

tices is increasing and a number of them have been housed in specially designed accommodation. The way a practice works, and the inter-relationship of doctors, staff and patients present complex problems of planning. The ambience of the building can have a positive effect on patients' attitudes to the doctor. The design of a group practice building is therefore both an interesting and a challenging project.

The site selected is in Saltley, Birmingham—a typical inner city area where the establishment of group practices is particularly desirable.

The brief, which is all entrants need to enter the competition, is available from the address below on payment of £5. Closing date for receiving applications for the brief is 24 March 1984. Last day for receiving entries is 20 June 1984.

The assessors are Mr Peter Aldington of Aldington Craig & Collinge, Mr Bill Ungless of Neyland and Ungless and Dr Michael Wilson who is the Chairman of the Practice Premises Sub-Committee of the General Medical Services Committee.



*The site for the group practice building to be designed for the Meyer International competition.*

The winners will be announced in September. £4,500 is provided as prize money and £2,000 is the first prize.

Enquiries should be addressed to I. J.

Bloxham, Meyer International Architectural Award 1984, P.O. Box 118, Carpenters Road, Stratford, London E15 2DY.

## FROM THE FACULTIES—WHAT SORT OF DOCTOR?

### North and West London Faculty

*Dr Peter Ellis, Honorary Secretary of the North and West London Faculty, reports on a 'What sort of doctor' exercise involving members in the Faculty:*

In February 1982, The North and West London Faculty held an introductory meeting on 'What sort of Doctor?' in which Jack Norell outlined some of the principles behind the paper 'What sort of doctor?'. This venture had come from an original remit of assessing the performance of established general practitioners in the setting of their own practices. The evaluation was made using the criteria: accessibility, clinical competence, communication and professional values. This involved, among other efforts, practice visiting, videorecording of consultations and analysis of records and letter writing.

We decided to set up a similar exercise of our own. Small groups were formed from interested local practitioners. Each group then decided how it would perform the task; there was much variation, but we all completed some sort of exercise linked with peer audit and involving some of the work in 'What sort of doctor?'.  
The Faculty met again in October

1982 to review what had taken place. The meeting considered the experiences of those doctors who had visited practices using the assessment criteria of 'What sort of doctor?'. Dr David Pendleton, Stuart Fellow, and Dr Jack Norell joined us for the evening discussion. This second meeting was, perhaps, far less congenial than the initial discussion. 'Why did you do the exercise?' 'So what?' 'Who are these fools?' were comments I and others might have heard, though we pretended to have developed a sudden hearing loss at this point! I sensed some envy from those who had not taken part in the exercise, and some unease from those who had.

Some groups felt happier about peer review than others; some felt unhappy about videorecording. We agreed that a similar exercise using our own criteria of good performance and assessment would have been more valuable.

That kind of exercise, however, would have been considerably more

time-consuming and less open to widespread comparison.

After a long interval, the Faculty met again recently on a similar theme. We called the meeting 'What sort of consultation?'. During that evening we watched videorecordings of consultations, and pondered about some of the difficulties of analysis. David Pendleton helped us with discussion of the analysis and provided his scheme for consultation appraisal and assessment. We seemed happier then about videorecording, perhaps because time had passed. Many are now happier about the possibility of videorecording their own consultations. Indeed, the Faculty has purchased its own videorecording equipment which is available to all Faculty members.

However it is of course much easier to talk about the possibility of recording consultations, than to set up the camera in the surgery and actually switch on!

The future will tell us whether these few meetings on the continued theme of 'What sort of doctor?' will have any lasting effect on our Faculty members and their habits. Now however we have a new initiative to work on. The 'Quality of care' exercise has arrived. But is it really a different exercise?