

doctors to go out to Nigeria to help in the general practice training centres and in providing primary medical care.

I went to Nigeria in 1956 to organize and run the General Outpatient Clinic at the new University College Hospital, Ibadan, the first teaching hospital in the country. The clinic was organized on the lines of a large—very large—general practice health centre and became known as the GP Clinic. There were six house officers, in present day terms trainees and assistants, and medical students attended at different times in their clinical course. While this set-up was useful as a start it was not, of course, adequate training for primary care in the rural areas and we had to get additional facilities away from the hospital.

In 1961-62, in conjunction with the Departments of Medicine and Social and Preventive Medicine, the expansion was planned of an existing clinic in a suitable area by the addition of a small community hospital, quarters for senior medical staff, trainee medical officers, medical students and also health visitors, nurses and midwives. I left Nigeria in 1962, so to my regret I did not see this scheme completed, but after nearly twenty years it appears to have borne fruit. It is good, too, to see that there is now a separate Faculty of General Practice which is, I think, essential for GP training. It is an exciting prospect.

As far as the individual doctor from this country is concerned, I am sure that he or she will never regret a spell of work in West Africa. The clinical experience is vast. Though facilities are often inadequate and shortages of all

kinds are frustrating, there is the satisfaction of trying to cope with the large numbers needing help—and on returning the GP will appreciate the facilities of our much criticized National Health Service.

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Patients who Change Practices

Sir,
Patients who leave the practice can be divided into many groups. The group I wish to consider are those who leave for "the practice around the corner" without obvious cause. The possible causes are legion, probably multiple in many cases and may even be difficult for the patient to define.

I am prompted to write now by such a transfer of a woman patient; the motivation for it is a complete mystery to me and indeed somewhat wounding. A letter from the consultant to whom I had referred the lady recently came complete with a copy for the neighbouring doctor and was the first indication I had had of the existence of a problem between us. A review of her notes and those of her family failed to bring to mind any clues; indeed they are for the most part infrequent attenders.

It is not my intention to complain in these august columns, but rather to suggest that a form of audit applied in these circumstances might be of use to patient and doctor alike. I suggest that

when a patient transfers "round the corner" both the patient and the doctor be invited, diplomatically, to comment on the events leading to the transfer, such comments to be considered by an independent third party, perhaps the Family Practitioner Committee. This would lead I believe to much useful and perhaps even critically important information being unearthed about mismanagement, negligence, malpractice, unrealistic expectations and so on.

The present situation lacks utility or virtue in any respect and should be changed. There is an opportunity here to make a worthwhile contribution to the standards of primary care, and I look forward to hearing the views of others on this topic.

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The College as Host

Sir,
I was very pleased to see the note (July *Journal*, p.447) describing the dinners held at the College by the St. Mary's and St. Charles' vocational training schemes. The College house in Princes Gate almost always receives compliments from those who visit it for the first time. The more it is used by Members and others the better—whether for medical or social occasions.

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POSTGRADUATE EDUCATION

TOWARDS THE MRCP

A course held at the Royal College of General Practitioners, February 8—12, 1982

THE four Thames Regions were asked to provide tutors for this course, which had first been successfully held one year previously. In the event, Dr James Scobie from the South London Faculty and Dr John Dymond from the S.W. Thames Faculty volunteered to run the course together.

Introduction

This was a residential course, held at the College, for those candidates who had failed the MRCP examination and wished to prepare for it again. All those candidates who failed the exam

in 1981 and who wrote asking for details of their marks, were sent details of the course and eventually 19 attended. The organizers invoked the help of several other tutors: Dr Gregor Bartlett, Dr Andrew Belton, Dr Ben Essex, Dr

Graham Hornett, Dr Alistair Moulds and Dr Douglas Price.

The aims of the course were for the participants to attempt to identify the areas in which they were weak and unprepared, and to compile a strategy for filling these gaps. It was not intended that the five days spent at the College would in itself do anything more than set the candidates on the right lines for future work. When the course began, inevitably a degree of anger was expressed by many course members against the whole concept of the College, the exam, and the examiners. The members were allowed to bring these anxieties and conflicts out into the open and to express their anger.

The Participants

It was apparent that there was a wide range of knowledge and ability among the 19 course members. Some doctors