known to be interested was arranged by Dr Ann Dally and held on 24 November 1981 in the presence of observers from the Home Office and the DHSS. As a result the *Association of Independent Doctors in Addiction (AIDA)* was formed.

The Association aims to act as a forum for doctors in both the NHS and private practice who encounter addicts outside clinics.

Interested doctors should write, enclosing s.a.e. to Dr Ann Dally, 13 Devonshire Place, London W1N 1PB and also, if they wish, giving their views and suggestions, asking questions or making any statements they feel are appropriate.

GPs Bureaucratics

GPs might not like to see their services classified as part of a bureaucracy, but the National Consumer Council certainly does in the third of its series of special papers, *Bureaucracies*. Most of the report is concerned with what might be termed true bureaucracy of the baffling, obstructive, Kafka type, but 11 per cent of the 20,000 people randomly selected for interview criticised general practitioners. The problems identified were far from new: long waiting times (up to 4 hours, though one hour was said to be "more typical"), unpleasant receptionists, and hasty, uncommunicative doctors.

Children in Adult Wards

Dr Gerard Vaughan, Minister of Health, said at a conference organized by the National Association for the Welfare of Children in Hospital that one in three children who are admitted to

hospital for ear and tonsil operations are put into adult wards. Dr Vaughan said that he could see absolutely no justification for this, and suggested that small friendly units are needed so that children will feel less bewildered in the unusual surroundings of hospital. He said that the DHSS is to increase their grant to the NAWCH from £30,000 to £40,000 a year for the next three years.

People in the News

Dr L. A. Kaprio has been re-appointed Regional Director for Europe by the executive board of the World Health Organization. Dr Kaprio has been Regional Director since 1967.

Sir Desmond Pond, Professor of Psychiatry at the Maudsley Hospital in London, has been appointed Chief Scientist to the Department of Health and Social Security.

BBC Programmes on Health in April

Your Mind in Their Hands. Eight-programme series on the psychiatric services, starting April, Sundays, late night.

Sick or Sad? Four programmes (Wednesdays, 11 pm) on depression, starting 31 March.

LETTERS

Cervical Cancer

Sir,
Your editorial on cervical cancer (February *Journal*, pp. 69-72) raises a number of important issues without altogether resolving them.

There is now substantial evidence that a well organized programme of cervical cytological screening can lower mortality from cervical cancer, but it is necessary to cover a substantial proportion of the population at risk, which is essentially all sexually active women in the age range 30 to 60 years. A recall scheme will achieve very little if only a small proportion of women have been screened once, and it will be necessary (as the CGC working party has stressed) to call as well as recall.

The basis of a well organized programme is the use of resources to

achieve maximum coverage. Common sense indicates, and computer simulations confirm, that if resources permitted each woman to have one test in her lifetime it would be more effective to screen every woman once than half of them twice or a third of them three times. If each woman is to be screened once it makes sense to delay the screening until a substantial proportion of the eventual positives have become detectable but not so long that a significant proportion of lesions have progressed to invasion. Again, common sense and computer simulations agree that a single test for every woman would be best done at around age 40.

If we can afford more than one test per woman per lifetime then the situation becomes only slightly more complicated. Since we are carrying out about three million tests per year at

present, we must assume that we can afford it. With these resources it should, therefore, be possible to screen every woman at roughly five-year intervals from 30 to 60 years of age. All the evidence suggests that if we achieved that we should effect a huge reduction in cervical cancer mortality. Instead, we are squandering most of our resources on the repetitious screening of low-risk women in their twenties for no better reason than that their cervixes are regularly exposed in the course of medical examinations carried out in the context of contraception or reproduction.

The potential contribution that general practice might make to the development of a well organized screening programme is considerable, but if resources are to be widely used it must be clearly thought out.

ALWYN SMITH,
Professor of Epidemiology
University of Manchester
Kinnaird Road
Manchester M20 9QL.