

the year average attendance was seven doctors.

Before the clinical club was started, the feeling of co-operation in the health centre was marred by professional and administrative problems, partnership and business difficulties.

However, when we were all brought together on common clinical ground, relationships and a high degree of mutual respect developed. At last each doctor was able to display his individual talents to his colleagues, who were willing to listen with open minds.

We believe that we have demonstrated adequately through the continuing success of the club that College members can and should splinter off from official College functions to develop the original ideology of the College amongst non-MRCCGP colleagues.

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## REPORT

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### Joint Committee for Postgraduate Training in General Practice

SOME organizations (WHO, UNICEF) strike lucky in their acronyms. No such memorably euphony has come the way of the Joint Committee on Postgraduate Training in General Practice, but the initials are now nevertheless very well known to most of those in vocational training, and they will be interested in the committee's Annual Report for 1981. One of the best-known names in general practice—Dr Jack Norell—disappears from its list of officers, and he is replaced by Dr Douglas Price, who is in practice in Surrey and who was formerly Regional Adviser for the South West Thames region; he became Medical Executive Officer in February 1982.

In January 1981 the Committee began its task of issuing Certificates of Prescribed or Equivalent Experience; hundreds were processed every month, the total reaching just over 2,500 by

the end of the year. Nearly all were for Prescribed Experience, with only 341 decisions being made in respect of Certificates of Equivalent Experience. Of these, 202 (60 per cent) were refused, and the applicants usually advised to take a further short (3–6 months) traineeship as additional experience. The Committee reports that although it was feeling its way at first, it has steadily acquired case-law that is now enabling it to reach decisions promptly and authoritatively.

A major part of the Committee's work is visiting the regions to inspect schemes. An increasing number of these visits are reassessments, and the policy is now for the visiting to be done in a single day by a single person, who tends to concentrate on the features of the scheme that are known to require particular attention. The visitors are tending to focus on the training prac-

tices, since they feel that it is no longer possible to assess the schemes as entities if the majority of doctors are choosing to construct their own programme. In the practices, an increasing amount of attention is being paid to medical records, since the quality of these is attracting so much adverse comment from visitors.

The single most important part of the visit, the Committee says, is always held to be the private meeting with trainees, and the visitors make special efforts to hear and read the views of as many trainees as possible.

In 1981 there were 21 visits which resulted in 12 schemes being given unqualified approval and nine being approved with reservations (none was not approved).

Many other important discussions took place with other bodies having an interest in vocational training and in the implementation of the Regulations. In particular, the Committee voiced its concern over the Department of Health's decision to withdraw funding from two experimental vocational training schemes containing 18-month components in general practice.

Copies of the report are available from the Administrative Secretary, JCPTGP, 14 Princes Gate, London, SW7 1PU.

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## CONFERENCE REPORT

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### Sixth National Trainee Conference—Churchill College, Cambridge, 19-21 July

BY a clear and substantial majority, the Sixth National Conference of GP Trainees carried the motion of the centrepiece debate, that "Doctors have a duty to oppose the Nuclear Arms Race." It was a conference of alternatives: a discussion on the opening afternoon of "alternatives to the MRCCGP" overwhelmingly produced a resolution for a change in the current exam system of gaining membership of the RCGP; and the second day saw a wide-ranging symposium on alternative,

or complementary, medicine systems.

Not until the last few minutes of the final morning did a single real spark fly at what has in the past been a gathering of firebrands. The 250 doctors who attended—mostly trainees, some trainers, some delegated, some representative, about half women, half men—seemed uncharacteristically calm and quietly spoken; happy to listen and content to chat over coffee. Contributions from the floor were unspectacular. It was too late when, just before

lunch on Wednesday, some began to grumble that there had been too little discussion of trainee affairs, too little heard from national and regional representatives about the year's activities, and too much by way of lecture about herbalism. It was an unfortunate way of thanking the organizers Dr Peter Kaye, Dr Peter Bailey and Claire Downham, who had worked so efficiently throughout the year to produce a conference without hitches. The social programme was perhaps the best ever: King's College Hall and Choral Scholars take a lot of beating.

The conference began with an untabled plea from Dr Amanda Howe (Sheffield trainee) for consideration during the conference of the current industrial action in the NHS.

The main item of the first day was a discussion about membership of the RCGP, three papers being presented.

Dr Nick Bradley (Exeter trainee) pre-