

an interview. With no apologies for repetition, since the advice is so obviously needed, I offer the following suggestions:

Curriculum vitae. This should be cleanly typed on good quality paper and clean photocopies should be made (even if you have to pay for them); an illegible CV can ruin your chances. Keep your CV up to date. Do not leave a space at the top in which to scrawl your application in biro. The following information should be included:

1. Name, age and photograph.
2. Current address and telephone number.
3. Nationality.
4. Marital status/children.
5. Driver's licence.
6. Medical qualifications.
7. Any prizes or extra qualifications obtained.
8. Registration with the General Medical Council or the Medical Defence Society.
9. Employment record in chronological order (specify if locum posts). Do not write a long description of the normal duties of a surgical houseman but do make a note of any unusual activities, for example, if you have been in a burns unit or a family planning clinic. Include any general practice sessions and locum posts, as well as details of your present post and when it ends.
10. Referees. First, at least make sure that you have their permission to give their name. Obviously, consultants for whom you have worked in this country are the best people to ask.

Covering letter. This is vitally important. A good letter from an average candidate is much more likely to gain an interview than a poor letter from an academically distinguished applicant. This letter should give the trainer some idea why you want to become a general practitioner, why you have chosen his or her training practice and what you enjoy in the way of activities outside medicine. Family details are important, such as any permanent home in the UK if you are a foreign applicant, and your eventual career plans. If you have a working spouse it is common sense to include their future plans in the letter if the appointment will mean moving to a new area. Never use a photocopied covering letter — this is very bad form as it indicates to the employer that you have unsuccessfully applied for hundreds of jobs and it will not convince him or her that the job they are offering is very important to you.

Special cases. Foreign doctors, particularly those applying for trainee posts, are in a difficult position, especially if they have been general practitioners in their own country and now need a one year training post in order to comply with our vocational training regulations. I have had

many replies from older Sri Lankan general practitioners who have come to the UK recently and who need to complete a year in training. I think it is essential for these doctors to talk to their vocational training course organizer and the regional adviser who may be able to help them. There is a lot of pressure on good training practices from UK graduates. Irish graduates (there are no one-year training posts in the Republic of Ireland) should indicate their willingness to travel to an interview, as there is little point in applying from a long distance if there is no chance of attending for an interview.

Single doctors. If you have been reading the medical newspapers recently you will have seen mention of possible 'discrimination' against single doctors because they have no one to answer the telephone and may be 'emotionally insecure'. In these days of answering machines and cohabitation there is no excuse for employers to reject a doctor because he or she is single. It may be important to convince your prospective employer that you will buy an answering machine if necessary (£99 buys a reasonable one and it is tax deductible). Being married does not automatically provide a telephone answering service but it is useful if the spouse will help out on nights and weekends on call.

Some 'howlers' to avoid:

I do not enjoy being addressed as 'Dear Sir'.

I am not impressed by a covering letter being written on a half-sheet of file paper roughly torn across.

Poor English is inexcusable — there are plenty of people willing to advise you on the finer points of letter-writing.

Dirty, fingered and illegible applications go straight into the bin — I do not want my patients' notes treated like this.

Do not hound your potential employer with phone calls before your application has had time to arrive. Imagine 70 applicants for one job all phoning up for information about the practice during Monday morning surgery! Questions about the practice should be saved for the interview. By all means check the Medical Directory and ask the Family Practitioner Committee for some background information.

I do hope that this helps to avoid some of the ghastly applications which I received. Lastly, a note to the poor fellow who mentioned he had applied for over one hundred trainee vacancies — this should tell you something and, if not, please go and speak to the local vocational training organizer or regional adviser.

HELEN CLAYSON

The Surgery
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Forum

Sir,

Since January 1985 the Irish College of General Practitioners has been publishing a monthly newsletter known as *Forum* or the ICGP Review, which is sent to all members and associates. The initial function of *Forum* is to act as a means of communication and exchange of ideas among members of the ICGP. To achieve these aims, it is important to receive as broad a base of contributions as possible from among the membership.

Anybody interested may contact the Editor, Dr Charles Daly, at the address below.

CHARLES DALY

The Surgery
Tullow
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Spiritual healing and general practice

Sir,

The Churches Council for Health and Healing has a joint working party with the Royal College of General Practitioners. One of the crucial matters relevant to our discussions is that of validation of spiritual healing. This requires closer cooperation between the clergy and medical practitioners. One of the facets of this inter-relationship is the meeting of doctors and clergy at a local level. I should be most grateful for information from colleagues who attend a local doctor/clergyman or who have a member of the clergy or other spiritual counsellor attached to the practice.

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Corrigendum

Familial hypercholesterolaemia

In a letter on familial hypercholesterolaemia published in the June *Journal* the list of signatures should have included the following physicians and general practitioner with a special interest in disorders of lipid metabolism: J. Betteridge, P. Durrington, P. Gibson, E. Gowland, C. Marenah, D. Orrell, P. Pritchard, J. Reckless, J. Shepherd, K. Taylor, R. West and A. Winder.