sense of scores on a rating schedule it is necessary to have considerable background information which provides a context. For example the consultation may be a brief encounter when the doctor prescribes an antibiotic for a sore throat, or it may be an occasion when the doctor is feeling his way towards deciding whether or not to tell a patient he has a terminal disease. In order for a third party to appreciate the ratings he must have this contextual information. Now, if the contextual information is provided, and probably the only satisfactory way in which all parties concerned with appraising performance can obtain this information is by direct experience (such as by a one-way mirror or a videorecording), then the information collected using the rating schedule becomes redundant because the contextual information is much more useful and apposite when discussing professional performance than the pencil marks on a rating schedule.

Conclusion

Contemporary opinion affirms that general practitioners must be specifically trained to perform their role and that their skills must be open to audit. Responsible people will be concerned to ensure that any methods of assessment are seen to be unbiased and impartial. Thus instruments such as rating schedules have an initial attraction because they appear to provide a means whereby practice can be systematically observed and objectively appraised.

Close examination indicates that this is not the case. The practitioner works in concrete and specific contexts where his practice is shaped by a variety of particular exigencies. Professional performance can only be appraised within that context. Any judgement by third parties must call upon personal and professional experience about what constitutes good, bad or adequate performance. Experienced professional men of goodwill may differ in their assessment of a consultation and the only way in which they may resolve their differences is by informed, rational discussion. Pencil and paper observation schedules do not provide some form of objective arbitration.

Imagine a physician supplied with a rubber thermometer of unknown elasticity who 'measures' his patient's temperature by observing the patient and putting a mark on the thermometer estimating the temperature. A bizarre notion, of course, but a comparable process is undertaken when completing a rating schedule.

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PATIENTS' ACTIVITIES

Volunteers and primary health care

MAGGIE PLOUVIEZ

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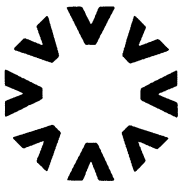

How much do general practitioners know about volunteers? How far do they actually involve volunteers in their work? Answers to these questions will range from the dismissive "this is nothing to do with me" to the receptive "volunteers have an important role to play in the work of the practice". The Volunteer Centre, a national agency giving advice and information on all aspects of volunteer activity and community involvement, is keen to stimulate the receptive response.

MUCH of our work is directed towards people who work with volunteers, in statutory services as well as voluntary organizations. In spite of the term 'voluntary organizations', many such agencies employ paid professional staff, and may involve volunteers in work other than fundraising.

General practitioners are probably most familiar with volunteers through the WRVS, Red Cross, St John Ambulance and Age Concern. Sometimes they and the practice team make use of services offered by a local neighbourhood care group. There are also likely to be accessible branches of mutual aid organizations concerned with a specific disease—diabetes, Down's syndrome and so on. Local MIND and MENCAP groups are often of considerable help and support to families affected by mental illness or handicap. Volunteers give different kinds of service to patients—transport, baby-sitting, advice, support for mentally ill people, loan of aids, practical help in crises or longterm sickness, or marriage guidance.

Recent Developments

One current development is the location of these kinds of volunteer services in the health centre or group practice. In South Hammersmith a member of the Voluntary Services Co-ordinator's (VSC) staff is based not with the others in

Charing Cross Hospital but in a health centre. In Plymouth, the hospital VSC is involved in meetings with a wide range of local professions at a health centre. In North Norfolk the Glaven Caring Committee scheme, until recently with a paid VSC, is an organization of volunteers providing services for the elderly patients of a rural general practitioner. In these examples the interest and involvement of the general practitioners themselves varies—but many are highly appreciative of the additional resources available for their patients.

The last decade has seen interesting developments in patient participation. Practice associations are almost always inspired by one or more of the general practitioners in a group practice or health centre, from their feelings that patients should be more involved in the primary health care team's work through lay responsibility for health education and care, and through 'consumer' advice on the organization of services to make them more accessible and effective. Almost every established patients' association (to use a generic title) has developed by identifying needs and organizing itself to meet them—pressing for better local hospital facilities; acting as advocates for individual patients; helping in numerous ways to translate (sometimes literally) medical advice to patients who need help; finding means of directing health education to groups of people who need it most but who are difficult for professionals to get at.

Such developments can be exciting but not necessarily problem-free. The Volunteer Centre's role in this is to provide information about developments and to suggest where practial advice and help from those with experience can be most conveniently found. Also, because of our knowledge of working with volunteers over the whole range of involvement, we have the expertise to help people to see the implications, and perhaps to anticipate the problems, of involving volunteers in different and often innovative ways.

We also have roles in identifying the likely effects of government and other policies on volunteers, and in pressing for change as necessary.

If you would like to know more about our organization then contact Maggie Plouviez at The Volunteer Centre, 29 Lower King's Road, Berkhamsted, Herts. Telephone (04427) 73311.

This volunteer had to give up his job after a heart attack, but he now drives patients to the stroke club where he helps.

LETTERS

Primary Health Care

Sir,

The article by Hannu Vuori of WHO Europe (December *Journal*, p. 729) is a welcome first in a possible start to educate ourselves about primary health care. Attention to this is long overdue in our *Journal* and so I read the Editorial (December *Journal*, p. 715) with interest. It is a coincidence that the *Journal* of September 1979 contained two contributions from me; the first (p. 546) was a short piece outlining the need for those of us possessing the complete series of all regular College publications to donate them to academic departments of general practice or to research bodies or other medical institutions connected with general practice, none of which had such essential reference material in its library. I wonder how many have given their collection to help younger colleagues, for the need to fill the gap is more obvious than ever. Had such reference material been available when that Editorial on the lack of interest by the College in the Alma-Ata Conference and its purpose was written, essential source material in English would not have been omitted. I refer to a joint report of the Director-General WHO and the Executive Director UNICEF (1978), on primary health care and a report by WHO (1978) about the Alma-Ata Conference on primary health care.

It is not true that there has been no mention in the *Journal* of the Alma-Ata Conference. There was no reference to my letter (September *Journal*, p. 568). I quote, "Primary health care remains a front runner in WHO activities culminating in the huge international conference at Alma-Ata in September 1978. Regrettably our *Journal* remains silent on this, though many nations have shown great interest in the event and the recommendations would surely have interested readers in view of the often stated aims of the College." My letter emphasized that primary health care contained much more of benefit to all patients than professional concern with diagnosis and treatment. I said that the *Journal* had a role in actively encouraging younger readers to benefit themselves and their patients by looking beyond the boundaries of the NHS to the wider world outside.

Much has already been achieved internationally since 1978. I trust that you will find space for this to correct the record. Since 1978 continuing silence until now by the *Journal* and its readers teaches us too much about us all.

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