malities found in blood and urine raise the possibility of secondary hypertension and referral to a specialized clinic should be considered. The results of studies employing cholesterol lowering agents or other active measures to alter cholesterol and lipid composition have been generally disappointing. However, in young individuals (<40 years) measurement of serum cholesterol is reasonable in order to detect those with familial hypercholesterolaemia who might benefit from invervention.

6. *Systolic hypertension*
Although systolic blood pressure has not been specifically mentioned in the flow chart on the detection and assessment of hypertension there can be no doubt of its value as an indicator of risk. Most studies have used diastolic blood pressure as a way of subdividing groups and this remains reasonable as long as the systolic blood pressure moves in parallel with the diastolic blood pressure. While this is usually the case, discrepancies often occur in the elderly where 'systolic hypertension' is common. Since there is no evidence that drug treatment of 'systolic hypertension' in the elderly is beneficial, such therapy is not recommended.

7. *Hypertension and oral contraceptives*
Most oestrogen-containing oral contraceptives cause a small rise in blood pressure but hypertension occurs in only a few women. Since it is impossible to predict which women are likely to develop this form of hypertension, blood pressure measurements should be recorded before and a few months after starting the pill. Thereafter at least annual measurements should be made. Blood pressures may take up to six months to settle after oral contraceptives are discontinued. The development of hypertension is an indication for stopping the pill and replacing it with other methods of fertility control such as occlusive methods, intra-uterine devices, female sterilization or vasectomy. In cases where these other methods are inappropriate, unacceptable or associated with troublesome side effects, an oral contraceptive may need to be continued. Although blood pressure frequently returns to normal when a progestogen-only preparation is used it should be noted that this type of pill has a higher contraception failure rate than combined preparations and menstrual irregularities are more common. There are some prospects of overcoming these problems with newer combined oral contraceptives and triphasic preparations which may have lesser effects on blood pressure. In the meantime it may be necessary to prescribe a low dose oestrogen-progestogen preparation combined, if indicated, with antihypertensive treatment. Such women should be strongly advised to stop smoking. In a few patients with essential hypertension, oral contraceptives may also prove unavoidable.

Assessing a prospective trainee

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Over the last ten years my four partners and I have developed a searching yet informal assessment of prospective trainees. This involves the trainee in spending a half day with the practice and gives both parties adequate opportunity of assessing one another.

BEFORE choosing a trainee, the partnership should define the attributes that they are looking for. Do they want someone who is highly academic, deeply interested in research or medical politics, or someone of average ability who is conscientious and obliging with a pleasant personality and an ability to communicate with others?

If possible I like the trainee to arrive at 08.15 and I start by showing him or her round the premises, not forgetting the appointment book, some medical records and of course the trainee's room.

On the whole I feel that first impressions are important. Is the trainee clean and tidy, intelligent, confident, shy, smug, honest, sincere or what?

Sitting in with the trainer at morning surgery gives a useful opportunity for assessment. See how he gets on with writing some prescriptions and examining some patients. How well does he communicate with patients and trainer?

Interview with all partners

After attending the daily meeting of the primary care team, the trainee has an informal interview in the practice lounge over coffee with all partners present. Tell him about the practice and roughly what form the traineeship would take. Ask him what he is looking for in a training practice. Has he any questions to ask, and does his reply show commonsense, maturity, intelligence and forethought? How discriminating is he? What can we tell about his attitudes? Enquire about any strong religious views regarding contraception and sterilization. Check that he is fully registered, is a member of a defence society and has a clean driving licence.

Accompanying the trainer on home visits affords a further opportunity to explore his attitudes and abilities. Does he take a methodical history, examine competently and converse with patients easily?

Later, go through the contract together. Give him the telephone numbers of past and present trainees in order that he may obtain their opinions of the practice.

Arrange to meet a few days later, giving both parties time for consideration. Meanwhile phone his previous employers. They are likely to be more revealing on the telephone than in writing. Discuss the matter with the partnership. Do any partners feel that a further interview is desirable?

At the next meeting with the candidate discuss any matters arising from the contract and tie up any loose ends.

Colleagues have criticized the above programme on the grounds that it is not sufficiently structured and is too subjective and informal. However, these are the very reasons that I like it. An opportunity is given for mutual assessment in a relaxed atmosphere. A more objective type of assessment, perhaps involving an MEQ or MCQ paper could still result in a personality clash, and I maintain that our method gives both parties ample time to see how they get on with one another.

As for proof that my method works, all I can say is that we have made no errors up to now. Why am I so keen to assess the prospective trainee so carefully? Simply because my patients deserve the best that is available and I refuse to accept anyone of low standard.