

Priorities for action in general practice: the views of patient-oriented organizations

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Chairperson, Patients' Liaison Group

In May 1985 the Patients' Liaison Group organized a conference to which representatives of a wide range of patient-oriented organizations were invited. The aims of the conference were to identify the areas where participants felt improvements to general practice were especially desirable, to collect information about ways in which the service might be improved and to begin developing permanent links between the Patients' Liaison Group and representatives of patients. Each organization was asked to submit in advance a list of the six topics which were of especial concern to their members. The responses were analysed and grouped into five main subject areas. Members attending the conference were then invited to join a discussion group to consider one of these topics in detail. This report outlines a number of the issues identified as a result of the conference.

Thirty-three organizations sent in written details of the six issues of general practice which were of greatest concern to their members. In total 198 comments were received. The main aspects of general practice felt to be inadequate or most in need of improvement were:

- quality of care provided to patients (62 comments received)
- liaison with other parts of NHS, social services departments, voluntary organizations, and so on (61)
- communication and style of interaction with patients and their families (48)
- practice management and administration (21)
- miscellaneous (6)

Quality of care

Sixty-two written responses were received which criticized either the standard of general practitioners' knowledge or their practices in relation to certain areas of health care, or the way in which care was provided; 23 of these responses criticized general practitioners' knowledge about specific areas of health care, in almost all cases reflecting the specific interests of the organizations represented at the conference. An additional 11 responses suggested that the provision of preventive and health promotional activities might be enhanced. The largest specific topic where improved knowledge and support was requested (20 responses) was in the area of assisting patients and families to cope with the social, psychological and practical consequences of their illnesses or handicaps. It was felt that general practitioners might be more knowledgeable about these issues and be more empathetic of the experiences of patients and carers. Other comments related to the style by which care was provided. A few organizations mentioned the unwillingness of some general practitioners to take certain problems or categories of patient seriously; lack of adequate aftercare following hospital discharge; the low standards of care provided by some general practitioners and the desirability of monitoring services more carefully and surveying consumer needs.

Liaison with statutory and voluntary organizations

A large number of responses referred to inadequacies in liaison between general practitioners and other organizations providing aspects of health care. It was felt that liaison and communication might be improved with:

- voluntary organizations (25 comments received)
- other areas of the NHS, especially hospitals (24)
- social services departments (9)
- other (3)

Where the subject of liaison and communication with other areas of the NHS was raised, most organizations referred to liaison with hospitals, although some mentioned social services departments, other members of the primary health care team, community paramedical staff and community health councils. As well as general requests for improved liaison and cooperation, a few organizations mentioned such issues as unwillingness to make referrals, referral to inappropriate specialism and lack of information about waiting lists. A considerable number of comments expressed dissatisfaction with current levels of liaison between general practitioners and voluntary organizations. The majority of organizations stressed that they wished to cooperate more closely with general practitioners in providing specialist support or information to patients and their carers. Other comments suggested that general practitioners might make better use of voluntary organizations as sources of specialist information for themselves and that additional information about the special contributions of voluntary organizations be incorporated into medical training. Some participating organizations suggested that greater use be made of them in the training of doctors.

Communication

Many of the comments received can be classified as requests for improved communication by general practitioners. Many of the responses already discussed are relevant to this issue, for example some of the inadequacies of liaison by general practitioners with statutory and voluntary organizations, and a number of the criticisms of the quality of information to patients and their families on psychological, social and practical aspects of illness and handicap. However, 48 additional comments were received which relate to communication between individual patients and their general practitioner.

The comments can be divided into those which suggest that general practitioners might give further information to patients and the majority which suggest a more active and positive dialogue or relationship between the two parties involved. The former included comments that doctors could give more information about diagnoses, including their long-term implications, and about treatment alternatives and treatments prescribed. It was suggested that no information, or at least less information, should be withheld from patients, but that more care might be placed on the way information is presented, including the staging of giving complex or distressing information. The need for written back-up information in some circumstances was stressed, particularly in relation to drugs prescribed, and comments were received about the need for suitable presentation of this material to people with poor eyesight, poor reading skills or an inability to read English.

Comments about the style in which patients and general practitioners communicate included requests that patients should be able to participate much more in decisions about treatment and that more efforts should be made by some doctors not to appear unwilling to answer queries, deal with anxieties or receive constructive criticism. It was felt that some doctors wrongly make patients feel that they are making a fuss about nothing or show resentment when patients demonstrate that they know more about a specific illness or treatment than themselves. It was suggested that general practitioners should make greater efforts to communicate properly with deaf patients, and to encourage the use of interpreters where patients do not speak English com-

petently. Eleven organizations said that they would like to see more advice and support given to the families and carers of patients. Of these organizations a few especially stressed the need to continue advising carers when the patient was unwilling to work with, or see, the doctor.

Practice management

Twenty-one responses were received which related to improvements in practice management. Issues raised by several organizations included problems of obtaining access to general practitioners or information about the administration of their practices, the length of time available for consultations, a desire for patients to be able to inspect their own medical records and encouragement to general practitioners to set up patient participation groups.

Miscellaneous

Miscellaneous responses included concern about the possible consequences of the forthcoming Government green paper on general practice, a desire for general practitioners to encourage implementation of community care policies, the difficulty of providing good quality care to people living in underprivileged areas, suggestions for improving complaints procedures and a call for wider dissemination of information about good practice.

Discussions at the conference

Discussion during the conference focused on five major themes identified by a preliminary analysis of the written material discussed above. These were: (a) liaison with statutory and voluntary organizations; (b) communication with patients; (c) developing the medical knowledge of general practitioners; (d) dealing with the social, psychological and practical consequences of illness and handicap; (e) participation by patients in health care, both individually and collectively.

During the morning groups elaborated on the issues raised in their written submissions and sought to establish some of the causes of the problems identified. In the afternoon they began

to consider ways in which some of these difficulties or limitations might be overcome. At the end of the day organizations were asked if they would like to help the Patients' Liaison Group work out appropriate strategies for developing permanent liaison between themselves, other representatives of patients and the College. Perhaps not surprisingly there was a great deal of lively debate amongst participants and a feeling that there was time for only the most superficial consideration of major issues. There was a general appreciation that links between patient-oriented organizations and the College were being developed, and great enthusiasm for continued liaison.

Looking to the future a number of beneficial outcomes of the conference can be identified. The data collected on areas of greatest concern to participating organizations is being used by the Patients' Liaison Group to help define its priorities for action during the coming year. Written records made of points raised in discussion were passed to the relevant working parties of the Group and some suggestions have already been incorporated into formal reports to the College. Further contact is being made with the organizations who said they would be willing to help devise systems for developing permanent links between the Patients' Liaison Group, patients and patient-oriented organizations. At a less quantifiable level it appears that a number of patient-oriented organizations are now more familiar with the work of the College and are communicating with its members.

The overriding message to come from participants at the conference was that patients want to participate more fully in health care, to have more information about their condition and its management and to be actively involved in making decisions which affect them. The organizations present at the conference stressed that they wanted to cooperate much more closely with general practitioners and the College in providing information and support to patients and carers. The point was raised that the resources of most patient-oriented organizations are limited and that more thought might be given to using their skills and resources in effective ways. It is clear that the College's Patient Liaison Group should continue to play an active role in encouraging and enhancing the quality of liaison and communication between patients and general practitioners.



Participants at the 1985 Patients' Liaison Group conference.

Community interpreting and health

There has been a growing awareness in the UK, albeit a slow one, that people of ethnic minorities have the right and the need to be understood in such places as courts, hospitals and DHSS offices. Despite the fact that almost 31 bodies are currently offering a service in community interpreting, a proper training of interpreters is minimal. No nationally validated community interpreting training programme exists at the moment.

In response to such an obvious need the Pathway Further Education Centre in Ealing, London, is proposing to run a pilot project in community interpreting in association with the Polytechnic of Central London from January 1986 and a full diploma course in conjunction with the Ealing College of Higher Education from October 1986. Health-related interpreting is seen as the most important aspect of community interpreting as it affects every member of the community. The main thrust of the course will therefore concern hospitals and health care.

Although the duration of the course still needs to be worked out some of the broad aims can be briefly outlined. The course will endeavour to examine and define the role an interpreter ought to have in relation to his or her own community, clients or agencies, such as health authorities, the DHSS, the courts, and the police. Furthermore, it will seek to establish a code of conduct when dealing with questions of confidentiality and to examine the whole ethical basis of interpreting.

The aims would be to develop techniques to interpret at the level of 'unit of meaning', and not the level of word, as well as learning ways to transfer culturally specific knowledge into another language. The course will provide information on specific agencies and develop skills to retrieve information on their regulations and procedures. Stress will be placed on developing oral and written competence in English and the chosen language of the participants (initially three South Asian languages, Hindi, Punjabi and Urdu, will be offered). Later, given sufficient demand, the range of community languages can be extended.

A fully trained and equipped interpreter will, it is hoped, bring to the task of interpreting an element of sensitivity and professionalism, thereby enhancing the role of an important functionary in promoting understanding and goodwill all round. For further details, please contact Mr S. Sethi, Pathway Further Education Centre, Havelock Centre, Havelock Road, Southall, Middlesex. Tel. 01-571 2241.

Anne Hamilton prize

Applications are invited for the Anne Hamilton Prize which is to be awarded for the best essay on the College motto 'Cum scientia caritas', with special emphasis on 'caritas'. The competition is open to anyone involved in patient care. Essays should demonstrate the author's understanding of the importance of sympathetic communication between the patient and all those caring for him and should preferably include personal work or experience in this field. The amount to be awarded will be £250. The closing date is 31 December 1985.

Particulars of entry can be obtained from the Awards Secretary, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

MRCGP Examination results

The following candidates were successful in the Membership Examination of June/July 1985. (* denotes distinction).

D.M. Abraham, P.J. Ackerley, R.J. Adams, Beryl R. Adler, J.K. Agarwala, Leonie E. Aitken, D.J. Allen, Anna K. Anson, Lesley E. Armitage, Jill D. Armstrong, A.G. Ashman, Roderic Ashton, A.J. Ashworth, *Diane C. Asker, Christine M. Auld.

Elizabeth A. Bailey, A.R.M. Baker, Janet E. Baldock, Sarah J. Baldry, M.J. Ball, N.J. Bamford, Jane M. Barber, A.M. Barker, E.S. Barnes, T.M. Barnsley, J.H. Bassett, John Batten, J.Y. Behardien, C.J. Bell, Keith Bendelow, I.J. Bennett, R.B. Bennet, Denise M. Bennett, J.S. Benns, D.R. Besley, Susan E. Bigg, Anne E. Bissell, D.A. Black, R.A.L. Black, C.M. Blackman, *D.D. Blaney, M.J. Bleby, A.R.J. Boggis, Gillian D. Bogle, Alexandra C. Booth, P.B. Borrelli, P.E. Bowen-Davies, G.A. Boyes, R.C.G. Bracchi, C.P. Bradley, Geraldine M. Bray, P.M. Bray, R.J.W. Brennan, D.H. Brewster, C.F. Brogan, A.E. Brooke, Judith A. Brooke, Julia L. Brookes, Richard Brooks, M.D. Brough, T.J. Browes, G.J. Brown, Gillian Brown, K.W. Brown, Oenone C. Brown, Penelope S. Browne, J.G. Brownless, Sarah K. Bruml, W.B.H. Bruncker, *I.S. Buchanan, J.R. Buckle, C.S. Bull, J.E. Burgess, L.J. Burke, Janis A. Burkett, Julia M. Burkill, G.A.M. Burnett, Pagan Burns, S.J. Burrell, Pamela S. Burrows, T.J. Burt, G.P. Bury.

*J.F.B. Cahill, I.C. Campbell, J.A. Campbell, Juliet M. Campling, Miriam C. Carey, A.J.B. Carson, P.A. Casey, K.C. Chadwick, Lynette Challands, Rachel M. Challenor, W.N. Chalmers, Jacqueline P.M. Chambers, *M.E.W. Chambers, M.F. Chambers, R.C. Champ, Dorothy G. Chapman, Qamar Chaudhri, B.N. Cheek, K.S. Chiah, J.B. Clark, A.J. Clarke, Margaret P. Clarke, Lesley A. Clough, M.J. Coaker, Alison J. Coll, Judith A.B. Collier, Deirdre M. Collins, Sally E. Colver, Edward Comber, G.A. Cook, D.M. Coombs, D.J.R. Corbett, D.J. Corlett, Katharine J. Corlett, Penelope C. Cotton, Mary Coughlin, Margaret S. Cowan, S.W. Craig, *Rosemary A. Croft, T.M. Crossley, F.G. Crowe, M.S. Cullen, R.D. Curry.

Rosalind A. Daintree, J.R. Dalton, P.G. Darbyshire, D.R. Dare, P.G. Davenport, B.H. Davies, G.C.J. Davies, J.R. Davies, Heather M.R. Davis, Robert Davis, D.A. Day, A.R. Deacon, K.M. Dean, T.S. Dean, Clare L. Detsios, P.J. Devitt, Satkamal K. Dhadly, R.J. Dickie, Janet M. Dickson, F.F. Dobbs, Malgorzata M.S. Dobson, M.P. Donnelly, J.C. Duignan, Charlotte F. Duncan, Thomas Dymock.

Helen M. Earwicker, S.C. Earwicker, David Eccles, N.G. Eckersley, Dianne M. Eddison, P.J. Edon, Lynne Ellis, Robert Elsworth, I.D. Entwistle, Elizabeth C. Evans, T.H.D. Evans.

*J.J. Fairfield, A.J. Farmer, Beverley J. Farnell, Anne Felstead, Michelle Ferris, Shielagh C. Finlay, Margaret A. Finn, Eleanor A.R. Fitzgerald, Margaret M. Fitzgerald, S.M. Flasher, N.J. Fletcher, Dorothy J.L. Flint, Kathryn Fluker, A.S. Forbes, A.R. Ford, Angela D. Ford, B.N. Ford, N.E. Foreman, Lesley A. Foskett, Carolyn J. Fraser, C.A.M. Freeman, J.C. Frost.

P.G. Gaffney, A.M. Galloway, Fiona C.E. Galton-Fenzi, J.A. Galuszka, Jacqueline M. Gantley, Kirit Garala, Margaret R. Garner, Delna Ghandhi, Helen G. Gibson, Jeanne Gibson, C.J. Gilbert, D.J. Gilbert, S.J. Gillam, J.C.M. Gillies, H.W. Gillies-Reyburn, A.N. Gilmour-White, M.S. Glasby, R.P.N. Gliddon, Michael Glover, R.J. Godlee, J.C. Godwin, S.H. Goldberg, Judith M. Gould, Angela E. Graham, Colin Graham, Helen J. Graham, Lesley J.C. Graham, Lynne S. Graham, K.P.M. Grant, Linda J.C. Grant, Catherine R. Gray, P.J. Gray, Antoinette M.D. Grogan, Helen P. Grenier, Jacqueline M. Griffin, Kathryn E. Griffith, Susan Griffith, P.M. Griffiths, Fiona J. Groves, Krystyna A.T. Gruszecka, Margaret A. Gustafson, Elizabeth L. Guthrie, Brian Guttridge, Eileen M. Guy.

K.G. Hall, Sandra E. Hallatt, Susan E. Halliday, Linda Hallifax, P.J. Halls, Caroline Hampton, Susan A. Hancock, D.J. Handley, Jane S. Hankey, W.M. Hanlon, P.C. Hannaford, G.D. Hannah, Louise Hardacre, Ruth M. Hargreaves, Rosaleen M. Harkin, N.J. Harmsworth, M.F. Harris, Sarah J. Harris, Kevin Harrison, P.D. Hastings, D.E. Haworth, J.M. Healy, B.M. Heap, Paul Heath, M.C. Hegan, Garry Henderson, T.T. Heneghan, Mary C. Hennessy, Maria C. Hetherington, N.D. Hewitt, Veronica M. Hickson, J.M.M. Higgie, R.J. Higgo, P.E. Hiorns, Keith Hodge, C.R. Hodgkinson, Clare L. Hoffman, N.J. Hoffman, J.D. Holden, M.J. Holloway, Lucy F. Holms, R.J. Hopkins, Jane H. Howie, Stephen Huck, N.G. Hunt, C.J. Hunter, C.M. Hunter, J.R. Hunter, Joy T. Hunter, Kirsty A. Husk, C.T. Hutchinson, P.F. Hutchinson, A.J. Hutton.

Anne M. Iliff, T.G. Inskip, I.C.O. Isaac.
D.J. Jackson, Eva M. Jacobs, S.J.F. Jarvis, T.O. Jefferson, D.G. Jeffery, D.I. Jenkins, W.R. Jenkinson, A.A. Jethwa, F.P.D. Johnston, D.K.L. Jones, J.H.A. Jones, Margaret E. Jones, N.K. Jones, R.H. Jones, R.B.A. Joyce.

Safiy Karim, A.N.K. Karmali, *Dina Kaufman, S.R. Kay, V.L. Keeley, Christine Kell, M.S. Kelleher, J.J. Kelliher, Rosemary Kendall, A.R. Kendrick, Elizabeth D. Kennedy, Ruth Kennedy, Katharine M. Keohane, Maldev Keshvara, K.A. Khan, P.A. Kiehlmann, W.J.G. Kieran, M.L. Kiff, Judith A. Kinder, P.M. Kingston, W.G.R. Kingston, T.S. Kinloch, Mary Kinoulty, D.O. Knapper, K.R. Knight, M.G.S. Knight, P.M. Knight, A.J. Knights, Janet A. Knowles, H.S. Kohli.

Fiona A. Laing, N.N. Lakhani, R.T. Leary, G.J.M. Leckie, Lesley J. Lee, D.S. Leeder, Colette W. Leese, R.J. Leetch, H.H. Leung, G.M. Leuty, Wendy B. Levison, Margaret Z. Lewis, R.J. Lightfoot, S.H. Lillcrap, Jennifer A. Litchfield, Peter Littlejohns, Clare M. Littlewood, R.R. Livings, *P.M. Lloyd-Jones, C.F.M. Lobley, J.F. Longan, Stephen Longworth, R.E. Lorge, J.J. Loughnane, G.H. Love, Lisa F.C. Lowenson, Onora M. Lynch.

Susan E. Mackenzie, R.I. Mackichan, Helen M. Mackinnon, H.M.C. Maclaren, P.L. Madden, S.J. Maher, J.M. Maitland, Kathryn Maitland-Ward, David Manovitch, A.M. Marshall, Barbara A. Marshall, Ruth B. Marshall, H.P.L. Martin, Denise Martyr, Irene M.M. Mawby, Norena W. McAdam, Theresa F. McArdle, D.E. McAuley, I.M. McBride, L.C. McCammon, Isabel McCarlie, Julia M. McCarthy, Malcolm McCaughey, F.J. McCloghry, Jean B. McClune, I.W.L. McCulloch, H.C. McCullough, N.G. McDonald, D.J. McDowall, Rosemary E. McElnay, D.G. McCaughey, Ian McGibbon, K.J. McGlade, H.P.M. McGoldrick, M.T. McGowan, S.B.A. McGuire, Grainne M. McGurk, S.J. McHugh, G.H.C. McIlroy, Shirley P. McIlvenny, A.R. McKay, Sheila A. McKechnie, Geraldine McKeever, D.F.G. McKeown, R.K. McLay, J.L. McMichael, I.D. McNeil, I.S. McPherson, J.D. McQuillan, Patricia A. McQuoney, F.C. McRae, Moira S. McRobert, M.A. Meagher, *R.J. Meredith, P.I. Middleton, Janet A. Millar-Craig, E.R. Millard, J.C. Miller, Jude Mills, T.A. Mills, Sarah J. Minter, D.G. Mitchell, I.W. Mitchell, F.A.W.C. Mo, G.L. Moffat, Yasin Mohammed, G.C. Moncrieff, A.G. Moore, J.R.A. Moore, G.W. Morgan, H.S. Morley, A.R. Morris, Ingrid L.H. Morris, Andrew Morrison, J.F.J. Morrison, Jill Murie, M.R. Murphy, Maureen Murphy, T.A. Murray.

Mary G. Naisby, Alison J. Naismith, Rosemary A. Naunton Morgan, E.D. Ndovi, Hazel J. Needham, Conor Neeson, Eileen M. Neil, *Philippa S. Neville, Debra Newell, Lorna M. Nicholl, Ruth Nisbet, Fiona S. Noble, James Noble, T.W. Noble, Lynn P. Norbury, *G.A. Norfolk, D.G.F. Northern.

D.J. O'Brien, P.J. O'Brien, N.P.A. O'Cleirigh, K.M. O'Connor, Elizabeth A. O'Donnell, J.G.M. O'Dowd, Helen M.C. O'Driscoll, P.J. O'Dwyer, J.J. O'Flynn, Janine M. O'Kane, Thomas O'Leary, J.G. O'Rourke, T.W.A. O'Toole, P.M. Opie, Matilda M.G. Oppenheimer, D.C. Oram, I.R. Ormerod, P.K. Orton, G.D. Owen.

Barbara E. Page, S.K. Palit, J.H. Parry, *J.W. Paterson, R.E. Paterson, M.G. Patten, B.G. Patterson, R.J. Payne, T.G. Peacock, Judith B. Pell, Joanne Peters, B.D. Pethica, N.D. Pidgeon, L.C. Pike, *Helen E. Pocock, S.A. Poots, Isabel J. Pope, S.L. Popper, J.D. Porter, Michael Potrykus, Jane R. Potter, J.G. Poyner, Jean E. Prior, Elizabeth J. Purce.

Orla G. Quigley, R.M. Quinby.

*J.S. Rathore, H.A. Reeve, C.M. Regan, R.J. Reichenbach, Adrienne M. Rennick, E.M.R. Reynolds, Jennifer B. Richardson, A.W. Rigg, G.M. Ritchie, C.B. Robb, A.G. Robertson, Fiona M. Robertson, Linda M. Robertson, N.D.P. Robinson, J.J. Rochford, J.M.C. Rogers, Dennis Rooney, A.F. Rosenfelder, A.M. Ross, Penelope Rother, Barbara E. Rozkres, Bernard Russell, Christina J. Russell, K.J. Russell, M.M.B. Ryan, Mary C. Ryan.

Maha R. Saif, Christine M. Sales, D.R. Sales, Patricia M. Sankey, Kay P. Saunders, P.W. Saunders, Rosemary A. Savage, N.P. Scarborough, C.L. Scott, Michael Seddon, J.A. Senior, Michelle C. Sharkey, S.H.D. Shaw, John Sheardown, Mary A. Sheehan, *Caroline Shepherd, Gillian L. Shepherd, Stephanie P. Short, Elizabeth C. Sida, J.L. Simpson, B.B. Singh, *Carol D. Singleton, S.J. Singleton, Pauline H. Skarrott, D.W. Smart, A.W. Smerdon, Brigid T.M. Smith, P.H. Smith, Penelope F. Smith, S.M. Smith, A.C. Snape, C.M. Solomon, Carole A. Solomons, N.C. Sood, Joseph Spitzer, Sandra J. Sprigg, D.J. Stacey, J.N. Stainforth, M.J. Stalker, M.C. Staniland, N.A. Statham, Venetia M. Stent, Jennifer A. Stephenson, Rosemary F. Stevens, Mary R. Stewart, W.A. Stewart, *D.P. Strachan, M.C. Strachan, M.J. Street, T.G. Sullivan, Andrew Summers, Michael Sumner, Eugene Swaine, David Sweeney, C.F. Swinhoe.

C.M. Taggart, A.D. Tandy, M.J. Tayler, A.J. Taylor, Cynthia P.J. Taylor, M.A. Taylor, *R.A.S. Taylor, D.F. Taylor-Helps, Ann M. Telesz, P.J. Thebridge, *Catherina M. Thomas, H.L. Thomas, M.C. Thompson, B.F.M. Thomson, Rosemary J. Thomson, S.A. Thomson, K.J. Thorley, C.A.L. Thorman, Alison L. Threfall, Anne M. Thurston, Julia S. Thurston, *M.D. Tinker, R.G. Todd, Isobel M. Tomlinson, Mary F.R. Tonge, Isabelle X.P. Tran, *T.N. Trotter, B.A. Tuck, Anna T.M. Turnbull, Susan M. Turnbull, D.C. Turner, M.H. Tweedy.

Stephen Urwin.

J.G. Vernon.

Ann E. Walker, W.E. Walker, E.L. Wallace, R.A. Wallworth, P.J. Walsh,

Paula M. Walsh, H.E. Ward, John Watkins, R.J. Watton, Margaret I. Watts, A.N. Wear, Anne M. Webb, A.D.J. Webborn, Sarah J. Weidmann, Winifred I. Weir, Flora M. Welch, Janet L. Welsh, *R.J. Wheeler, Jean A. White, M.J. White, Nicola J. White, R.J. White, D.M. Whitehead, P.S. Whitehead, Mary L. Whiteside, R.N. Whittaker, R.M.L. Wilcox, G.S. Wildy, P.S. Wilkinson, I.G. Williams, M.I. Williamson, E.A. Willis, D.G.A. Willox, Ann E. Woollard, Gillian E. Worsley, R.H. Wray, P.A.M. Wrenn, Angela L. Wright, D.J.T. Wright, P.G.Y. Wright, P.J. Wright, P.G. Wylie.

C.H. Yarwood Smith, Catherine D. Youell.

DIARY DATES

2nd International Symposium on Hypertension in the Community

A symposium on hypertension in the community will be taking place in Jerusalem from 8–12 December 1985. For further information please contact: Professor Talma Rosenthal, 2nd International Symposium on Hypertension in the Community, PO Box 50006, Tel Aviv 61500, Israel.

Cervical screening — the way ahead

A conference on cervical screening will be taking place at the Royal College of Physicians, St. Andrews Place, Regents Park, London NW1, on 9 October 1985. For further information, please contact: Miss Christine Warman, Administrative Officer, Institute of Oncology, Marie Curie Memorial Foundation, 28 Belgrave Square, London SW1X 8QG. Tel. 01-235 3325/1323.

From chaos to clarity: primary health care research — methodology, principles and practice

A course on primary health care research is being organized by the World Health Organization and will take place at the Northwick Park Hospital, Harrow, Middlesex, from 4–9 November 1985. Applications, which should be made by 7 October, should be sent to: Mrs V.C. Duncan, 7 Dudhope Terrace, Dundee DD3 6HG. Tel: 0382 28212.

Care of mentally handicapped people in the community

A course on the care of the mentally handicapped in the community has been arranged for 25–27 October 1985. Further details may be obtained from Mrs E. Titshall, Academic Centre, North Middlesex Hospital, Sterling Way, Edmonton, London N18 1QX. Tel: 01-807 3071.

General Practitioner Research Club

The next meeting of the General Practitioner Research Club will take place at the Wentworth College, University of York on 21 September 1985. In addition to looking at medical research and diabetes, there will be group discussions on a variety of publications. Details may be obtained from Dr Roger Jones, Aldermoor Health Centre, Aldermoor Close, Southampton, Hampshire. Tel. 0703 783111.