
LETTERS

The role of the College Tutor

Sir,

I was interested to read the article by Dr S.J. Waldman on 'The role of the College Tutor' (March *Journal*, p.180) as I have just completed my first 12 months as GP College Tutor in Brighton. The following comments on postgraduate activities may be of interest.

During the year several extended courses have been held. Each course consists of a series of weekly lectures, each following a sponsored lunch. One course was based on the presentation of symptoms in general practice, and each session was presented by a general practitioner with comments from a consultant and emphasis on the subsequent discussion.

A GP Workshop is held twice monthly at the postgraduate centre. Topics covered include discussing video consultations, preparing audits, meeting new consultants and discussion with other primary health care team members. Three sessions in addition have been held at practice premises.

A Brighton Study Week was held during the year with emphasis on group work and sharing of experience and expertise. The course was planned by the GP tutor and three other local general practitioners, who also served as course tutors during the week. Other more traditional study weeks are held during the year and arranged by the Clinical Tutor.

A group of general practitioners has just completed a counselling course co-ordinated by a local practice counsellor. Group members have learnt and practised various counselling techniques appropriate to general practice consultations. The group has continued meeting over the summer, and a residential weekend is being held in September.

A research group has also been meeting every two months. Each member has committed him/herself to completing a simple research project and presenting the results to the remainder of the group within a specified time. Dr Ken Dawes (Associate Regional Adviser) is acting as expert source to the group.

In conjunction with the South East Thames Faculty, nine general practitioners were involved in the 'What sort of doctor' practice visits. The experience was found by all to be constructive, particularly by the visiting doctors.

Meetings are held every six months for all College Tutors in the South East Thames Faculty and co-ordinated by Dr John Woodward (GP Tutor Sidcup) and myself. Common problems and successful postgraduate ideas are discussed.

Future ideas include:

1. The use of Quality Initiative and 'Prompt Cards' in the GP Workshop.
2. The enlargement of both the counselling and research groups.

The main problem extending into next year is how to attract the large group of general practitioners who, at present, do not attend the meetings.

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Childhood urinary tract infection

Sir,

I read with interest the excellent paper by A.M. Dighe and J.F. Grace (June *Journal*, p.324). It is perhaps unfortunate that no mention was made of the use of ultrasound, plain abdominal x-ray and scintigrams in the management of children presenting with urinary tract infection. Two recent papers in the *British Medical Journal* from Professor T. Sherwood and Mr R.H. Whitaker^{1,2} have described diagnostic pathways for different age groups of children with urinary tract infection.

For children aged over six months, plain abdominal examination and ultrasound will reveal radio-opaque stones, enlarged bladder, abnormality in size or shape of kidneys and bladder; also dilated pelvicalyceal system or ureter. If these investigations are normal, then it is likely that all that will be missed are Grade I and probably Grade II primary reflux. The management of minor degrees of reflux is still open to debate, and it has been demonstrated that renal scarring is usually present when children first present.³ If abnormalities are found by these non-invasive procedures, or if further urinary tract infection is demonstrated, then investigation can proceed on more conventional lines by the use of intravenous urogram (IVU), micturating cystourethrogram and scintigrams. (Scintigrams can either be with labelled dimercaptosuccinate, which gives an indication of renal tubular cell mass, or labelled diethylenetriamine pentaacetic acid, which is filtered by the glomerulus and gives similar information to the IVU.