reasons, others not; some were even registered with other practices. At the end of the study all patients receiving B_{12} did so for appropriate reasons and in proper dosage, except one for whom withdrawal was considered undesirable.

Dr David Pendleton considered ways of observing ourselves at work in the consultation. He outlined the tasks that must be completed for a consultation to be successful, stressing that the most important one was to discover the real reason for the patient being there. This in turn depended on the doctor discovering, understanding and responding to the patient's own ideas. The information required for an audit of our consulting behaviour could be obtained by videorecording and then analysed by discussion in a peer group. Advice on how to do this constructively and without threat was given, and we were left with a strong challenge to observe ourselves.

Examine, change, measure

Dr Michael Sheldon, tongue firmly in cheek, declared that he was an excellent doctor and always did the right thing—until, that is, he began to audit his work, when he found he was ordinary. He outlined not only the benefits but also the difficulties of audit. Costs, time, inconvenience to patients and staff and disagreements with partners were some of the difficulties. To minimize them there were three essential rules—define the aims at the outset; keep the audit simple; delegate data collection to ancillary staff.

Much could be learned from close examination of ordinary and everyday events in our practices. The essential thing was to examine a situation, change it as necessary, then measure the change to see if it was effective. Like Professor Fraser he stressed the difference between audit and research: audit is about ourselves and what we do. He implied that just as developing countries need better sanitation not bigger monuments, we need an effective purge more than wonder-drugs.

The afternoon was spent in small groups discussing anxieties, difficulties, objectives and achievements. Each group was asked to report its most important conclusion. They were unanimous in agreeing that simplicity, feasibility and the willingness to change in the face of lessons learned were all essential.

Improvement in care

In summing up the day's activities Dr Horder referred to the fears often expressed that if we do not audit ourselves someone else will. He thought this was unrealistic but hoped that we would do it, because it needs to be done.

He then referred to the papers that had been submitted, saying that the adjudicators had read all of them carefully, and with interest. He congratulated their authors on their ideas and their work. Perhaps the most important thing was that they had done them. The adjudicators had considered their criteria carefully, looking for clear aims, logical collection and analysis of data and especially for evidence of change and re-evaluation. The last part was missing from most papers but was really the whole point of the exercise: that there should be improvement in care. They were unable to find a single best paper and so divided the award between two which came close to it. The winners were Dr R. M. Spokes of Coventry (Use of thyroxine substitution) and Dr V. Schrieber of Kidderminster (The use of diuretics in the elderly).

It is the hope of the organizers that those who attended will have found support, encouragement and guidance in the field of medical audit. That hope will be realized if they ask 'What am I doing, *really*?' and 'How can I do it better?' and then answer those questions.

MANAGEMENT IN GENERAL PRACTICE

The need for management training in the postgraduate education of general practitioners

ANDREW WILLIS

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My professor of biochemistry at medical school said that he felt it was more important to teach students how to use a library than the facts to be found within it. I believe the same principle underlies the increasing concern for management training for doctors.

IN 1979 I tried unsuccessfully to find a course in management skills for general practitioners. I therefore applied for a one-day seminar on 'Time management', run by an international business management consultancy. Around the table I joined executives from such companies as Shell, BMW, Rank Xerox and IBM. The consultancy had not had a doctor on one of their courses before.

It was undoubtedly the most worthwhile day of postgraduate education I have ever received. 'What, objectively, does your job entail?', they enquired. I wasn't sure. 'Even if you did know what you were trying to do', went on my polite but ruthless peers, 'how would you know whether or not you were doing it? Are you doing your job better this year than last year, or worse—or do you not really care? How would you like your practice to develop over the next year, and over the next ten years? What steps have been taken to consider such questions within your partnership?' Their questions were so reasonable, yet my training had been so inadequate in this respect that I could not answer them.

Only a minority of practices employ such techniques, for general practitioners have little incentive to improve the service they offer other than altruism, a notoriously unreliable motivating factor. Audits of our work that would be considered matters of regular, routine management review in any successful business are dressed up and published in our journals as research.

Meanwhile, we attempt to undertake a task that is in its totality beyond us. There will always be a greater demand for our time than we can meet. That demand may differ from one practice to another, and it is perhaps unhelpful for practitioners working in places with a relatively light work load to lay down standards of behaviour for others, whose circumstances may well be quite different. This leads to resentment and to loss of credibility. It is for individual practices to decide their priorities.

The incentive that 'unless the profession does this for itself, then someone else will' has obviously failed to produce widespread change. The College is now taking up

the initiative provided by Dr Irvine (August *Journal*, p. 521) to put a higher priority on management, but will unfortunately suffer from the hostility towards College activities prevalent amongst many general practitioners.

Now that training is compulsory, I suggest that this is where the main change should take place—and trainees should be offered effective training in management skills and techniques as part of their courses. Before that, however, the course organizers and trainers should be made aware of the advantages of such methods. The King's Fund, for example ran a course on management education for general practitioner course organizers in November 1983. Course organizers and trainers should be strongly encouraged to attend such a course, for otherwise this important part of training for general practice will go by default, simply because the training elite have had no experience of it themselves. The cynics would indeed be right when they comment . . . 'but who will train the trainers?'

There is a wealth of expertise in management education outside our own profession. I suggest that we should make use of these professsionals to introduce business management training into our training schemes. This would not of course provide a direct incentive to established principals to learn and use such techniques, but would at least ensure that this increasingly important component of our work is added to the training of future general practitioners.

INTERNATIONAL NEWS

Association for Medical Education in Europe

The annual conference held in Prague from 14-16 September 1983—a report by Dr John Bennison

Charles IV—King of Bohemia and Emperor of the Holy Roman Empire issued a Golden Bull in 1348—'the faithful subjects of our realm, who hunger unceasingly for the fruits of knowledge should not be forced to beg of others, but should find a table prepared for them in our country. They should not have to satisfy their desires by begging in foreign lands, but should deem it glorious to invite foreigners to come to participate in the sweetness of such a grateful savour.'

THE result was Charles University in Prague, where over 600 years later this year met over 200 delegates from six Socialist countries, every country in Europe and several from further afield—including Japan. This was the Annual Conference of AMEE, sponsored this year by WHO, the Czechoslovak Medical Society J. E. Purkyně and the Faculty of Medicine of Charles University in the Karolinum.

The theme was the changing needs in the medical curriculum for a changing world, where the challenge now is: 'to prepare the minds of future doctors for a concern with health as well as illness, a capacity to change and a readiness for adaptation to the modifications which will inevitably become required during the course of professional work.

Does the basic doctor really need three years' postgraduate training to become a general practitioner after five or six years in medical school? If so—which countries can afford what to others would seem a luxury? Might it not be better to restructure the curriculum? In this instance we heard about Beersheba.

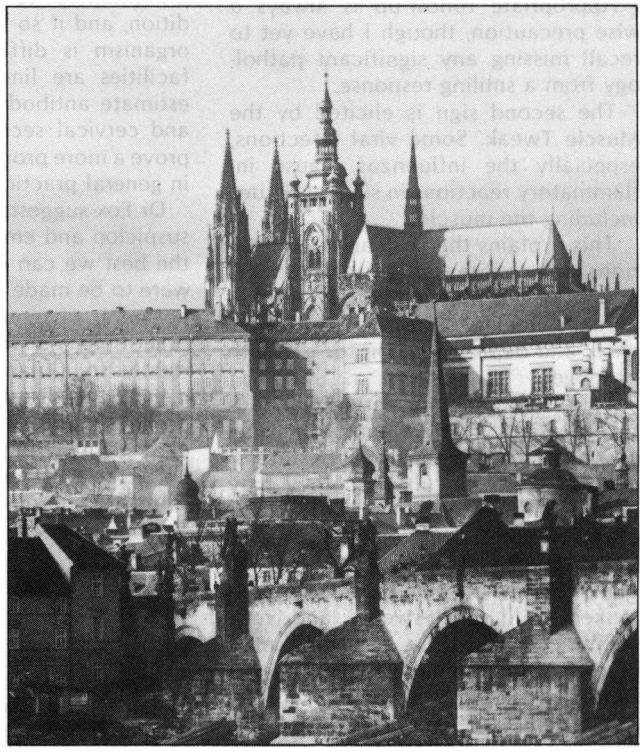
As always the impressive strides forward made by several of our neighbours should give us pause for thought. I saw no UK undergraduate Dean at any of the meetings—though Cambridge had registered, Cork and Dublin were active and Professor Parkhouse from Newcastle ably led one of the sessions. Professor Henry Walton, of course—President of AMEE and now President and Executive Director of the World Federation for Medical Education steered the whole conference with his customary urbanity. David Metcalfe gave the last paper with increasing authority.

A noteworthy feature was the lively presence of students from the International Federation of Medical Student Associations particularly in the session devoted to the means of changing their curriculum. They felt strongly: sadly only Holland, Sweden and Switzerland were represented here together with a quartet from Prague itself.

Socially, our hosts displayed their musical and architectural heritage with a buffet supper serenaded by a high school choir outside in the grounds of a former convent, now an art gallery, as the peak for this correspondent; though this was challenged by Czech baroque organ and brass in a baroque church of considerable splendour.

It was difficult to escape the political facts, but individually our Czech hosts could not have been more welcoming, and it is to be hoped that international conferences of this sort will help to draw aside the curtain that divides some of us.

I hope to see you next year in Oslo.



The city of Prague