Age–sex registers — information folders

The RCGP Information Service is developing a series of information folders on general practice organization topics. The first in the series, entitled *Age–sex registers* is now available from the RCGP Central Sales Office, price £2.00 to RCGP members, £3.00 to non-members. The contents of the age–sex folder are listed below:

1. Leaflet describing services offered by the RCGP Library and Information Service.
2. About the authors.
3. Types of register.
4. The age–sex register — what can you do with it?
5. The age–sex register — construction.
6. Diagrams and illustrations.
7. Computers and the age–sex register.
8. Price list and order form for RCGP medical record cards.
9. Bibliographies on the age–sex register and photocopy request/copyright declaration form.
10. Questionnaire and guidance notes for authors.

Should your practice wish to obtain the age–sex register folder, please send a cheque with your order to the Central Sales Office, 14 Princes Gate, Hyde Park, London SW7 1PU.

Cervical screening

Recent events have highlighted the need for efficient cervical screening. The controversy is not whether it should be done, but rather how it should be organized. General practice offers the ideal setting for cervical screening programmes.

Cervical screening — a practical guide by Dr Ann McPherson gives all the practical information needed by general practitioners, receptionists, nurses and practice managers on setting up and running efficient programmes, including background facts on cervical cancer, call and recall systems, patient-held record cards, common worries of both patients and doctors, financial aspects and the follow-up.

The booklet is published by Oxford University Press under the auspices of the Royal College of General Practitioners and the Imperial Cancer Research Fund.

New research fellowship in health promotion

The Health Education Council, King's Fund and the London School of Hygiene and Tropical Medicine have joined forces to create a new research fellowship in health promotion. Dr Bobbie Jacobson has been appointed as the new Research Fellow and is based at the Department of Community Health at the London School of Hygiene.

It is now nearly 10 years since the Department of Health and Social Security first published its booklet *Prevention and health: everybody's business* and Dr Jacobson's appointment marks the start of a new initiative. His task will be to produce a book which will attempt to take a multidisciplinary and critical look at existing preventable health problems in the United Kingdom, and how they have changed over the last 10 years, and it will also assess what action can be and has been taken.

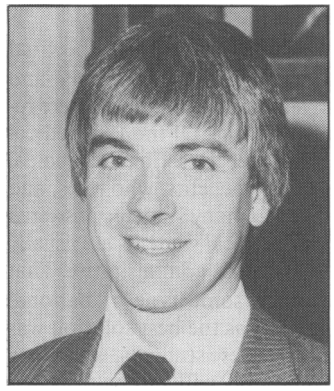
To do justice to the breadth and variety of initiatives that are being undertaken the consultation process will be as wide as possible. Dr Jacobson would welcome any suggestions, comments and information on relevant activities. He may be contacted at the Department of Community Health, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT.

SK&F/RCGP Fellowship

Research into the development of a simple endoscopic test to determine a patient's potential for oesophageal reflux has won Dr John Galloway the first ever Smith Kline and French Laboratories Limited/Royal College of General Practitioners Fellowship for Research in Gastroenterology in General Practice.

Dr Galloway is a principal in general practice in Norfolk, and clinical assistant in gastroenterology at the Queen Elizabeth Hospital, King's Lynn, working with consultant gastroenterologist Dr Rory McGouran.

The Fellowship of £5000 per annum for three years is awarded by the Research Division of the Royal College of General Practitioners and is supported by Smith Kline and French Laboratories Limited. It will enable Dr Galloway to continue research which he hopes will ultimately provide a simple and reliable endoscopic test of cardiac sphincter competence. Such a test could simplify the management of patients in the community who suffer from gastrooesophageal reflux.



John Galloway

FAMILY PRACTICE ABROAD

Letter from Chapel Hill. Marketing medicine

JOHN J. FREY
Editor, Family Medicine

The images of physicians in the USA in days gone by are less of the horse and buggy doctor and more of the small shopkeeper working long hours to provide his community with needed services at an affordable price. The spirit of the independent physician unfettered by regulations, free to practise in a manner compatible with local standards is still strong in the physician community. However, just as free enterprise has become the realm of multinational corporations, medicine has become a big business.

I recently travelled out of small town North Carolina and found that, indeed, things had changed. Billboards along the expressways near major airports in Massachusetts and Kansas now advertise the 'Healthplan for You' and use more combinations of the word health than I imagined possible. Suffering citizens who have to have their haemorrhoids fixed and are reluctant to go to the hospital can now go to 'surgi-centers' where 'friendly personal staff make your stay comfortable and get you

home safe and sound'. Television commercials for surgi-centers sound more like advertisements for hotels than for hospitals.

During the middle part of this century physicians actually controlled hospitals which had dictated standards of practice and reimbursement. Now, hospitals and physicians are controlled more and more by corporate entities. The American Medical Association decries the intrusion of commercial companies into the medical marketplace but does not grapple with the assumptions of the marketplace or the advisability of changing it to some other structure. Patients are looking to their own physician for guidance, but physicians are among the more confused about the future.

Some very strange things are happening in the marketplace. A recent local newspaper advertised a new 'urgi-center'. In the advertisement, the reader was informed that there was a discount on lacerations until the first of the month and that pap smears would have a 25% discount for the first appointment. There are a number of women's breast centres (as opposed to men's breast centres?) in the country advertising a 'total breast test' where, presumably, women can have their breasts examined and have a mammogram on demand. There are also circumcision clinics which carry out 'discount' circumcisions; these clinics are independent of the ambulatory surgery centres at hospitals. Henry Ford and the automobile assembly line have nothing on American medicine of late.

Another view of American medicine appeared in the final exam of a year long course in which I teach called 'Social and cultural issues in medicine'. First year medical students were required to answer one of six essay questions. Of the 128 medical students on the course 33 chose to answer 'Describe the medical reimbursement system in the USA, who benefits, who loses, and what you would do to correct it.' That so many students answered this question surprised me. First year medical students are usually more interested in things clinical than things administrative. That the overwhelming majority suggested some type of national health service similar to that in the UK as the best solution was the real surprise. I cannot say whether these students, when they start to practise in seven to 10 years time, will still be disposed to look on a national health system as a positive reform of a system out of control. Medical students may have some intuition about the structure of the system in which they are likely to work. The ground is better prepared for the next generation of doctors to change the present system to one which lets them practice medicine and care for people rather than focussing on running a small business. That is the propaganda which, with increasing success, has been used to attract physicians to a career in the armed forces — the largest 'socialized' system of medical care in the USA.

Already 50% of non-house officer physicians under 40 years of age are working for a salary. The differential in earnings between older physicians and younger physicians in the same specialty is much greater than in previous years and the future looks grim for ever achieving previous levels of income. The target for all the recently enacted cost-control legislation is the hospital with its high technology procedures and high costs. The *prix fixe* approach which the federal government now uses for reimbursement under Medicare pays per specific diagnosis, not per individual patient. Even the most junior hospital administrator knows that expensive procedures done for educatioal purposes will quickly push the expenses for an admission over the budget and leave the hospital to make up the difference. Indications for such procedures are continuously being revised downward. Fewer procedures produce smaller incomes for specialists. Thus there may be some equalizing of incomes between generalists and specialists over the next decade which will make career choice by students subject to a different set of variables.

My first year medical students may have a better and more realistic sense of what the shape of post-marketplace medicine will be than those currently engaged in the furious advertising war for the worried well. The attraction of being one's own boss which seems to have been central to the choice of medicine as a career by many in the 1940s through to the 1970s may be replaced by a desire to do good work for a decent salary in a group environment.

Developing family practice in Kuwait: a summary of progress to date

ROBIN C. FRASER
RCGP Kuwait Fellow

After discussions with the Royal College of General Practitioners, the Kuwait Ministry of Public Health took the decision to develop family practice as the basis of a comprehensive and patient-centred approach to primary care in Kuwait. The long term aims were: to make family practice the corner-stone of a fully integrated health care system; to develop self-sufficient educational and training programmes for family practice within Kuwait; and to introduce a postgraduate qualification in family practice in Kuwait, eventually equivalent in standard to the MRCGP examination.

The RCGP was asked to help in these developments and on 1 January 1984 I was appointed as the RCGP Kuwait Fellow with particular responsibilities for advising on and instituting appropriate educational and training programmes within Kuwait. Professor John Walker from the University of Newcastle was given the task of devising an examination equivalent to the MRCGP but geared to local circumstances in Kuwait. Dr Mansour Sarkhou was appointed as the local Kuwait coordinator and head of the new Family Practice Training Unit within the Ministry of Public Health.

Among the many initiatives that are required two priorities for immediate action have been identified: the introduction and development of model centres of family practice in action and of specialist (vocational) training for family practice. The model centres will not only pioneer the new concept of family practice, they will also act as a focus and a resource for training. The clinics at Medan Hawalli and Qadisia were selected for development as model centres.

Nineteen doctors were selected to be potential family practitioners and vocational trainers, on the basis of clinical competence, personal qualities and their perceived capacity for future development with training. Thirteen of these doctors are working in the model centres. In order to enable a gradual shift to be made towards the delivery of fully comprehensive family practice, the professional needs of each doctor have been assessed and a coordinated programme of educational and training activities has been instituted. This has involved such activities as small group meetings, short periods of attachment to appropriate hospital units, reading appropriate books and journals and increasing the range of clinical responsibilities of the doctors within the model centres. To prepare them for their teaching role a two-week full-time course has been held. This has introduced them to modern educational techniques and familiarized them with the knowledge, skills and attitudes required of a trainer in family practice.

Even at this early stage the new style of family practice has been welcomed by the populations at Medan Hawalli and Qadisia. Many patients have expressed satisfaction and a most favourable account has appeared in the press. There has been a noticeable improvement in the standards of clinical care practised by the doctors, including less prescribing and more ap-

propriate use of investigations and hospital referral. Their morale and job satisfaction have also improved. Already young Kuwaiti doctors are becoming attracted to family practice as a potentially satisfying career option. The first five Kuwaiti trainees are in post and several more have expressed interest in family practice.

A two-year programme of specialist training for family practice has been introduced, comprising nine months in the model centres and 15 months in an appropriate rotation of hospital posts. The family practice trainees have volunteered the opinion that the training they are receiving in the model centres can be favourably compared with what they have experienced in hospital.

The Institute for Medical Specialisation in Kuwait (the body which oversees postgraduate medical qualifications in Kuwait) has recognized the progress being made by setting up a Faculty of Family Medicine of which Dr Mansour Sarkhou has been named Chairman and I have been named as a member. In addition to the educational and training activities taking place and resourced locally in Kuwait, visiting experts from the United Kingdom will in the course of the next 12 months be involved in a special course for the trainees and in formal assessments of both the teaching and clinical abilities of the potential family practitioner trainers. It is hoped that fully comprehensive family practice can be launched in the model centres from 1 January 1986 and that the first examinations for the Diploma in Family Practice will take place at the end of 1986 or early 1987 under the direction of Professor Walker.

DIARY DATES

RCGP Annual Symposium

The RCGP Annual Symposium entitled 'Quality: what is it and what stops you providing it?' will be held on Friday 8 November at the Barbican Conference Centre, London. The symposium will be based on small group work for which members will be expected to do preparatory tasks.

Further details and application forms can be obtained from: Mrs Sue Smith, Education Division, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

A course in the care of the terminally ill patient

A full-time course lasting for one week will be held in the Prince and Princess of Wales Hospice, 71–73 Carlton Place, Glasgow G5 from Monday 4 November to Friday 8 November 1985.

The course, which is open to residential and non-residential participants, will be directed towards a multidisciplinary professional audience, and the lectures by medical specialists, health professionals and others will explore not only the clinical aspects of the care and management of the dying, but also related topics such as bereavement and some of the moral issues involved in caring for such patients.

The fee for the course, which is approved under Section 63, is £110 for one week's full-time tuition. A limited number of participants may be accepted on a daily basis at a fee of £30 per day (including lunch) or £15 for part of any day.

Enquiries should be addressed to the Course Secretary, The Prince and Princess of Wales Hospice, 71–73 Carlton Place, Glasgow G5 9TD. Tel. 041-429 5599.

1985 Ernest Jones Lecture

Professor Sir Edmund Leach, FBA (Emeritus Professor of Social Anthropology and formerly Provost of King's College, University of Cambridge; BBC Reith Lecturer, 1968) will give the 1985 Ernest Jones Lecture, organized by the British Psycho-Analytical Society, at the Logan Hall, Institute of Education, 20 Bedford Way, London WC1, on Wednesday 6 November at 20.15 hours. He will speak on 'The big fish in the biblical wilderness'. The President of the British Psycho-Analytical Society will be in the chair. Admission is free.

Collaboration in Health Care Working Party seminar

The Collaboration in Health Care Working Party is holding a seminar entitled 'From paper to computers. To demonstrate a variety of ways of making learning less difficult' on Friday 11 October 1985 in The Robin Brook Theatre, St. Bartholomews Hospital, West Smithfield, London EC1A YBE. The seminar begins at 10.15 hours and an evaluation form will be given to each delegate for completion and return at the end of the day.

Conference on advanced cancer

A conference on aspects of the management of advanced cancer will take place on Thursday 5 December 1985 at the Royal College of Physicians of London. The conference has been approved under Section 63.

Applications, to be made before 22 November, should be sent to the Assistant Registrar, Royal College of Physicians, 11 St. Andrew's Place, Regent's Park, London NW1 4LE.

British Holistic Medical Association — third annual conference

A conference on 'Holistic medicine and the health of the carer' will take place on 19 and 20 October 1985 in Kensington Town Hall, London. The conference will discuss the BMA report on alternative medicine, the mental and physical health problems of doctors and nurses, and will look at ways of improving medical and nursing education. Further details may be obtained from Cynthia Read, Department of Clinical Pathology, Maudsley Hospital, Denmark Hill, London SE5 8AZ. Tel. 01-703 6333.

Button battery ingestion

Despite a significant number of reports of accidential ingestion of button batteries, there is little information about the clinical approach to the management. In this study the efficacy of antacids or mineral oil and the effect of variation in battery discharge state were investigated *in vitro*. The effect of cimetidine, magnesium citrate, metoclopramide and battery discharge state was assessed in dogs.

Button batteries immersed in a simulated gastric environment (0.1N hydrochloric acid) demonstrated less corrosion of the metal can after the addition of neutralizing dozes of eight of nine antacids teted. Of 64 ingestion episodes in dogs, clinical manifestations of button battery-induced injury were limited to a single animal developing guaiac-positive stools. Endoscopic lesions included only mild gastritis, occurring with a frequency comparable to that observed in dogs prior to battery ingestion. After ingestion blood mercury levels were not significantly elevated. Corrosion of the metal was absent in discharged cells, implying a decreased risk of electrolyte leakage or subsequent tissue injury in patients who ingest spent cells. No protective effect of metoclopramide, cimetidine, or magnesium citrate could be demonstrated in the canine model.

Source: Litovitz T, Butterfield AB, Holloway RR, Marion LI. Button battery ingestion: assessment of therapeutic modalities and battery discharge state. *J Pediatr* 1984; **105:** 868-873.