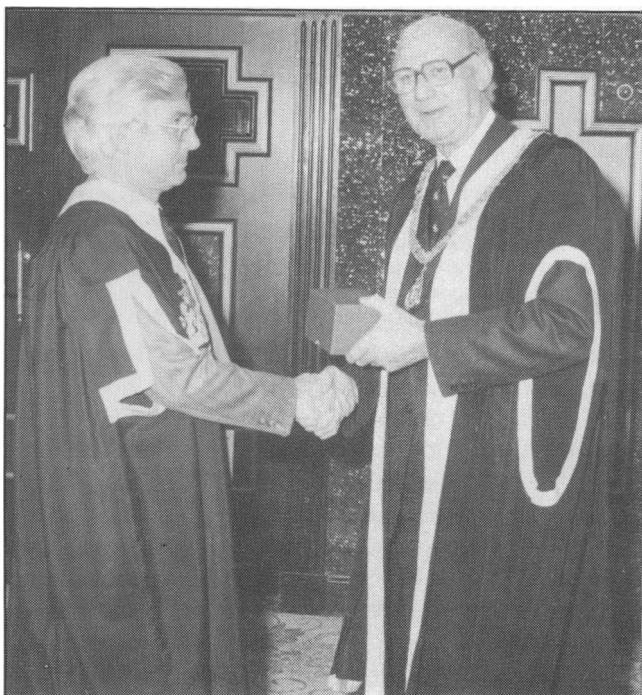

NEWS AND ANNOUNCEMENTS

The Royal College of General Practitioners Annual General Meeting 1984

The 1984 Annual General Meeting of the College took place in London on Saturday, 10 November. The subterranean Palace Suite of the Royal Garden Hotel was again the venue. Outside there was brilliant sunshine and the Lord Mayor's Show, inside there was also a good deal of glitter and ceremonial. The President, Dr John Lawson, presented the awards and prizes. Professor John Walker received the Foundation Council Award for meritorious work, and Dr John Fry received the Baron Dr Ver Heyden De Lancey Memorial Award for the promotion of efficiency and dignity in the realm of general medicine as a general practitioner. These awards were given in recognition of the outstanding contribution that these two doctors have made to the College and to the advancement of general practice. The packed hall warmly applauded both of the recipients.



Professor John Walker receiving the Foundation Council Award from the President, Dr John Lawson.

The Frazer Rose Gold Medal was presented to Dr Brian Scott Spear for his achievement in gaining the highest marks in the MRCGP examination 1983/84.

The Upjohn Lectureship and one of the Upjohn Essay Prizes in Therapeutics was given to Dr Mark A. Vincent. The 1984 subject of the Upjohn Essay was 'Good prescribing for the elderly in general practice'. The other doctors gaining essay prizes were Dr Linda J. Davis, Dr Richard E. Devonshire and Dr Susan J. Tyler. In the separate essay prize for trainees, Dr Elizabeth J. Clements, Dr Alison M.G. James, Dr David H. John and Dr Andrew J. Parkin received awards.

The College Undergraduate Essay Prizes were presented to Dr Christopher M. Deighton (Newcastle), Miss Harriet Martin (Birmingham) and Mr Angus Wood (Westminster).

The National Syntax Awards for doctors undertaking original work during the course of their vocational training for general practice, were presented to Dr J. Murray Longmore, Dr Thomas G. Heyes and Dr Michael C. Colquhoun.

The Ian Stokoe Award by the Scottish Council of the College for original work done in the context of general practice, with specific emphasis on the quality of illustrations, was presented to Dr Philip Carter.

New Fellows

The Fellows elected at the Spring Meeting received their scrolls (December *Journal*, p.680).

The President wished the Annual General Meeting to know that Dr Paul Stuart Graves had received his Fellowship Scroll on the 17 May 1984.

The James Mackenzie Lecture 1984

Dr J.C. Hasler gave the 1984 James Mackenzie Lecture. Its title was 'The very stuff of general practice', and this will be published in a later issue of the *Journal*. Dr Hasler considered the monitoring and management of long-term health problems in general practice. From his analysis of the way in which the common diseases are managed, he identified the necessity not only for general practitioners to be clinically competent but also for them to be able to educate and involve patients in managing their own illnesses.

He questioned the breadth of the clinical experience of vocational trainees and indicated ways in which it could be improved by systematic monitoring. Similarly, he saw medical audit as part of effective continuing education, which should be part of the working week in every practice. He felt that better criteria are required for measuring the quality of long-term care, criteria which are centred more on patients' needs rather than on doctors' perceptions of their needs.

Chairman's Report

Dr Donald Irvine opened his Annual Report by referring to the College's Quality Initiative (his full report was in the Quality Bulletin which was distributed with the December issue of the *Journal*). He announced that a paper was being prepared which will make recommendations as to how general practice should develop in the future and how the College can help. This paper will be presented to Members for their views, so that College can respond in an informed way to the Government's green paper on primary health care, which is expected to be published around the time of the Spring Meeting of the College.

In reviewing the activities of the College over the past year, Dr Irvine emphasized the importance of the faculty structure and the contribution that individual members could make in the faculties. In his consideration of the central services of the College he described the extension to the range covered by the Information Service, Online Search Service and the Library, all of which were taking advantage of modern technology.

He concluded by predicting that in a year's time patients and the people who work with general practitioners should have a much clearer idea of what general practice is trying to do, what obstacles have to be overcome and the steps that are needed for moving forward.

Honorary Treasurer's Report

The Honorary Treasurer, Dr Garvie, referred to the full accounts and the Auditors' Report printed in the Annual Report. There was a larger than predicted surplus for the year ending 31 March 1984. This was due to the greater number of new admissions to membership of the College, to the change in investment policy and to the record number of MRCGP examination candidates. The surplus has been appropriated to an increase in capital reserve, to faculty development, to a reserve established to replace major items of equipment and to a reserve fund for the *Journal*. He referred to the radical overhaul of the central administration where there had been an emphasis on the need to make full use of modern technology, a need reinforced by the rapid expansion in membership of the College and in the services to Members.

Although the accounts showed a satisfactory picture as far as the *Journal* is concerned, Dr Garvie drew attention to the considerable cutback in advertising that had occurred and anticipated that it will be necessary to draw on the special reserve during 1984/85.

He mentioned two areas about which concern is sometimes expressed. The cost of Council activities has often been contrasted with the amount returned to faculties. He pointed out that unless the central College can function efficiently, the needs of the ordinary Member in the faculty will not be met. He was pleased to report that although expenditure on central activities had increased, this was paralleled by an even larger percen-

tage increase in the amounts allocated to faculties. The accounts for the year ending 31 March 1984 and the Auditors' Report thereon were adopted by the Meeting.

Dr Garvie then reminded Members about Council's policy that there should be an annual review of subscriptions, which would be expected to rise approximately in line with the annual rate of inflation. The review should also take into account any cost of living increase which general practitioners had received in the preceding year and any expected increased activities in which the College and its faculties might engage. There are two items which are particularly relevant at present, the preparation of the College's response to the Government's expected green paper on primary health care and the possible unforeseen expenditure associated with the damage to number 16 Princes Gate (The old Iranian Embassy). The meeting accepted the resolution that the subscription be increased by £5.00 per annum at the full rate. This is an increase of 5.3 per cent. Concessionary subscription rates would continue to be operated at the same percentage reductions as at present.

Election to Council

The Honorary Secretary, Dr Styles, announced that the postal ballot to fill six vacancies on Council had been completed and that the successful candidates were: Dr J.G. Ball, Professor W.V.M. Drury, Dr P. Freeling, Dr J. Fry, Dr J.S. Norrell, Dr R. Steel.

The medical effects of nuclear war

An ordinary resolution from the North-East London Faculty was proposed by Dr I. Crabbe:

'That the North-East London Faculty compliments the British Medical Association on its excellent document *The medical effects of nuclear war* and proposes that an educational initiative be undertaken by the Royal College of General Practitioners in order to produce a factual booklet from this document for the use of general practitioners and a shorter leaflet suitable for patient distribution?'

Dr Crabbe considered that although the BMA booklet was excellent, it was also very detailed. He thought few people and fewer doctors would read it. He felt that the British public and the medical profession remained ignorant as to the effects of nuclear war, and he proposed that the College become involved with this education. He was seconded by Dr Carnie, who said that the College had nailed its colours to the mast of prevention — and what more important prevention can there be than to publicize, in Lord Soper's words, our own self-destruct kit!

Dr J. Tudor Hart moved an amendment so that the resolution would read, 'This Meeting compliments the British Medical Association on its excellent document, *The medical effects of nuclear war*.' He proposed the amendment because he thought that a simple endorsement of the BMA document would in itself be a tremendous step forward for the College. To go beyond this and produce another document or leaflet for patients would be ineffective. He hoped that individual Members of the

College would take local initiatives to inform patients. Professor David Metcalfe seconded the amendment, and the main debate focused on the amendment rather than the endorsement of the BMA document. One speaker did oppose the College's involvement in what he saw as a political debate on nuclear war.

The Chairman of Council, Dr Irvine, pointed out that the College already has a policy relevant to the debate. This policy was adopted by Council on 19 September 1982. He read out the relevant paragraph,

'Council recognized the dilemma that faces any government in relation to this matter [nuclear war] since the issuing of official advice may be so easily misinterpreted in relation to Government policy. Nevertheless, Council is of the opinion that the advice issued by the Governments of the United Kingdom and the Republic of Ireland has not adequately conveyed to doctors or to the public a realistic assessment of the consequences that will arise from the effects of nuclear explosions, either in a major conflict or as an isolated event. Council therefore invites Her Majesty's Government and the Government of the Republic of Ireland to review their policies in relation to communications with the public and with the medical profession, so that it is clear that there is a full appreciation of the nature and extent of the consequences of nuclear explosions.'

When put to the vote, the amendment was carried and the substantive motion was also carried.

One-hundred-mile limit for Section 63 Courses

The Yorkshire Faculty proposed an ordinary resolution, 'The Yorkshire Faculty deplores the arbitrary imposition of a 100 mile limit for continuing medical education courses and the implications of this for a large faculty with members far from major centres.'

The motion arrived too late to be accepted as a resolution from the meeting but could be accepted as a reference to Council. Dr J.C. Hasler, as the College's representative on the departmental Section 63 Working Party, stated that all were in opposition to the arbitrary imposition of geographical limits. The Working Party seeks a solution to the arbitrary and immediate problems that the Department produce but it is unlikely that the recommendation will be able to be implemented before April 1986. The motion was accepted as a reference to Council.

Election of President

Dr John Lawson was elected as President for a further year. In closing the Annual General Meeting, he asked the doctors present if they would be agreeable to send a message to Lord Hunt. He mentioned that Lord Hunt had been extremely ill but was now back in his own home. The meeting did send him a message of goodwill, friendship and good cheer.

Spring Meeting 1985

Dr Woods announced that the 1985 Spring Meeting would be in Cambridge, hosted by the Essex Faculty. The aim

of the Spring Symposium held before the Spring Meeting will be to 'see ourselves as patients see us'. He said that we shall hear why we, as doctors, feel compelled to behave as we do and whether patients like our behaviour. The Essex Faculty sees Essex '85 as a continuation of the enquiry into the Quality of Care, view from outside the profession and the country. He said that there would be a warm welcome for Members of the College in the splendid old setting of Cambridge to hear the patients' views from 29–31 March 1985.

1985 Council

The Second Meeting of the 1985 Council was held at the Royal College of General Practitioners, 14 Princes Gate, on 1 December 1984.

Dr Donald Irvine was in the Chair and he started by welcoming the nine faculty representatives who were new to Council. The Chairman asked Council to welcome Dr Brooke, who is the new trainee representative.

Term of office of President. The role of the President had been considered at previous meetings of the 1984 Council, when it had been made clear that the position was not simply an honorary one. There was general recognition of the need for an active president able to represent the College in a large number of different ways, as well as visiting and being available to individual Members and faculties of the College. The President is elected annually but the normal term of office is three years. Several members of Council made a plea for flexibility in the duration of office in the future. The Chairman felt that the system of annual election provided sufficient flexibility, but that it was necessary to have guidelines so that presidents in the future could plan how to deal with any other commitments while undertaking the heavy duties of a president. There was also discussion about the advantages and disadvantages of having the President and a new chairman of Council taking up office at the same time. The general view of Council was that an overlap between the two terms of office was desirable and when put to a vote, the recommendation was for the normal term of office for the President to be two years.

President's Report

In his report, the President, Dr John Lawson, described the work that he had been doing on behalf of the College since the last full Council meeting in September. He drew Council's attention to a photograph album that had been presented to the College by Dr Ivor Cookson. The album contains portrait photographs of many of the Foundation Council members. There are a few gaps in the record, and he invites Members to inspect the album in the College library, in the hope of tracing suitable photographs of the Foundation Council members not already included.

Quality Initiative

Dr Ian McNamara reported the Council Study Day on the Quality Initiative, and Council discussed ways in which more information about the study day could be disseminated. Dr McNamara reminded Council members of their commitment to producing reports by 31 May 1985. These reports will attempt to set out the aims and objectives of members in a verifiable manner.

Limiting the range of drugs prescribed under the NHS

The Honorary Secretary, Dr Bill Styles, drew attention to the letter that had been received from the Chief Medical Officer and the accompanying list of prescribable drugs under the National Health Service if the Government proposals are implemented.

In opening the debate on this issue, Dr Denis Pereira Gray saw the list as an attack. Overtly, the issue was one of cost, but more fundamentally it attacked the scientific basis of general practice. The lack of consultation with the profession before publication of the proposals emphasized the danger that in future standard setting in general practice will be undertaken by politicians and not doctors. The list itself he saw as attacking the vulnerable in the community. It attacked patients with chronic pain, it attacked the poor and attacked the whole notion of comprehensive care.

Dr Clifford Kay questioned the projected savings to the NHS and to the country by restricting the range of drugs available under the NHS. The pharmaceutical industry will change the pricing structure of its range of products in order to maintain profitability. He felt indeed the Government as monopoly purchasers already had ample powers through the price regulatory scheme to reduce the cost of drugs in the National Health Service. Dr Kay also thought that it would be likely that changes in prescribing habits and referral patterns of general practitioners would occur as a result of the list. There was a general view expressed that the Government were either being naïve in assuming that total savings would be made or had produced the list as the first step of a policy to undermine general practice. Dr Simon Smail made the point that medical freedom is always relative and that the list was more an attack on patients than on doctors. Dr Julian Tudor Hart also felt that it was the patients who should be informed about the implications of the Government's proposals.

Dr John Fry had not been surprised that the Government had taken action when one looked back at the rapid rise not only in the cost of drugs, but also in the total number of prescriptions issued. It was the type of list issued and the manner of its issue which concerned him. Dr John Ball saw the list as a trailer for the green paper on primary care and for the implementation of the Griffiths Report. He did not see the list as making any kind of positive contribution to effective prescribing. There had

been many indications that the medical profession has been taking a constructive and responsible approach to making prescribing more effective. The medical profession's offer on generic substitution had been rejected by the Government, and Dr Donald MacLean, Chairman of Scottish Council, reported that in Scotland the professions' offer to opt for generic prescribing had been rejected by the Scottish Home and Health Department.

Professor Drury challenged the scientific basis for the Government's proposals. The drugs bill within the NHS had remained the same proportionately for the past 30 years. The UK had the second lowest drugs bill in Europe, the prescribing of benzodiazepines had been reduced by 23 per cent in two years. The Government had not shown its commitment to effective prescribing when it had denied funds to the Prescription Pricing Bureau which wished to educate doctors by means of detailed analysis of their own prescribing patterns. He was in favour of a limited list, but such a list should be created by the profession. The greatest savings in prescribing can be made by avoiding prescribing rather than restricting the number of drugs available for prescription.

In summarizing the debate, Dr Irvine first commented on the lack of consultation before publication of the proposals and also the lack of follow-up information. The Council and the whole profession found management by diktat unacceptable.

Council came to four main conclusions:

1. The Council deplored the lack of consultation with the profession about introducing such a major innovation into the NHS. It was not the right way to foster developments in the Health Service.
2. These proposals as set out would adversely affect the well being of patients seeking care in the NHS, particularly those already disadvantaged.
3. Council reaffirmed its view that the well being of all patients was best served within a State Health Service by doctors who were free to exercise clinical judgement and discretion to meet the particular needs of their patients.
4. The commitment to effective and economic prescribing was reaffirmed. A coherent strategy for effective prescribing had to be developed and the College should explore with other organizations the possibilities of a united response from the profession along these lines.

Section 63

Council recorded its thanks to Dr John Hasler for his work on its behalf. Council agreed that the College's response indicated that Recommendation 9 relating to the budget holder should be strengthened. It was Council's policy that the budget holder should be the Regional Adviser. Council agreed to co-ordinate this policy with the General Medical Services Committee, both centrally and through the faculties with the LMCs.

A distance teaching approach to the training of general practitioners part-time in occupational medicine

A report from the House of Lords Select Committee on Science and Technology — Occupational Health and Hygiene Services¹ commented on a number of aspects of training in occupational medicine.

Among those paragraphs in the report with special relevance to general practice are the following:

'12.7 So far as training for the general practitioner is concerned, the Committee support the suggestion of the Royal College of General Practitioners that between five and 15 six-month training posts should be established in occupational medicine within the general practitioner's vocational training rotation. But the Committee also recommend that opportunity should be given to prospective general practitioners who do not require such detailed knowledge to undertake shorter two-month training periods. The Committee's recommendations on the provision of occupational health services would assist the supply of training opportunities. The trainee could, for example, be attached to the occupational health practitioner at a group general practice. This shorter training period would improve the general practitioners' awareness of occupational medicine.

'12.8 Unless . . . steps are taken to improve training facilities for all doctors interested in occupational medicine, including general practitioners, occupational health in the United Kingdom will continue to rely on doctors many of whom, especially the part-timers, have no formal specialist training.

The need for the general practitioner to take account of the effect of health on work and of work on health was set out by the working party of members from The Royal College of General Practitioners, the Faculty of Occupational Medicine of the Royal College of Physicians and the Civil Service Medical Advisory Service.²

New industrial legislation proposed by the Health and Safety Executive, such as the Control of Substances Hazardous to Health Regulations,³ will mean that many more doctors with some training in occupational medicine are likely to be needed over the next few years.

The Faculty of Occupational Medicine of the Royal College of Physicians recognizes the need for general practitioners with a special interest in occupational medicine to have their expertise recognized. It set up a working party to consider the problems part-timers face in getting training, and new regulations making it easier to qualify to sit for the AFOM examination are now published.

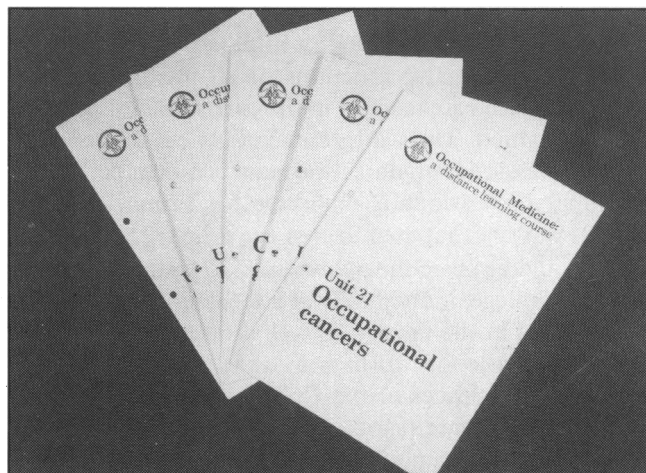
There has been a wide variety of articles in the free medical newspapers sent to general practitioners following these reports, as well as statements in the various journals. This has led to a degree of confusion about the training of general practitioners in occupational medicine. This paper is about one new route of training — the University of Manchester Distance Learning Course in Occupational Medicine.

The Distance Learning Project in Occupational Medicine started in 1979. At that time doctors could study occupational medicine at only four university centres pro-

viding full-time or day release courses. Since then, Birmingham University has started a day-release course. Some 2,000 occupational physicians in the UK work part-time.¹ Most are general practitioners or married women with domestic commitments who are unable to leave home for training; many are remote from the university centres. The provision of suitable training for these doctors was identified as a problem. The provision of a distance learning course, which students can study at their own pace at times convenient to them and in their own homes or places of work, was seen as the logical solution.

In 1979 the Department of Occupational Health at Manchester University approached the BLAT Centre for Health and Medical Education in BMA House, London. Together they started the first phase of the development, financed by the Leverhulme Trust. This continued until 1982 and was concerned with the preparation of the teaching material, involving close collaboration between medical and educational experts. The result — 27 teaching manuals. The second phase 1982–84, comprised a pilot course for 60 volunteer students with senior occupational physicians as tutors and seminar leaders. By 1983 the organizers were confident that a permanent course could be successfully established, given sufficient demand. Early in 1984 the University of Manchester accepted initial financial responsibility for the permanent course. The course was advertised, and the two-year course will have student intakes each October and April. So far 24 students have enrolled for the first October 1984, and nine for the April 1985 intakes. The annual fee is £795, and the course covers the syllabus of the examination for the Associateship of the Faculty of Occupational Medicine (AFOM). Each student will:

1. Receive the 27 teaching manuals (see figure) at appropriate intervals during the two-year course. The first five discuss the background to occupational medicine. The remainder cover specialist topics.
2. Attend 13 one-day seminars, at centres convenient to the student.
3. Attend 18 half-day local tutorials.
4. Attend, at appropriate university centres, 12 days of practical courses.



Distance Learning Teaching Manuals

For isolated students, the seminars and tutorials will be by teleconferencing and/or extended two or three-day meetings. The teaching manuals are designed to provide instant feedback and further feedback is via the tutor's comments on written answers to questions in the manuals. Students with satisfactory records will receive a university certificate. Senior occupational physicians willing to act as tutors and seminar leaders have been recruited in all regions of the UK thus providing the necessary services wherever the students are located. Further developments will concentrate on videotape teaching material. One videotape is almost complete and financial assistance for the development of a series is being sought. Looking further ahead, discussions on the possible development of teaching material on interactive video disc are taking place.

The course has attracted interest from overseas countries including Australia, Eire, Malaysia and South Africa and from British expatriates in the Middle East. It is expected that collaborative arrangements will be agreed with some of these.

Course brochures and application forms are available from: The Course Administrator, Distance Learning Course in Occupational Medicine, Department of Occupational Health, University of Manchester, Stopford Building, Oxford Road, Manchester M13 9PT. Tel: 061-273-1582.

R.L. MARCUS
*Regional Speciality Adviser,
RCGP North Western Region*

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1. House of Lords Select Committee on Science and Technology — Occupational Health and Hygiene Services. London: HMSO, 1983.
2. Royal College of General Practitioners. Joint working party statement: the patient's occupation. *J R Coll Gen Pract* 1984; **34**: 67-69.
3. Control of substances hazardous to health. Draft regulations and draft approved codes of practice. Health and Safety Commission, 1984.

Affiliation to The Royal College of General Practitioners

With the launch of the Quality Initiative by the Council in 1983, the role and functions of all members of the primary health care team in improving standards of care was highlighted. The College maintains close links with other professional organizations and is a member of the UK Joint Professional Committee for Primary Health Care. It was felt that members of the primary health care team should be given the opportunity to foster close links with the College, individually at a local level, both in the practice and in the faculty, as well as at a national level.

The principle of affiliation, that is extending the facilities and services of the College to members of the primary health care team, was discussed by Council in June. Faculty representatives were asked to raise the matter with their Faculty Boards and report to Council in

September. The response from the Faculties was supportive, and Council agreed that affiliation should be implemented after July 1985 and should run for an experimental period of one year, after which Council would review the matter.

Affiliation to the College is to be open to any member of the primary health care team who meets one of the following criteria:

1. employed directly by the practice, and/or fully reimbursed under the ancillary staff scheme;
2. full-time attached staff relating directly to primary care;
3. spend 60 per cent of their time directly in a practice and to whom general practitioners can refer patients direct.

Applicants must use their practice address for registration and must be sponsored by two principals in general practice. At least one of the sponsors must be a full Member of the College and at least one must be from the same practice as the applicant.

Affiliates will have no voting rights and will be unable to attend the Annual and Spring General Meetings but they will be invited to attend the College symposia.

The services and facilities of the College which are open to affiliates are varied: the Library and Information Service, together with the Online Search Service; the *Journal* and its associated publications; the print room facilities; service rate hire of public rooms at Member's rate and the club facilities at Princes Gate when available.

Further details and an application form are available from: The Registration Officer, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

Community nursing publications launch

Nurses and doctors have combined to produce a report on which the membership of the Steering Group — the Royal College of Nursing, the Council for the Education and Training of Health Visitors and the Panel of Assessors for District Nurse Training (which have now been replaced by the National Boards for Nursing, Midwifery and Health Visiting), the Royal College of General Practitioners and the British Medical Association — have worked since 1980. The group's aim has been to bring to the notice of the relevant authorities the role and function of nurses working within general practice and health centres, to identify and specify the particular knowledge and skills with which they need to be equipped in order to function effectively, and to outline the structure and content of an appropriate educational programme. *The training needs of practice nurses*, price £1.00 including postage and packing, is available from: RCN Publications Department, Royal College of Nursing, 20 Cavendish Square, London W1M 0AB.

The Balint Society Prize Essay

The Council of the Balint Society will award a prize of £250 for the best essay submitted on the theme: 'WHO NEEDS BALINT?...'

The prize winner will be announced at the 16th Annual General Meeting in June 1986. Details are obtainable from Dr P. Graham, 149 Altmore Avenue, East Ham, London E6 2BT.

New Zealand College of General Practitioners

The Council of the Royal New Zealand College of General Practitioners wishes to encourage holders of the MRCGP

practising in New Zealand, to become Members of their College also. The possession of MRCGP carries limited exemption from written parts of the New Zealand examination, although doctors do require to have spent 12 months in general practice in New Zealand and to have undertaken a successful practice visit.

Erratum

Essex Faculty Spring Meeting at Cambridge March 29-31

The booklet included with the November 1984 issue of the *Journal* had an error on the booking form for this meeting. Sunday lunch at Churchill College is available to all and not just delegates, as stated.

OBITUARY

Dr Bob Williams

Dr Bob Williams, general practitioner in Abertillery, Gwent, died by his own hand shortly before Christmas 1983 at the age of 36 years. This ended a long depressive illness dating from the time of the Falklands War.

Bob was born in Stoke-on-Trent, and was educated at Hanley High School, Trinity College Cambridge, and St Thomas's Hospital London, qualifying in 1971. He gained wide postgraduate experience in Britain, New Zealand, Australia, and finally as research registrar with Dr Julian Tudor Hart in Glyncoirwg South Wales, where he met and married Dr Ann Delahunty, a trainee in the same practice. In 1978 he took over a valley practice in Abertillery, where he put a big heart and too self-critical soul into the creation of an altogether new standard of excellent personal and population care. Patients' records were reorganized from top to bottom; his parents were recruited to the creation of an age-sex register; screening and follow-up of the entire adult population for hypertension were firmly established; regular home visiting of the housebound and elderly, and an elected patients' committee were started and maintained. In the heavy snows shortly after his arrival he entered local folklore by doing

his home visits on foot with climbing boots, his medical bag in a backpack.

Bob was a committed Christian and socialist, beliefs which in him were fused in a single philosophy. With Ann he made time to found and maintain a local group of the Campaign for Nuclear Disarmament, to serve on the management committee of the constituency Labour Party, and to put much quiet work into the Royal College of General Practitioners and the Medical Practitioners' Union.

His immense sense of personal responsibility was blocked and finally turned against him by what may to him have appeared to be a sheer wall of Philistine power and brutality. That this final pessimism was unjustified was proved by his patients' Council which maintained continuity while Ann, with their still unborn first child, struggled to pull things together again. Over a year later, he is survived by her, their daughter Bethan, and all the immensely worthwhile innovations he created in the Abertillery practice.

J.T.H.