

### RCGP Prescribing Fellowship

Prescribing is one of the commonest actions carried out by the general practitioner. Although the amount and cost of prescribing by UK general practitioners is lower than for many of their European colleagues, prescriptions from general practice cost many millions of pounds. Appropriate prescribing is of great importance for efficient patient management, and the promotion of this is a relevant aim of the quality initiative. There is little knowledge about patterns of prescribing or about what information the general practitioner uses to make decisions about prescribing. The College is establishing a Prescribing Fellowship to investigate and promote appropriate prescribing in general practice. The Fellow will be based in one of the College faculties where he or she will develop a range of activities to fulfil the aims of the Fellowship. He or she will also be responsible for propagating the lessons learned from this work throughout the College and will have responsibility for coordinating prescribing related activities being undertaken by other College faculties.

The Fellowship will be on a part-time basis of two or three sessions a week for a period of up to three years. Application is invited from all medical practitioners as well as from those in other professional groups who have a special interest in prescribing in general practice. Application should be made in association with a College faculty and only after an applicant's plans have been discussed with the Faculty since such support will be essential for the success of the Fellowship. Other local resources such as a university department of general practice, or of medicine, or of therapeutics, and the support of the local medical committee may also be important. The ways in which these organizations might be involved should be clearly indicated when an application is made.

Further details of the Prescribing Fellowship are available from the Honorary Secretary of Council, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone 01-581 3232.

### Trainees and the MRCGP examination

In July 1985 Dr Andrew Belton, the Chief Examiner of the College, wrote to all regional advisors about the performance of certain trainee candidates for the MRCGP examination. This letter was a response to the anxieties of several regional advisors relating to the performance of certain candidates, and was to form the basis of a report being prepared for the Joint Committee on Postgraduate Training for General Practice. The letter was later published in the *Journal of the Association of Course Organisers*. It was then given somewhat dramatic coverage by the general and weekly medical press. (Members who have not yet seen the letter can read it in the letters section of the *Journal* this month.) The main points of anxiety mentioned in the original letter were concerned with some trainee candidates' lack of factual knowledge, limited reading of general practice literature and poor management of chronic diseases, the standard of training practices and the workload of certain trainees. Lack of understanding of the importance of audit in general practice and lack of knowledge of the organization of the health service were also mentioned. In the press the letter was used to give a generally negative view of general practice and vocational training. The fact that three-quarters of all trainees taking the examination passed was not taken into account, nor was it mentioned that the examination was a yard-stick by which training could be measured and improved.

Audit of training — that is inspection of the standard of teaching given to young doctors and improving it where it is found to be inadequate — is an essential function of the Col-

lege, in cooperation with other bodies involved in vocational training. It may well be inevitable that following such audit the general press will concentrate their attention on the deficiencies identified. The fact that such audit indicates an attempt to reach high standards of training, and that many practices give and are seen to give good training to young doctors who then pass the MRCGP examination is not newsworthy.

E.J.M.

### National Coordinating Committee for Coronary Heart Disease Prevention

The National Coordinating Committee for Coronary Heart Disease Prevention aims to discover what steps are being taken in general practice to prevent coronary heart disease. They are interested both in initiatives already being taken and about what is holding general practitioners back from developing initiatives. Many general practitioners are screening their practice population for single risk factors such as hypertension or smoking, but it is not clear how many have organized multiple risk factor screening, or how many would like to organize such a programme. It is also not clear what help general practitioners would like to receive from health authorities, the autonomous family practitioner committees, district community physicians or expanded primary care teams. Dr Julian Tudor Hart, The Queens Glyncoirwg, West Glamorgan SA13 3BL, would like to hear member's views.

### Family planning

There is a growing interest in finding ways in which the activities of family planning clinics and general practice can be brought closer together. A high percentage of the doctors who work in family planning clinics are general practitioners and much of the care given is routine primary care. Many general practitioners advise their patients about family planning and psychosexual problems in their own surgeries, and some family doctors have been appointed as family planning teachers for their own patients. The National Association of Family Planning Doctors produce a journal *The British Journal of Family Planning* which is specifically about this field of work. The journal includes both review papers and reports of original work. This journal would be of great value to family doctors who work in family planning clinics or who provide this care within their practices.

### Dalkon Shield intrauterine birth control device (IUD) — claim for injuries

Any general practitioner who inserted the Dalkon Shield IUD in patients in the early to mid-seventies should notify their patients of the need to act soon if they wish to make a claim against A.H. Robins Company who marketed the product.

A claim can be made by those who may have been injured by use of the product, those who may be injured in the future and those who may have been injured due to another person's use of the device.

Anyone wishing to make a claim should send their full name and complete address with a simple statement that they wish to make a claim to: Dalkon Shield, PO Box 444, Richmond, Virginia 23203, USA. The claim must be received by the court by 30 April 1986. Claimants do not need a lawyer. People who make a claim will be sent a questionnaire and further instructions. The questionnaire must be received by the court by 30 July 1986.

## The re-use of sterile, single-use and disposable equipment in the NHS

A conference was held by the King Edward's Hospital Fund for London on 2-3 December 1985 to look at the issues raised by the re-use of articles designated for single use.

During the two days, papers were presented relating to questions of clinical practice, technical concerns, legal and ethical implications and economic implications. A panel of experts, comprising Dr S. Anderman, Reader in Law at the University of Warwick, Dr J. Hurst, Deputy Chief Economic Adviser at the Department of Health and Social Security (DHSS), Mr G. Kennedy, Chairman of BHTIC, Portex Limited and Professor J. Tighe of the Pathology Department at St Thomas' Hospital, London, summarized the issues which were presented at the conference.

They concluded that re-use was taking place with a variety of types of device and reprocessing practice was quite varied. The motivation for re-use included cost control, convenience and problems with supply. Decision-making about re-use was decentralized and involved different levels in organization as well as different professional groups. Manufacturers were concerned that the good manufacturing practice guidelines which apply to them do not apply equally to reprocessing in the NHS. It did not seem clear to what extent individuals making decisions were adequately informed about costs, safety and legal and ethical implications for both the individual and their employers. It had been argued by some within the NHS that re-use is justified and that the quality of re-processed items can match manufactured items. It was believed that there was a distinct need for policies at appropriate levels on the practice of re-use, and that there was also a need for closer contact between manufacturers, the DHSS and users of single-use sterile medical devices.

The panel will be developing a series of recommendations based on the conference findings. Copies of the proceedings are available from Ms Jenny Hunt, King's Fund College, 2 Palace Court, London W2 4HS.

## Research intelligence

Copies of the 15th edition of *Research intelligence* are now available from the Research Division Secretary, Mrs Sue Smith, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. *Research intelligence* is a register of current research being undertaken in general practice and has been produced by the Research Division with the help of the Medical Sciences Liaison Division of Upjohn Ltd. It has both an author and subject index.

## European General Practice Research Workshop

R.G. NEVILLE

*Department of General Practice, University of Dundee*

The European General Practice Research Workshop (EGPRW) was held under the auspices of the World Health Organization (WHO) on 4-9 November 1985 at the MRC Clinical Research Centre in Northwick Park, London. There were 36 participants from 12 European countries, including representatives from Czechoslovakia, Yugoslavia and Iceland.

The core of the course was on statistical method and trial design, and was delivered by Bjorn Anderson and Henrik Wulff (Herlev University Hospital, Copenhagen, Denmark). Com-

plementing this approach was group work and discussion on the practicalities of primary care research by Andrew Haines and Paul Wallace (University Department of General Practice, St Mary's Hospital, London).

The week long intensive course allowed discussion on topics as diverse as health education in Norway, over-the-counter diuretics in Portugal, asthma in Denmark and primary care development in post-Franco Spain. The evening agenda included a visit to the Royal College of General Practitioners at Princes Gate in London for a dinner where the guest speaker was Sir Geoffrey Rose.

The next meeting of the EGPRW will be held for the first time in Italy, and will provide an opportunity for participants to learn something of the new developments in primary care in Italy, in addition to the usual discussion of members' projects. The meeting will be on 22-24 May 1986 in Florence. Further details may be obtained from Mrs V.C. Duncan, Administrative Secretary, EGPRW, 570 Strathmartine Road, Dundee DD3 9QP.

## Joint meeting of the Scottish Division of the RCPsych and the Scottish Council of the RCGP

A. JACOB

*General Practitioner, Dundee*

The Scottish Division of the Royal College of Psychiatrists and the Scottish Council of the Royal College of General Practitioners convened a joint symposium on 6 December 1985 in the Royal Edinburgh Hospital.

There were eight papers, four presented by psychiatrists, three by general practitioners and the last being a joint presentation in which the practitioner and the psychiatrist alternated, reflecting the object of the meeting which was to encourage links between the two disciplines. This paper concerned the management of heroin addicts in Edinburgh and was presented by Dr J.R. Robertson of the West Granton Medical Group and Dr J. Strachan of the Royal Edinburgh Hospital. The other topics in the morning session were 'Communication between psychiatrists and general practitioners' by Dr I. Pullen, Royal Edinburgh Hospital; 'Common denominators in training for psychiatry and general practice' from Dr Tait, Murray Royal Hospital, Perth and 'Community based psychology services for psychiatric cases in general practice' by Dr R.J. Simpson, Bridge of Allen.

The first paper of the afternoon session, 'General practice: a psychodynamic approach' given by Dr J.D. Templeton, Southern General Hospital, Glasgow, was Balint oriented. The Balint approach has not had much attention in Scotland, and some of the reasons for this came out in the discussion. At the same time, Scottish practitioners may well use modifications of the Balint method.

Dr R.J. Taylor, University Department of General Practice, Foresterhill Health Centre, presented a paper on 'Paramenstrual symptoms in general practice', and Dr V. Kusumaker from the Royal Hospital for Sick Children, Glasgow, discussed 'Children and families who break off contact with a child psychiatrist outpatient service'. The concluding paper was given by Professor J.D.E. Knox of the Department of General Practice, University of Dundee on 'What happens to patients with alcohol problems'.

All the papers related to patient care and were characterized by a practical approach. There was a great deal of common ground and constructive discussion. Although the general practitioner turn-out was disappointing on this occasion, the success of the meeting encourages the view that this type of cooperative activity is worth developing and initial steps have been taken to plan another joint symposium.

## Community interpreting

A new course teaching bilingual and interpreting skills has been established by the Pathway Further Education Centre in Southall. It aims to teach these skills to those who have a knowledge of English and Hindi, Punjabi or Urdu and places special emphasis on dealing with the education and health services.

The course in bilingual skills will run from 3 March to 13 June 1986 and the interpreting course will be held in the autumn.

Anyone who would be interested in further information should contact Mr S. Sethi, Course Director, Pathway Further Education Centre, Havelock Road, Southall, Middlesex UB2 4NZ. Telephone 01-571 2241.

## WONCA 1986

The Host Organizing Committee held a meeting on Thursday 30 January. Dr Douglas Garvie, Chairman, reported that it had been announced from Buckingham Palace that Her Majesty The Queen and His Royal Highness Prince Philip would be attending the reception to be held at the Science Museum on Thursday 5 June. Her Majesty and His Royal Highness will spend over an hour mingling with guests at the reception. The Organizing Committee and The Royal College of General Practitioners are delighted that the Royal couple have consented to be present and are deeply honoured.

Dr Garvie also reported that China has announced that it intends to send three delegates to the conference.

Dr A.G. Donald announced that further substantial sponsorship had been agreed by Wyeth. This completes his work on raising funds. The Committee congratulated him on his work and were reminded that the substantial sponsorship that has been obtained has contributed considerably to reducing the overall cost to delegates attending the Conference.

Dr Hasler, Chairman of the Scientific Sub-committee, reported that the programme was progressing and some 380 papers had been accepted.

With over 200 registrations already received the Committee was very satisfied with the level of interest at this stage.

The Committee was pleased to have the Minister of Health, The Right Honourable Barney Hayhoe attending the opening ceremony at which he will speak. The opening ceremony, on Sunday 1 June, will be held at the Barbican Centre for the Arts and will be followed by a buffet supper for all delegates. This evening reception is included in the price of the registration, as is the reception at the Science Museum.

## Over 350 plenary papers, free-standing papers and posters

The Scientific Sub-committee has now approved an impressive range of presentations for the meeting that will be of interest to every general practitioner practising in the UK. The four main plenary sessions will be on maternal and child health, nutrition, health education and community participation. Speakers from 12 different countries of the world will present papers on these themes and the session on the first day, which is on maternal and child health, will be preceded by the keynote address given by Dr Hannu Vuori from the World Health Organization (WHO) Regional Office for Europe in Copenhagen.

In the earlier part of the morning before the plenary sessions and throughout the afternoon there will be over 50 free-standing papers presented in various parts of the Barbican Centre. These

have been grouped according to subject matter and range from technical procedures and management of acute problems to prevention, practice organization and education and assessment. A number of UK doctors will be among the speakers.

Throughout each day of the conference a substantial number of poster demonstrations will be on show and these too have been grouped according to special interests. For example, there are over 20 poster demonstrations on hypertension and diabetes and more than 10 on the consultation. Other topics of importance include care of the elderly, screening and records, social aspects of illness and the relation of the general practitioner to the hospital. There are more than 10 papers on factors affecting health and over 20 on aspects of learning and teaching. Poster demonstrations are a relatively new feature of medical conferences but they have been found to be of great interest and enable groups of doctors to gather together to discuss points of individual interest.

## Workshops, video sessions and WONCA standing committees

Four workshops are being presented which will enable doctors to have informal discussions around themes of common interest. The topics for the workshops will be: 'The use of ultrasound in general practice', 'The consultation' from the team at Oxford and 'The problems of nutrition in the Third World' led by one of the medical officers from OXFAM. A fourth workshop will be related to the role of the general practitioner in the hospital.

There will be three or four sessions where contributors can show videotapes and these include ones on family planning and on education and teaching.

One of the popular features of previous WONCA conferences have been the open sessions of the standing committees of WONCA. These enable doctors from all round the world to meet and hear presentations from doctors who are involved in international discussions to do with important aspects of general practice. Of particular interest will be the session from the Undergraduate and Vocational Training Standing Committee and the Practice Management Committee. Several research papers from a variety of different countries are being presented by the Research Committee and for those with more specialized interests there are standing committees on bibliography and the classification of disease.

## Section 63 approval

The scientific programme is approved under Section 63 for all doctors attending from England and Wales. A reasonable number of approvals will also be given for doctors attending from Scotland, and they should make individual application to the Scottish Home and Health Department. Northern Ireland has approved a limited number of places.

## Don't miss this opportunity

This will be the only occasion this century that such a large number of general practitioners from all round the world and both sides of the Iron Curtain will be assembling in the UK for a conference specifically devoted to doctors working in primary health care. We hope that as many general practitioners as possible will take this opportunity of a lifetime to come and meet their colleagues from other lands and share their experiences and challenges together.