

## REPORTS OF MEETINGS

### The Annual Symposium

The Annual Symposium of the Royal College of General Practitioners provides a special opportunity to generate new ideas about issues of central importance to the College. In 1983 it was devoted to the need for adaptation when considering the delivery of primary care as we approach the 21st century. Dr Luke Zander reports:

**T**HE theme was 'change—the challenge for the future'. The symposium reviewed changing problems, expectations, priorities and practices and the challenge in ensuring we have the ability to adapt. It was planned as a series of inter-related parts, contributing to the development of a single theme. Contributions were drawn from many disciplines. The keynote address was given by a senior member of the World Health Organization, to provide an international perspective, as an introduction to the deliberations. An important objective of the meeting was to stimulate an exchange of views and ideas between those attending and therefore much time was made avail-

able for discussion and an exhibition of different aspects of general practice.

The symposium identified many of the challenges and responsibilities a general practice faces, together with the opportunities that exist for primary care to occupy an increasingly central role in the provision of health care.

The symposium was organized by the South London Faculty and was held in the Hyde Park Hotel. The comfort of this did much to enhance both the participation and enjoyment of those attending. Bookings for the 300 places had to be closed two weeks before the meeting and the delegates included members of a number of different disciplines and also visitors from abroad.

### Patients' Liaison Group

Susan Clayton is a member of the College's Patients' Liaison Group. She is also Vice Chairperson of the Lancaster Community Health Council and a lecturer in social policy at Lancaster University. This is her report of the first two meetings of the group.

**T**HE Patients' Liaison Group has the broad aim of advising the College on various aspects of policy decisions, and encouraging patient-doctor liaison at all levels of service. The seven lay members (chosen with the assistance of the National Association of Community Health Councils) and seven general practitioners have now met on several occasions and begun the difficult task of deciding how best the group can operate, and the issues that they wish to pursue.

It will take some time before a clear pattern of operation evolves, but as a first activity members of the group have decided to increase their awareness of the views of patients on general practice. Therefore, even though the lay members of the group already have close contacts with patient groups though their involvement with community health councils, they are going out further to consult with patients, patients' groups and relevant voluntary and statutory organizations.

In the meantime each member of the group has prepared a list of the topics each considered the group might wish to cover in its deliberations. While it should be stressed that these are only issues raised by individual members and that the group has not yet taken decisions as to which of the identified topics it will consider, it may be of interest to members to see the content of these lists.

#### Topics identified

As might be expected the topics identified by members are varied, in part reflecting the different contacts and backgrounds of the members, and the particular needs of the areas they are drawn from. (Members come from Scotland, Wales and Northern Ireland as well as different parts of England.)

The issue of patient-doctor interaction and relationship was raised by a number of members, and the quality of communication and the accessibility

of general practitioners was a recurring theme. The attitudes of general practitioners where felt to be important, in particular the extent to which patients are involved in decisions affecting their own care and informed of the possible side effects of treatment.

Issues raised relating to practice management included appointment systems; the role of receptionists; surgery hours; the handling of urgent calls; deputizing arrangements; home visiting; access to women doctors; the availability and suitability of interpreters; access for disabled people and complaints procedures. Concern was expressed about the limited information on practice arrangements available to patients before and after registration, and the circumstances under which some practices accept new patients. The provision of care for itinerant and homeless people was raised, as well as arrangements for screening patients, dealing with children with infectious diseases in waiting rooms and protecting confidential records. It was also felt that the way general practitioners learn about the provision of services by other branches of the NHS, and by voluntary and other statutory organizations might warrant review.

On the question of the training of general practitioners the importance of good communication with patients was particularly stressed together with increased awareness of patients' social and emotional needs. It was also suggested that more attention might be focused on the needs of elderly and homeless people, together with those of ethnic minorities and lower income groups. Greater awareness of the needs of relatives was also mentioned.

#### Education

Some members felt concern over the way information about drugs is sometimes disseminated and assessed by doctors. It was also suggested that greater emphasis might be placed on preventive measures and non-pharmaceutical forms of treatment. It was recognized that these issues are relevant to both the initial training and continuing education of general practitioners.

The education of patients was brought out as an important topic for consideration by the group. The possibility of using microcomputers for this purpose was also identified.

Some members thought that there should be greater evidence of audit or performance review by general practitioners. On the College's new 'quality initiative' the question was raised as to whether patients should have some involvement in the choice of topics to be investigated and the criteria used for

measuring performance. A question was also raised as to whether or not patients should be permitted to report suspected adverse effects of drugs directly to the Committee on Safety of Medicines.

### Strengthening relationships

The role and relationship of general practitioners with regard to other members of staff working in primary health care, and in the health service generally, was felt by some members to be of interest. The difficulty for some patients of being restricted to one doctor (or partnership) rather than being free to seek assistance from any general practitioner was also mentioned.

Several members suggested that the group should consider carefully ways by which local liaison between patients, general practitioners and other primary health care staff could be strengthened, for example by such means as developments in the patient participation movement. The import-

ance of patient participation in policy formation, both locally and nationally, was also identified.

The Patients' Liaison Group now has the difficult task of deciding which topics it will formally consider. Later it will have to debate what recommenda-

tions it wishes to make. To help in its activities the members of the group would warmly welcome comments from general practitioners and patients. These should be sent to the group c/o Ms M. Farrand, Patients' Liaison Group Clerk, at Princes Gate.

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## DATES FOR YOUR DIARY

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### Societas Internationalis Medicinae Generalis

The 32nd International Congress of General Practice organized by the Societas Internationalis Medicinae Generalis is to be held from 17-22 September 1984 at the University of Klagenfurt, Austria.

Further information about the congress can be obtained from the Executive Secretary, A-9020 Klagenfurt, Bahnhofstrasse 22, Austria.

### MRCGP Examinations

Spring 1984

Written papers. Tuesday 15 May 1984  
Orals. Edinburgh: week beginning 2 July 1984.

London: week beginning 9 July 1984 (ending 14 July).

Closing date: 15 March 1984.

8 weeks: 1 September 1984.

Application forms and further details may be obtained from the Examination Administrator at the College.

## EDITORIAL NOTICE

### Instructions to authors

Papers submitted for publication should not have been published before or be currently submitted to any other journal. They should be typed, on one side of the paper only, in double spacing and with generous margins. A4 is preferred paper size. The first page should contain the title, which should be as brief as possible, the name(s) of author(s), degrees, position, town of residence, and the address for correspondence.

Original articles should normally be no longer than 2,000 words, arranged in the usual order of summary, introduction, aims, method, results, references, and acknowledgements. Short reports of up to 600 words are acceptable. Letters to the Editor should be brief—400 words maximum.

Illustrations of all kinds, including photographs, are welcomed. Graphs and other line drawings need not be submitted as finished artwork—rough drawings are sufficient, provided they are clear and adequately annotated.

Metric units, SI units and the 24-hour clock are preferred. Numerals up to 10 should be spelt, those over 10 typed as figures. Use the approved names of drugs, though proprietary names may follow in brackets. Avoid abbreviations.

References should be in the Vancouver style as used in the *Journal*. Their accuracy must be checked before submission. The title page, figures, tables, legends and references should all be on separate sheets of paper.

Two copies of each article should be submitted, with a stamped addressed envelope, and the author should keep a copy. One copy will be returned if the paper is rejected.

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Papers are referred before acceptance.

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