

encourage participation. I am also careful about the selection of a speaker and try to avoid those who present a didactic lecture with very little time left for discussion.

Some meetings are organized by members of the practice team; recently our health visitor described the problems facing the Asian community and our social worker talked about some of the problems that she had been dealing with over the last three years. A general practitioner in a specialty is sometimes invited to display expertise as both general practitioner and specialist. Some members of the audience believe that because of not being in regular hospital practice such a speaker knows no more than they do. Others feel that at least he or she sees both ends of the stick. This is a form of meeting that I am encouraging.

Another approach is a meeting where doctors bring along case notes for discussion on a particular topic, for example child psychiatry or the problems of looking after the elderly. A consultant sometimes attends these sessions as a resource back-up but not as a lecturer. I find this more useful because if the consultant view is inappropriate for general practice, then the general practitioners and specialist can talk to and learn from each other. Such a meeting requires carefully selected speakers and a non-threatening atmosphere so that the general practitioners will not feel that they are going to be ridiculed by the consultant, as happens at some postgraduate meetings.

Practice activity analysis takes place at some meetings. Doctors look at a particular practice activity, for example the number of x-rays requested in a month, or the number of out-patient referrals or the number of telephone calls accepted by a doctor in his surgery. Such data are easily acquired and at the meeting the doctors themselves can discuss the results. This reveals different practice policies and if the environment is not threatening, those who feel that their policies are in the minority might consider alternatives.

Meetings at the Postgraduate Department

Three Fridays in four we have a lunch-time meeting at the Manchester Royal Infirmary of between 20 and 25 doctors. These are organized by the College Tutor and a Steering Committee which consists of the Clinical Tutor, who is usually a hospital consultant, and a group of three or four general practitioners including the trainee representative from the local day release course and a member of the University

Department of General Practice.

In some parts of the country the College Tutor may have little, if any, influence on the topics presented at this type of meeting. Fortunately in Central Manchester this is not so. The Steering Committee meets every three months to construct a programme. The themes are similar to those discussed in the health centre meetings.

After every session a questionnaire is given to each member of the audience to provide information for deciding future programmes.

The Steering Committee also organizes postgraduate updating courses for general practitioners. It decides the content of these programmes, the speakers and teaching methods that vary from the lecture to interactive participation.

Pharmaceutical Company Sponsorship

Doctors seem more likely to attend at lunch-time if lunch is provided and although at these meetings the food is not exactly lavish, it is perhaps a necessary inducement. I do not allow a promotional film to be shown before or during a meeting but the pharmaceutical representative has a stand at the end of the room where doctors can discuss products if they wish to.

Support for College Tutors

The College Tutors of the North West of England Faculty meet once or twice a year to discuss problems and exchange ideas for the future. Tony Clift, College Tutor for Rochdale, has been involved with Meshtel, and other College Tutors are showing an interest in

this. Derek Fletcher, College Tutor in North Manchester, has organized a course for receptionists and a Young General Practitioners' Group which meets regularly in North Manchester.

Bal Tembe is College Tutor for Bolton and Wigan and he organizes trainee group meetings and has a trainer group of about 16 people. Norman Beenstock also organizes a trainer group.

Challenge for the Future

The College Tutor should aim to interest every general practitioner in postgraduate meetings, to stimulate active participation from his audience and to generate some sort of emotional response, even if it is antagonistic, for without it changes in behaviour and practice policy are unlikely to occur.

The College Tutor must meet the challenges of:

- Interesting general practitioners who attend but who do not participate in meetings.
- Attracting general practitioners who will be regular attenders at future meetings.
- Attracting people who have not so far come to meetings—this is perhaps the biggest challenge.
- Auditing changes of behaviour in practice—this can be done by using practice activity analysis sessions before which each participant collects data which is processed and then presented by one of the doctors for open discussion, or by using self-assessment kits.

LETTERS

Quality in General Practice

Sir,
I have read with great interest the concern of the College about quality and care in general practice. I greatly admire those members of Council who are to review their own practices.

Might I suggest that the aims adopted by Council should include that firstly, a good general practitioner should work and provide a service whereby he is easily available at all times to attend his patients.

Secondly the general practitioner's objective is to satisfy the needs of his patient and thus can be effectively monitored by noting the size of his list,

the number of patients notifying their intentions of leaving his list, and recording closely complaints referred to him, his receptionist or the service committee.

Nevertheless as a member since 1980 I await these recent deliberations with interest but fear that attempts to define good and by implication a standard approach to general practice are doomed to failure and contradictory evidence.

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