remind to all members of the prac-
tice team and serves as a useful start to
introducing the idea of practising pre-
vention. Its use can be extended by
including details of attendance for de-
velopmental checks.
This chart was developed and used at
the Cymmer Health Centre, West
Clamorgan. I am grateful to the staff
there, and particularly to Jean Wil-
liams, receptionist.

PETER GODFREY
23 Roseberry Avenue
Bristol 2.

Reference
1. Smith T. Our national resistance to immu-
nization. The Health Services 1983; 3:
March 11: 12.

Psychiatry in General Practice
Sir,
In an editorial (April Journal, p. 195) Dr
Anthony Clare described three possible
approaches to improve psychiatric
management in primary care. More in-
volve by psychiatrists at one end and by
social workers at the other, and
strengthening the general practitioner’s
own skills.

Valuable as the first two suggestions
are, I do not see them as a substitute for
improving our own skills.
The actual techniques of interview-
ning can be improved by role play, vid-
eo-recording and analysis of the
process of consultation, but if we are
to progress from his depressing analy-
sis that our major form of treatment is
by psychotropic drugs, something
more is needed.

Patients come to doctors with emo-
tions that are often intense and
wrapped up in ways that are peculiar
to the general practice setting, which is
often ‘gift wrapping’ to those doctors
who try to see beyond the presenting
complaint to what lies beneath it. All
this is lost when the patient is referred
to someone else. Awareness of the
general practitioner’s own involvement
in the consultation, and how this may
reflect the patient’s other relation-
ships, are best learnt slowly in a group
setting.
As a dedicated member of the Balint
Society two things encourage me in the
present state of general practice. Voc-
tional training implies half-day release
courses, where trainees naturally gath-
er in small groups for case discussion.
The problems that they wish to discuss
are nearly all concerned with manage-
ment of emotional and family prob-
lems. I hope that many trainees are
now learning the value of sharing such
problems in a group, and that they will
wish to take such learning further when
they are established.
The other encouraging thought is that
I believe doctors are choosing to
go into general practice because they
are interested in such psychosocial
matters. I hope that this may filter
back to influence the selection and
training of medical students. When I
left hospital for general practice in
1953 I thought that everything that was
not hospital-style medicine was non-
sense. The present generation of train-
ees is much more sophisticated.

Dr Clare rightly suggests more in-
tense investigation of the whole prob-
lem of psychiatry in general practice.
An important part of this would in-
volve assessing how trainees are
changed during their training, both by
groups and by individual supervision.

Assessing the value of our efforts
with patients is even more difficult,
since orthodox psychiatric classifica-
tions have little bearing on the rich
variety of human problems that are
brought to us all the time.

CVRIL GILL
111 Adelaide Road
London NW3

Training in Geriatrics for General Practice
Sir,
A report by the British Geriatric So-
ciety and the Royal College of General
Practitioners in 1978 on training gen-
eral practitioners in geriatric medicine¹
suggested that ‘all vocational training
must provide training in geriatric medi-
cine’, yet in 1981 only 26 per cent of
schemes approved by the College had
a compulsory appointment in geriatrics
for three or six months, and only a
further 25 per cent had a voluntary
appointment available.² This position
has not changed significantly in the
last two years.

This apparent reluctance to include
geriatric medicine in vocational train-
ing schemes is surprising. The reason
for this omission is not clear but per-
haps the organizers of vocational train-
ing schemes consider that the
experience gained in hospital practice
is not of direct relevance to the man-
gement of the elderly in the com-

munity.

Whilst one of us (M. B. J.) was work-
ning as a senior house officer in geriatric
medicine as part of a general practice
vocational training scheme recently,
we compared the medical and social
problems of a group of 68 patients
admitted to the geriatric assessment
unit of a district general hospital with a
similar group of elderly patients under
the care of general practitioners in the
same area.

Our results showed that the patients
seen in hospital differed from those
seen in general practice only in being
older and more dependent and were
otherwise very similar both medically
and socially. This strongly supports the
view that experience gained in manag-
ing patients whilst under the supervi-
sion of a geriatrician and obtaining
first-hand experience of the organiza-
tion of a geriatric service relates di-
rectly to the management of elderly
patients in the community.

In view of the rapid increase in the
elderly population in the country it is
of great importance that general prac-
titioners are competent in supervising
the care of the elderly. The provision
of more hospital geriatric training posts
in vocational training schemes would
help to ensure this.

M. B. JACKSON
G. D. WALKER

References
1. British Geriatric Society and Royal Col-
lege of General Practitioners. Some aims
for training in general practice. J R Coll
Gen Pract 1978; 28: 355-357.
2. Council for Postgraduate Medical Educa-
tion in England and Wales. Vocational
Training Schemes for General Practice.
1981.

An MD from General Practice
Sir,
It is never easy to attempt an MD from
general practice, and to be unsuccess-
ful in the end can be shattering. Those
of us who act as examiners for the
London University degree have been
concerned about many of the theses
with which we have been presented
and hope that the following suggestion
will be useful to anyone thinking of
becoming a candidate.

In this University there is no supervi-
sor for the work, since it is held that
anyone fit for the degree does not
require one. Help from appropriate
academic quarters is encouraged, but
when the adviser is an expert in a
specialized field, the help that he or
she can offer may be more limited than
the candidate really needs. It seems,
from a number of recent submissions,
that advice is also needed from some-
one who is familiar with the problems
both of general practice and of doctor-
al research.

Senior members of the departments