Use of Antibiotics and Psychoactive Preparations

Sir,

In their article (October *Journal,* p.621), Keele and Freeman make an assessment of competence in specified areas of patient management based on a mean of 84 consultations per doctor. The mean number of patients receiving antibiotics on which the assessment of individual practitioners was based was 10, the mean number receiving psychoactive drugs was eight and the mean number of consultations in which new prescriptions for psychoactive drugs were prescribed was two. All these mean values are set within a large range of individual results.

The authors show neither validation for the assessment of competence nor evidence to support the adequacy of their sample. The assessments were made by observers who by their presence are likely to modify behaviour and drug usage. Inter-observer variability was studied but we are not given the results and it is not clear whether it involved one or more observers.

D. M. FLEMING
Birmingham Research Unit
Royal College of General Practitioners
54 Lordswood Road
Harborne
Birmingham B17 9DB.

Young Principals Group

Sir,

Our young principals group has been meeting for 18 months in the Esher and Walton district. There are eight members with an average attendance of between four and six. We meet in each other's houses, approximately every six weeks, with wine, coffee and snacks.

As each of us has come to know other young principals in the area, we have come to feel as though there is a network of doctors around us in the community. We exchange information about local activities, and occasionally attend conferences together.

Each participant has prepared a topic, such as vaginal discharge, contraception, immunization, partnership contracts and 'problem patients' in general practice. After attending a course a member will report it to the others and these current health issues evoke lively discussion.

Our small group allows a flexible approach, so that each participant feels free to raise any problems that are currently facing him or her in general practice. This sharing of mutual problems has been supportive and instructive as we learn from the experience of our colleagues.

All members have undergone vocational training, and some have become members of the College. Most have joined partnerships with principals who have not had this experience. Senior colleagues, therefore, may be unaware of some matters raised during vocational training, such as the primary health care team, orderly practice records and partnership contracts.

The new partner wishing to try new methods may be faced with indifference, which is discouraging. Our group has rekindled enthusiasm about achieving such objectives, whilst giving support to those experiencing the problems inherent in partnership. This has provided a release valve for frustrations, and more constructive attitudes in negotiating for change.

LEONE RIDSDALE
THERESA MEARING-SMITH
33 Greenways
Hinchley Wood
Esher
Surrey.

A Principal's Gender

Sir,

I was irritated by the heading 'Effect of a principal's gender on consultation patterns' (October *Journal,* p. 654).

I was mollified to find that the full-time principals belonged to different sexes and overwhelmingly relieved that none of them had been neutered.

H. W. ASHWORTH
Rusholme Health Centre
Walmer Street
Manchester M14 5NP.

Private Health Insurance

Sir,

A patient has recently drawn my attention to the tendentious position adopted by Private Patient Plan.

The patient is an elderly widower. He suffers with episodes of chest infections which render him bed bound. He engages a private nurse for a few days at a time to help provide himself with a reasonable level of care. However PPP will only meet the claim when home nursing is provided on the authority of a consultant.

I am not prepared to arrange a private domiciliary visit, when neither diagnosis nor management is in doubt, for the sole purpose of validating a subsequent claim. I think this would be an improper use of a second medical opinion.

PPP describe themselves as non profit making but the operation of such a system is expensive and cumbersome. My patient feels that after subscribing for many years he has been let down in his hour of need and I agree with him.

The time has come for light to shine in the health insurance world and for the truth to dawn that general practitioners are the 'consultants' in their own speciality.

STEPHEN D. FORD
2 Nottingham Road
Burton Joyce
Nottingham.

The *Journal*

Sir,

The September to November editions of the College *Journal* epitomise all that is best and worst about it.

The main theme of the September *Journal* is what general practitioners can do to influence the smoking habits of their patients for the better. Dr Bradley's paper (p.559) which highlights the abuse in selling cigarettes to minors, and how simple intervention, effectively applied, can improve the situation, is in my opinion, one of the finest papers in recent years, and an outstanding example of the efficacy of the quasi-political approach to health matters so often advocated by the College.

And yet, the three consecutive issues contain even more information about a topic which has been done to death repeatedly, a topic which has surely lost all originality and nearly all interest. I refer to the 1983 William Pickles Lecture which gives us the epidemiology of the College examination, and a series of articles which describes, again, the anatomy, physiology and philosophy of the examination. This is already available in several publications, notably the MRCGP book by Bouchier-Hayes *et al,* by now a standard textbook for candidates. Is it necessary to publish such frequent and exhaustive analysis of the examination?

I believe in the value of the College examination as an intellectual discipline, as a self-audit and as a stimulus to learning and improvement in general practice. It has played its part in the renaissance of general practice in these islands. However, such persistent introspective navel-gazing at the minutiae of the College examination attaches excessive importance to only one aspect of College activity and ultimately makes for very boring reading at the expense of the many excellent papers of the calibre of Dr Bradley's waiting in the wings.

CHARLES DALY
431 Griffith Avenue
Dublin 9
Ireland.