Problems of doctors looking for partnerships

Sir,
Of the problems facing doctors looking for partnerships after vocational training, fierce competition for posts and many disappointments are to be expected and accepted. What is less easy to accept is the conduct of many recruiting practices. My own experience, which appears to be typical, includes over 100 unanswered letters, no communication after interviews and interviews cancelled the day before they were due to take place. Recently I had an application returned with the comment 'Your application does not meet the standard we required.' Such a comment would have been gross impertinence in any case, but being made in response to an application solicited by the practice after they had seen my CV gives it a studied insolence which is quite inexcusable. As the perpetrators of this latest and worst example of shabby conduct include a regional adviser, I doubt that standards are likely to improve.

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Developing family practice in Saudi Arabia

Sir,
It was with interest that we read the summary of progress to date in the development of family practice in Kuwait (October *Journal*, p.500). As I am also heavily involved in a similar area in Saudi Arabia I felt readers may be interested to know how family practice is developing here.

Saudi Arabia is a large country with a relatively small population of about seven million and although in the last 15 years there has been an increase in urbanization with approximately 60% of the population now living in the cities and larger towns, there are still major difficulties in providing high quality primary health care across the country. Kuwait with its smaller, well defined population, in a confined catchment area, would appear to have certain advantages with regard to identification of population at risk and registration with family practitioners. The last 10 years in Saudi Arabia has seen massive development by the Ministry of Health with the establishment of 1500 health centres throughout the Kingdom and another 500 planned. Nearly all the staff in these health centres are expatriates and there is an urgent need for well-trained Saudi family doctors to become involved.

The stimulus to develop postgraduate training at Riyadh Armed Forces Hospital was prompted by an International Symposium held in 1981. This meeting was attended by several prominent people from the RCGP, the Family Medicine Programme in Australia and university departments of general practice in the UK. On the basis of their accumulated advice we built our initial training programme which was broadly based on the principles in *The future general practitioner.*[1]

All three medical schools in the Kingdom have departments of family and community medicine and two (King Saud University in Riyadh and the King Faisal University in Dammam) have both undergraduate and postgraduate teaching programmes. The university undergraduate curricula are for the most part still firmly hospital oriented and family practice remains something of a 'poor relation', much as it was in the UK 25 years ago.

Development of family practice is progressing in two major areas. First, the Ministry of Health has established a series of medical health centres throughout the country which will train medical and paramedical staff in the principles of family practice and then send them out to smaller centres in the regions to carry on the same work. This is a major advance, although difficulties will continue until fundamental problems such as registration of individuals with one health centre only, to prevent 'shopping around', have been established.

Secondly, the Universities of Riyadh and Dammam have developed postgraduate programmes in family and community medicine. At the Riyadh Armed Forces Hospital we have been involved with postgraduate training in the Department of Family and Community Medicine at the King Saud University and trainees from our programme, along with trainees from the University and Ministry of Health, follow a two-year course of rotations in family and community medicine and the major specialties. A feature of the course is full day release while attending the specialist rotations to return to the Department of Family and Community Medicine for clinical and tutorial sessions. Graduates from these courses will become the teachers and trainers of the future.

The masters graduates will follow a more academic approach with perhaps progression to PhD to become the university teachers of tomorrow, while the diploma graduates will go on after further training to take established international qualifications such as MRCGP and become the trainers of the future.

All our vocational trainers are expatriates with teaching experience and hold higher qualifications in general practice from the UK, Australia and New Zealand. This gives us a wealth of resources to draw upon and the application of international protocols with local circumstances and knowledge has produced an acceptable mixture for local graduates. Prior to our involvement with the University, our department had been visited by both the RCGP and the Joint Committee on Postgraduate Training and had been recognized as providing equivalent training in general practice.

It would seem logical for family practice in the Middle East to develop along similar lines. An Arab Boards Certification to cover all Arab countries is proposed but little progress has been made and its introduction would appear to be distant. In theory, this could provide a consistency which is lacking at present. In the meantime, the College can provide expertise with regard to training of the teachers and an end-point assessment. All training programmes have a common aim too in trying to produce safe, competent practitioners who will be capable of providing continuing high quality care; with the encouragement of the College this may be achieved in Saudi Arabia.

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Reference

1. Royal College of General Practitioners. *The future general practitioner.* London: British Medical Journal for RCGP, 1972.

Mumps arthropathy

Sir,
I would like to report the following case. A 32-year-old man developed unilateral orchitis approximately two weeks after one of his children had mumps. Approximately one week later, after his orchitis had subsided, he developed a frozen right shoulder which was painful on passive movement. Within 48 hours he developed pain and stiffness in the other shoulder joint as well, together with a generalized joint stiffness which was less marked than for the shoulders. He had great difficulty in walking and getting out of bed due to pain and stiffness. The presentation and progression of his arthropathy was dramatic. His erythrocyte sedimentation rate at that time was 54 mm h^{-1}, RA tests were negative but raised antibody level to the mumps virus at 1:256 was demonstrated. The patient obtained symptomatic improvement with soluble aspirin and by the end of the following week he was considerably better and much more mobile. His erythrocyte sedimentation rate had dropped to 30 mm h^{-1} by 10 days later, and was 4 mm h^{-1} one month later. He was able to resume work within two weeks of the start of his arthropathy.

Arthropathies occur with viral infections, especially in adults, but I have never seen a case of mumps associated with a dramatic arthropathy.

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