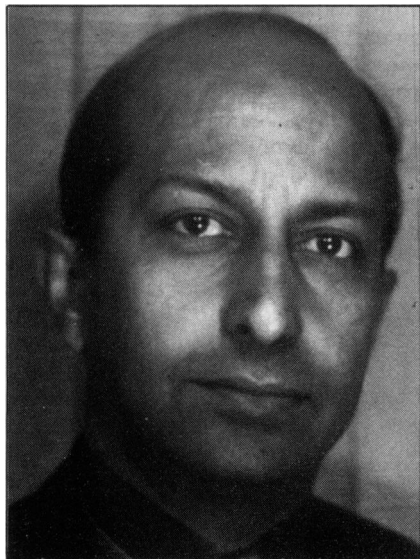


GENERAL MEDICAL COUNCIL ELECTIONS 1984

Elections for the General Medical Council take place in June this year. We again emphasize the importance of the election of more general practitioners to this body. We present profiles of nine more College members who are candidates, to add to those published in the February Journal.

D. K. Bose, FRCCP



Dr Bose

I am a member of the College Midland Faculty Board and of the Regional General Practitioner Educational Committee. I have participated as a member of the trainer's visiting team.

I have been a member of the GMSC since 1980, and was a member of the Hospital sub-committee and of the CPMEGP Advisory Committee.

I was appointed a Fellow of the BMA in 1983, having been Divisional Chairman (1977-78) and on the Organization Committee since 1977. I was awarded the Association's prize for recruiting most members in 1981. I have been on the Representative Body since 1975 and am a member of the BMA delegation to UEMO.

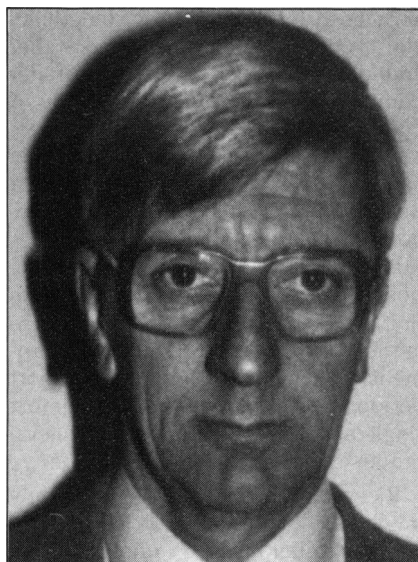
I have been Secretary of the Local Medical Committee since 1972 and on the Regional Liaison Committee.

I have also served on the Family Practitioner Committee since 1972.

Brian Chapman MB, MRCCP, DRCOG

I have been a general practitioner for 28 years, following two years RAMC service in the Malayan Emergency.

Membership of the Kent Area Health Authority and now the Tunbridge Wells District Health Authority, the Kent LMC and the SE Thames Faculty



Dr Chapman

of the College has led to experience in other groups and committees, working with a wide range of disciplines, both within and without the medical profession. Chairmanship of the Area Health Authority Joint Staff Consultative Committee involved union negotiations and Whitley Council regulations. Non-accidental Review Committee work has been extremely interesting, leading to my creating groups for new mothers within the practice.

Now my main energies outside a busy semi-rural general practice are devoted to a Regional Working Party on primary health care, the District Health Authority and College Council.

The Tunbridge Wells general practitioner trainee scheme provides opportunities for learning and teaching, as well as trainees from time to time.

The necessary motivation and support for individuals to facilitate their enjoyment and successful practice of medicine comes largely from basic and continuing education that is both pertinent and practically available.

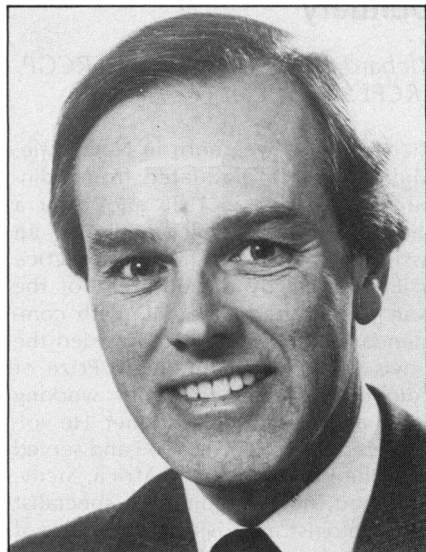
W. Keith Davidson, CBE, JP, FRCCP
I have been a general practitioner in a nine doctor group practice in the east end of Glasgow for 31 years. We are a training practice based on two purpose built premises.



Dr Davidson

In the past I have been Chairman of the Glasgow Division of the BMA, Glasgow Local Medical Committee, Scottish GMSC and Scottish Council of the BMA. For nine years I was a negotiator on behalf of general practice and Deputy Chairman of the GMSC, and am also a past Chairman of the Greater Glasgow Area Medical Committee. I have been a Justice of the Peace for 35 years, member and Fellow of the College, Fellow and Vice-President of the BMA and in 1983 was appointed Commander of the British Empire.

Michael McKendrick, MB, FRCCP



Dr McKendrick

I have been a general practitioner in Hexham for 21 years and am the senior

in a four partner training practice. I am a police surgeon.

I have been actively involved in medical politics and postgraduate medical education throughout my professional life: I am a past Chairman of my BMA Branch Council; Divisional Honorary Secretary and Chairman; Chairman of Northumberland LMC 1979-; member of the College Council 1979-. Other appointments include Northern Region Adviser in General Practice 1973-; Honorary Joint Secretary JCPT and Chairman of UK Conference of Regional Advisers.

Thus I have wide experience and understanding of practice and its education to support a strong commitment to the contribution which general practice can make to general professional training and patient care. A vigorous discipline of general practice within a united profession is my ideal.

Lotte Newman, BSc, MB, FRCGP



Dr Newman

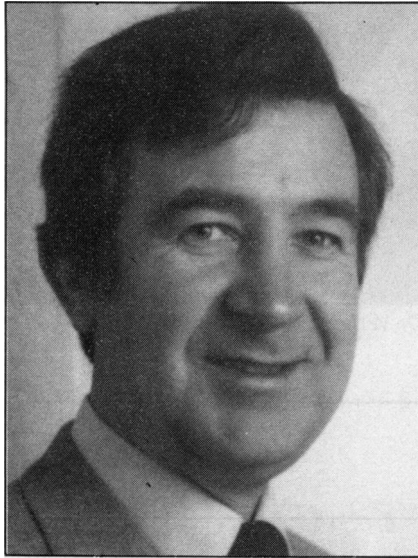
I qualified at Westminster Hospital Medical School and am the daughter of two general practitioners. I am a member of the College Council, Provost of the North East London Faculty, a former Examiner of the College and ex-Secretary of the Board of Censors. I represent the College on the Joint Contraceptive Committee, the Disabled Living Foundation and an International Society of General Practice (SIMG).

I am Honorary Secretary of the Medical Women's Federation and their representative on the EEC Committee. I am a teacher of undergraduates and a trainer in general practice. I am Vice Chairman of the Camden and Islington Local Medical Committee, their representative to the ARM and a member of the GMSC. I am a temporary adviser

of the World Health Organization and a member of the Board of Medicine.

If elected I am particularly interested in the work of the GMC in the field of medical ethics and the problems associated with sick doctors.

David Parry, MB, FRCGP, DPH, DCH, DRCOG



Dr Parry

I was born and educated in Clwyd and have worked in North and South Wales most of my professional life. I am a trainer in general practice in Porthcawl and a Fellow of the BMA and of the College. I am also a member of the Faculty Board and Assistant Secretary of the South West Wales Faculty. I have served on the Local Medical Committee, the Family Practitioner Committee and its Medical Service Committee for ten years.

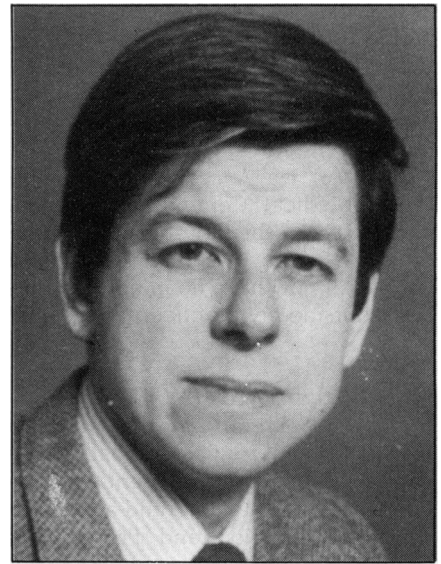
I was a member of a District Management Team for five years, firstly as a general practitioner and later as acting community physician for two years.

As a member of the Welsh GMSC and the Welsh Council of the BMA I am in touch with all branches of medicine and feel that my experience fits me to be a member of the body that regulates the standards of the medical profession.

I have the support of the Mid Glamorgan LMC and my College Faculty.

Clive Richards, MB, MRCCGP, DRCOG, DA

I am standing for election to the GMC because I believe that it needs better representation from younger doctors and general practitioners. At present the GMC takes major decisions on medical education and on the general regulation of the profession without proper consideration of the views of



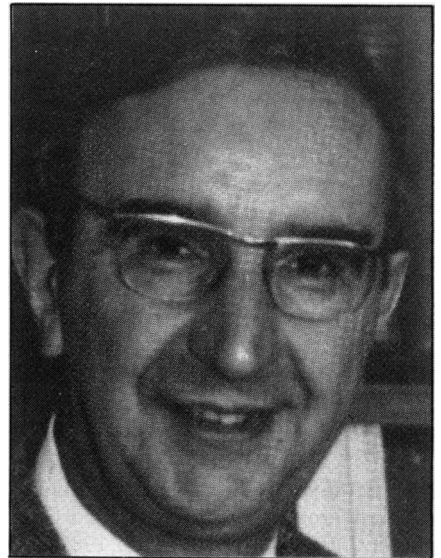
Dr Richards

these doctors.

I am aged 35 years and I am a full time NHS general practitioner. For the past three years I have been the Honorary Secretary of the Severn Faculty of the College.

If elected to the GMC I hope to be able to make a contribution as a general practitioner on behalf of the whole of our profession.

David L. Williams, MB, FRCGP



Dr Williams

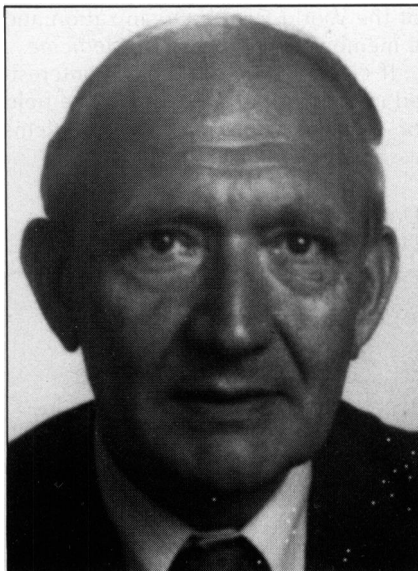
I have been in general practice in Holywell, Clwyd since 1954 and am aged 57 years. I was Joint Deputy Chairman of the GMSC (UK) and its Negotiating Subcommittee from 1980 to 1982. As Chairman of Statutes and Regulations Subcommittee 1979-82, I had particular experience of the problem of defining professional accountability and responsibility whilst preserving for doctors the full legal safeguards available to other citizens. I

have given evidence to the Select Committee on the Parliamentary Commissioner (Ombudsman) and have served on Tribunals under the Misuse of Drugs Act. I drafted the Liberal Party's evidence to the Royal Commission on the NHS (1976), was Vice-Chairman of the Welsh Medical Committee (1978-80) and served on the Editorial Committee of the British National Formulary (1974-6). I now have no major commitment outside my practice.

N. D. Wright, MB, FRCGP

I am the Secretary of the Northern Ireland Council for Postgraduate Medical Education. I am at present an elected member of the GMC and a member of its Registration and Professional Conduct Committees.

I am a former general practitioner,



Dr Wright

trainer, course organizer and regional adviser in general practice. I have served on the College Council and am at present a member of the Irish Council, of which I have been Chairman and Honorary Treasurer. I am a past Provost, Northern Ireland Faculty, and former member of the Faculty Board. I am the Honorary Secretary/Honorary Treasurer of the Fellows of the Northern Ireland Faculty.

I am a former Chairman and Honorary Secretary of the Belfast Local Medical Committee and former Chairman and Honorary Secretary of the General Medical Services Committee, Northern Ireland. I am a member of the GMC (Northern Ireland).

I have wide interests in general practice; particularly in medical education, medical manpower and the problems of women and overseas doctors.

MEDICAL NEWS

Change of venue

1984 National General Practitioner Trainee Conference

The 1984 National General Practitioner Trainee Conference will take place from 18 to 20 July, at Middlesex Hospital Medical School, organized by trainees from the NW Thames Region. For further details, please contact Sarah Blaxland, Conference Secretary, at 14 Princes Gate, London SW7.

Society for the Social History of Medicine

The SSHM, founded in 1969, is open to all who are interested in the social history of medicine. The international membership (of approximately 450) consists of historians, doctors and people working in the social sciences and related disciplines. Conferences are held regularly in various parts of the country, and in 1982 and 1983 two very successful meetings were held jointly by the SSHM and the RCGP in the College in London.

Future meetings include a day conference on old age (Oxford, 12 May), the annual conference, on environmental health (Bristol, 6-8 July), and an autumn meeting on historical and cultural aspects of pain (Colchester, 27 October).

Members are issued with the *Bulletin of the Society* twice a year (which contains reports of conferences, original papers and so on). The membership

fee is £8 p.a. (£4 for retired persons). Anyone interested in joining the society should write to the secretary, Jean Loudon, Wellcome Unit for the History of Medicine, 45-47 Banbury Road, Oxford OX2 6PE.

Tinnitus clinic, University College Hospital

The Government has agreed to provide immediate interim funding of £10,000 to the Bloomsbury Health Authority to enable the clinic to continue. It will also make available a further £41,000 for some 400 maskers to be provided in 1984-85.

The consultant in charge of the clinic, Mr Jonathan Hazell FRCS, has made the following statement:

'We are very glad that the money has been found to keep the clinic going but there is still a three-year backlog of patients to see before we can accept any more referrals.

'The Department has said it is keen to get local services going around the country but we will have to wait for the results of the multi-centric trial and the Government's response to this before we know whether funds will be available for these services.'

Children in Social Security

Of the 13 million children in the UK: — almost 2 million are supported by Supplementary Benefit

- about 700,000 live in families drawing National Insurance benefits, without any Supplementary Benefit
- around 350,000 children live in low wage families assisted by Family Income Supplement (FIS)
- nearly three quarters of a million belong to one parent families drawing the One Parent Benefit (including some of the FIS group above).

These figures are from *Children in Social Security* by Joan Brown, published by the Policy Studies Institute. The study examines the child support policies operated by government for these 3½ million children. It traces the development of social security policies for children from the start of this century through to the present day.

The report (number 623) costs £4.50 including post and packing from the Policy Studies Institute, 1/2 Castle Lane, London SW1E 6DR.

Guar gum

Guar gum, available in granule form, is now manufactured by Britannia Pharmaceuticals. The ingestion of guar results in a reduction of post prandial glucose levels. The action is probably due to the fact that a viscous gel forms in the intestinal tract resulting in a reduction of the gastric emptying time and a thickening of the unstirred water layer adjacent to the intestinal villi. The bulking action possibly helps to reduce the appetite.

It is indicated for use in diabetes to