

NEWS

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Honorary Editor: Dr Edwin Martin

Editor: Janet Fricker

RCGP Annual General Meeting

THE Annual General Meeting of the Royal College of General Practitioners was held on Saturday 15 November at the Royal Garden Hotel, Kensington High Street.

Prizes

The following awards were made:

The Foundation Council Award for special meritorious work was presented to Professor David Metcalfe.

The James Mackenzie Prize, which is awarded every five years for research work in general practice, was presented to Dr Geoffrey Marsh for his submission *Research towards improving the quality of general practice*.

The George Abercrombie Award for meritorious literary work in general practice was presented to Professor Keith Hodgkin.

The Baron Dr Ver Heyden De Lancey Memorial Award for the promotion of efficiency and dignity in the realm of general medicine as a general practitioner was presented to Dr Ian Tait.

The Fraser Rose Medal for the highest marks in the MRCGP examination in 1985/86 was presented to Dr Ian Lennox from the West of Scotland Faculty.

The Undergraduate Essay Prize for essays on subjects relating to the practice of medicine in the community was won by Mr Art Connolly, of Oxford Medical School. The second prize was awarded to Mr Richard Ayers of Southampton University and the third prize to Ms Samantha Vaughan Jones from St Thomas' Hospital Medical School.

The first prize of the National Syntex Award Winners Awards for project work undertaken during the course of general practice vocational training was awarded to Dr Andrew Farmer from Oxford. The second prize went to Dr Rosemary Prudhoe of Northumberland and the third prize to Dr Sara Bruml from Oxford.

New Fellows

The following members were elected to the fellowship of the College:

Dorothy Linda Crowther (Beds & Herts), St John Dowling (Beds & Herts), Archibald Macpherson Rankin (Cumbria), Bryan Eric Humphriss (Merseyside & North Wales), Peter Michael Hill (North of England), Graham Hamilton Hubbard (North of England), Allen Hutchinson (North of England), Alastair Malcolm (North of England), George Browne Taylor (North of England), Campbell Murray (North-East Scotland), Richard Bertram Flood (Northern Ireland), William George Clements Trimble (Northern Ireland), Denis Simpson White (Northern Ireland), Andrew Bailey (North & West London), William John Gray (Sheffield), Chandra Hirubhai Patel (South-West Thames), Anthony Michael Ogilvy Blood (Tamar), John Andrew Crawshaw (Tamar), Norman Maurice

How (Thames Valley), Trevor Clifford Wintle (Thames Valley), John Alexander Clark (West of Scotland), Brendan Sweeney (West of Scotland), Mark David Conroy (Wessex), Leon Joseph Richmond (New South Wales, Australia).

James Mackenzie Lecture

Professor John Howie, the professor of general practice at Edinburgh University, gave this year's Mackenzie Lecture. The theme Professor Howie chose to develop in his lecture *Quality of Caring: landscapes and curtains* was how research thought processes contributed towards better patient care, the doctor's personal development and the evolution of the profession. Throughout the lecture Professor Howie used the image of landscapes and discussed how doctors should be looking behind the 'curtains' these present.

Professor Howie said that he believed the following quote from John Berger's book *A Fortunate Man*, about the life of a country doctor, describes the challenge and rewards experienced by general practitioners:

"Landscapes can be deceptive.

Sometimes a landscape seems to be less a setting for the life of its inhabitants than a curtain behind which their struggles, achievements and accidents take place."

Professor Howie illustrated his arguments with three examples: the improvement of care for patients with abdominal pain who might have an appendicitis, research aimed at making the care of patients with respiratory illness more rational, and an investigation into the stress experienced by doctors in their work. He said that these projects had unexpected common denominators, and that doctors should not only be looking at the short term information derived from research but also at common principles which might prove to be of wider value.

Professor Howie said that 'Quality of care' also represents a 'landscape' and that



Dr Donald MacLean, retiring chairman of Scottish Council, placing the mace on the table at the opening of the 1986 AGM.

the same messages apply to it. He believed that fulfilling the potential of 'good' practice was dependent on doctors being made as free as possible from stress and other distractions. He said that at face value 'list-size' appears to be important, but in reality work stresses like overload, repetition, fatigue and uncertainty of role could combine with outside commitments to create an environment in which good practice is put at risk.

Annual Report of Chairman of Council

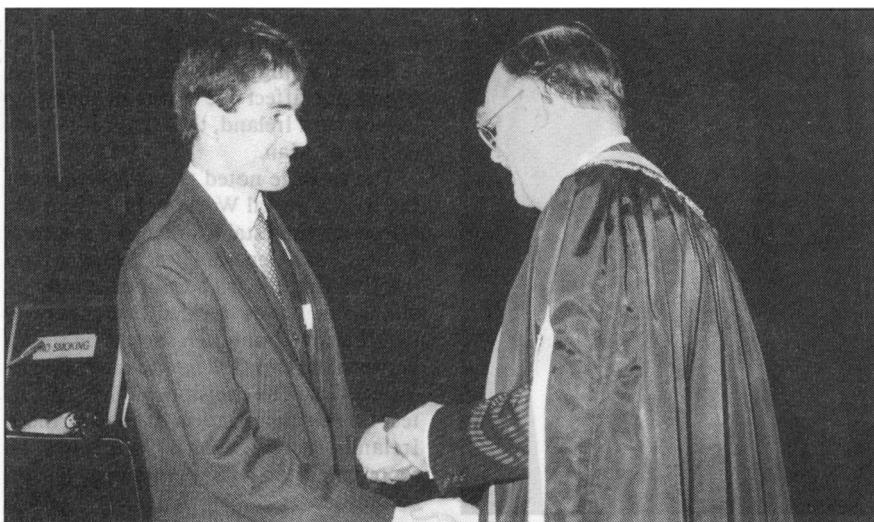
Dr John Hasler said that in spite of an eventful and difficult year much had been achieved by the College.

The College's response to 'Primary Health Care — An Agenda for Discussion' and 'Neighbourhood Nursing — A Focus for Care', was the most important task of the year. The College has received a large number of helpful comments from consultations with members and faculties and will be approving its final response in December.

Dr Hasler said that Council continues to support the concept that primary health care is best provided through a team and that it is concerned that the basic unit of population for primary care should be the general practitioner's registered list of patients rather than the geographical area suggested in the Cumberlege report.

The government's proposals for a good practice allowance have elicited a wide range of responses from faculties agreeing in principle to a total rejection. Most see the proposal as an extension of the College's own policy that a practice's performance should be related more closely to payment.

Dr Hasler paid tribute to Dr Bob Colville and Dr John Lee who are retiring this year as vice-chairman of Council and chairman of the Membership Division



Dr Ian Lennox receiving the Fraser Rose Medal from Professor Michael Drury.

respectively. He also thanked Susan Clayton, the first lay chairperson of the Patients' Liaison Group who has also finished her term of office.

The full text of the chairman's speech can be seen in this month's "Quality in Practice Bulletin".

College Council

Faculty representatives on Council 1986/87:

Bedfordshire & Hertfordshire, Dr E. Martin; Cumbria, Dr R.D. Walker; East Anglia, Dr P. Evans; East of Ireland, Dr M. O'Callaghan-Lehane; East of Scotland, Dr N.D. Jarvie; Essex, Dr D.P. Woods; Leicester, Dr E. Preston-Whyte; Merseyside & North Wales, Dr L. Ratoff; Midland, Dr D.G. Garvie (deputy Dr A.K. Ross); North of England, Dr P.M. Hill; North East London, Dr L.T. Newman; North East Scotland, Dr A. Milne; North & West London, Dr W.McN. Styles (deputy Dr O. Samuel); Northern Ireland, Dr S. Rainey; North of Scotland, Dr H.I. McNamara; North West England, Dr

W.J.D. McKinlay; Severn, Dr R.B.H. Maxwell; Sheffield, Dr B. Hudson; South East Scotland, Dr J.J. Ferguson; South East Thames, Dr A. Membrey; South East Wales, Dr T. Reilly; South of Ireland, Dr W.F.E. Shannon; South London, Dr J.A. Lee; South West Thames, Professor P. Grob; South West Wales, Dr D.E. Murfin; Tamar, Dr W.J. Carter; Thames Valley, Dr J.C. Hasler (deputy Dr T.J. Huins); Vale of Trent, Dr M. Pringle; West of Ireland, Dr B. Day; West of Scotland, Dr G.P. Dolan; Wessex, Dr E. Young; Yorkshire, Dr A.K. Scott.

Additional Members of Council 1986-87

Professor John Bain, Wessex; Dr R. Baker, Severn; Dr J. Hayden, North West England; Dr S.J. Richards, Tamar.

Elected Members

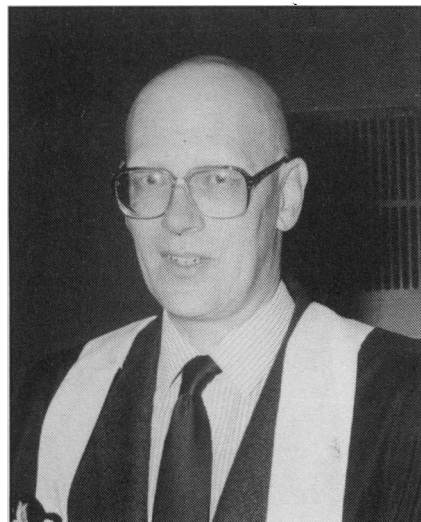
Dr J.G. Ball, Midland; Dr M.E. Barker, East Anglia; Dr R.L.K. Colville, West of Scotland; Dr A.G. Donald, South East Scotland; Professor M. Drury, Midland; Professor P. Freeling, South London; Dr J. Fry, South London; Dr D.H. Irvine, North of England; Dr C.R. Kay, North West England; Dr D.C. MacInnes, West of Scotland; Dr M.L. Marinker, North East London; Dr J.S. Norell, North East London; Professor D.J. Pereira Gray, Tamar; Dr M.G.B. Scott, West of Scotland; Dr M.G. Sheldon, Midland; Dr R. Steel, Midland; Dr C. Waine, North of England; Professor J.H. Walker, North of England.

Observers on Council

Representative from the Armed Services: Brigadier A.O. Billingham; Editor of The Journal: Dr E.G. Buckley; RCGP Representative on GMSC: Dr S. Carne; Chairman of Welsh Council: Dr R.C. Humphreys; Chairman of Scottish Council: Dr D.W. MacLean; Chairman of Irish Council: Dr T. Rea; trainee observer: Dr H.A. Reeve; trainee observer: Dr S.M. Spencer; MRCGP Convenor: Dr J. Toby (until January 1987).



Professor David Metcalfe receiving the Foundation Council Award from Professor Michael Drury.



Bessant Photographic

Professor John Howie giving the 1986 James Mackenzie Lecture.

Appointments

Professor Michael Drury was re-elected President of the College at the Annual General Meeting. At the first meeting of Council held after the AGM the following officers were re-appointed — Dr John Hasler, chairman; Dr Douglas Garvie, honorary treasurer; Dr Bill Styles, honorary secretary; and Dr Colin Waive, chairman of the Communications Division. Dr Robin Steel was appointed vice-chairman, and Dr John Ferguson the new chairman of the Membership Division. The appointment of the chairman of Research and Education Divisions was deferred until December Council.

Annual subscription

The College agreed that the annual subscription for fellows, members and associates should be increased by not more than £5. The precise figure will be determined by the General Purposes Committee acting on behalf of the Council in January.

The College agreed that its bye-laws should be changed so that in future the period of grace that fellows, members and associates are entitled to College services after their annual subscription elapses should be reduced from 12 months to three months.

Eire

The resolution that all references to 'overseas' shall be read as meaning any country or territory outside the United Kingdom was passed subject to approval of the Privy Council. This is intended to

assist the newly formed Irish College of General Practitioners.

The meeting was assured that this would not affect the status of members in Northern Ireland, the Channel Islands or Isle of Man.

The College noted the conclusions of the Irish Council Working Party into the effects of the establishment of the Irish College of General Practitioners and resolved that the Irish Council should be abolished. It was decided that a permanent liaison committee should be set up between the two Colleges to meet at least once a year. The decision will have no effect on the organization of the Northern Ireland faculty which will also be represented on the permanent liaison committee.

Change in pill directive

The AGM passed a resolution that the "meeting regrets that the Council of the College failed to recognize the serious breach of the principle of confidentiality, and its effects on patients, inherent in the General Medical Council ruling on the provision of contraceptive advice for young people under 16, and recommends that the College inform the GMC of this resolution."

Dr John Marks, north and west London faculty, said that the GMC view that doctors may tell parents about their consultations with girls under 16, if they considered them immature, was confusing. Dr Marks said that they were already seeing unwanted pregnancies happening when girls were too scared to consult their doctor.

Dr Hasler said that the reason that the College had previously declined to issue a directive to its members was that on such a complicated ethical issue it was difficult for the College to represent the views of all its members.

MRCGP Examination

Dr Hasler read out a statement outlining the events which had led to the summary dismissal of Dr Andrew Belton, the chief examiner. Dr Belton contributed to a lengthy debate on this issue.

Dr Clive Frogatt, Severn faculty, suggested that the following amendment should be made to the resolution put forward by the Yorkshire faculty: "This meeting regrets the events surrounding the summary dismissal of the chief examiner, but retains full confidence in the chairman and officers of council"

The amended resolution was carried by the AGM.



Dr Douglas Garvie, honorary treasurer, proposing the motion on overseas countries.

Council

The Council of the Royal College of General Practitioners is made up of 63 members, of which 32 are faculty representatives, 18 elected members, four additional members, and nine observers.

Faculty representatives provide an important communications link between the membership and Council, the College's governing body. Representatives give written and verbal reports to Council enabling a better understanding of local views and interests. They also present the views of their members on any matters under consideration by Council such as, most recently, the primary health care green paper 'An Agenda for Discussion'. Representatives are able to report back to their faculties quickly about Council discussions and within a week a summary of the meeting is circulated to all Council members and faculty secretaries.

Every year, six members of Council are elected by a postal ballot of the membership for a three year period of office and so at any one time there are 18 members of Council elected by the whole membership.

Every year a trainee observer is elected to serve for a period of two years, so that at any one time there are two trainee representatives on Council. Trainees are encouraged to become associates of the College and most faculties have trainee associates on their faculty boards as well as trainee committees and groups.

It is customary for Council to elect a small number of additional members for a one year period.

A balanced view

THE RCGP has put alcohol firmly onto the agenda for prevention. A report published by the College last month says general practitioners are ideally placed to monitor patients' drinking habits and to help them to cut down on their consumption.

Alcohol — A Balanced View, written by seven members of the alcohol working party, says that the average general practitioner will have about 55 people at high risk from alcohol and over 200 people at some risk.

The report recommends that general practitioners should treat alcohol as a health hazard needing the same attention

Doctors should review their approach to the management of alcoholism and create a practice policy for detection, assessment and management.

as smoking, unwise diet or lack of exercise. Doctors need to change their way of thinking from alleviating, palliating and curing damage that has already been done to anticipating harm and educating patients.

The report warns that the majority of alcohol-related problems in this country are contributed by the relatively large numbers of light to moderate drinkers, that is men with a weekly consumption of 21 to 50 units and women with a consumption of 16 to 35 units (one unit of alcohol is equivalent to one glass of wine, half a pint of beer or one measure of spirits). It says that efforts to reduce the

moderate drinking of the majority of patients will have a greater effect on the health of society than efforts to rescue people who are already severely harmed.

It says that doctors should review their approach to the management of alcoholism and create a 'practice policy' for detection, assessment and management. This should indicate priorities for detection and groups for special screening.

Disabilities relating to drinking are viewed along a continuum ranging from minimal alcohol consumption with few problems and a slight risk to heavy consumption with a high probability of alcohol related problems.

The report suggests that doctors should make record cards to assess the consumption of alcohol for all their patients, and not just those with a problem. General practitioners have to be able to convince their patients that reduction of alcohol is worthwhile.

"Advice must be offered in such a way that it helps each patient to strike a rational balance between drinking that produces beneficial effects and drinking that produces harmful ones," says the report, which recommends keeping a drinking diary as an important part of therapy for people in the high risk group because they are often surprised to find how much alcohol they actually consume.

The report suggests useful tips for reducing consumption including taking smaller sips, having 'rest' days, going to the pub later and finding a slow drinker to 'shadow'.

Doctors are themselves at high risk

from alcohol problems and have a death rate from cirrhosis that is three times that of the general population. Although alcohol problems are one of the most common causes of a doctor's inability to practise doctors rarely seek help on their own accord and colleagues tend to turn a blind eye. The report says that doctors have a responsibility to offer care to their colleagues of a quality comparable to that offered to patients.

The average general practitioner will have about 55 people at high risk from alcohol and over 200 people at some risk.

Dr John Bennison, the chairman of the working party, said that during the writing of the report all the members of the working party had cut down on their personal consumption of alcohol.

"But alcohol does have some benefits and hence the title — *A balanced view*," said Dr Bennison.

The College is grateful to the Health Education Council and Alcohol Concern who have helped finance the sending of free copies to every member of the College with this month's *Journal*. Others can purchase copies for £5 including postage from the Central Sales Office, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. □

Janet Fricker



Dr John Bennison (seated) being interviewed on the BBC television programme London Plus, with members of the Alcohol Working Party looking on.

Wonca 1987

Members are advised that if they wish to submit abstracts for the Asia Pacific Region's Combined Colleges Meeting of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians they should do so by 15 January 1987.

People interested in going on the special tour of China after the conference should send their bookings to VIP International Conference Services as soon as possible to avoid disappointment.

Further information can be obtained from Dr Douglas Garvie at the College and Ms Sarah Rhodes at VIP International Conference Services, 42 North Audley Street, London W1A 4PY. Telephone 01 499 4221. □

THE CULPEPER MICROSCOPE

THE pride of the College's museum collection is undoubtedly the eighteenth century Culpeper microscope which is currently being restored.

The combination of a shagreen covered body, polished brass base and mahogany fittings makes the Culpeper one of the most attractive of the old microscope and a popular collector's piece.

Surprisingly little is known about the inventor Edmund Culpeper, but it is thought that he developed his microscope sometime between 1725 and 1730. Culpeper was apprenticed to the instrument maker Walter Hayes, who traded from the sign of the 'Cross Daggers' in Moorfields, and took over the business when Hayes died in 1685. It is probable that at first Culpeper, like his former master, specialized in mathematical instruments though he later diversified into microscopes.

The College knows little about the history of its microscope apart from the fact that it was generously donated by Dr Arthur Watts, a fellow and founder member, in the 1950s. Dr Watts said that he inherited the microscope from his grandfather the Rev. Arthur Watts, an enthusiastic amateur scientist, who died in 1933 at the age of 94.

Dr Watts remembers his grandfather as a good scientist but a hard character who found it difficult to get on well with people.

"As children we all adored him because he taught us so much about science, but we were also frightened because he seemed so rigid," said Dr Watts.

The unique pillar construction of Culpeper's microscopes makes his work easy to identify. From the round base three slender legs rise to support a stage and from this three further legs rise to terminate in a brass ring which supports the microscope's body.

One of Culpeper's most significant advances was to introduce a 'substage mirror' which for the first time avoided the necessity of having to hold the instrument up to the light. But the microscopes could never have been very satisfactory, even when new, because Culpeper's method of focusing was to crudely slide one cardboard tube inside another. These were affected by the slightest change in temperature. Martin later solved this problem by inventing a 'seamless' brass tube.

The College's microscope is covered in

a remarkably hard substance called shagreen which is derived from the skin of shark's belly. This has had its bony knobs rubbed down, polished and the spaces between coloured green.

The College's microscope is packed away into a pyramid-shaped oak case which resembles the modern metronome case and it unusual in still having a trade card signed by Culpeper. This depicts his 'cross daggers' surrounded by surveying instruments, reading glasses, spectacles and a screw-barrel microscope.

Dr Brian Bracegirdle, the head of the Department of Medical Sciences at the Wellcome museum and a world expert on microscopes, said: "These microscopes were designed as gentlemen's play things and not for serious science."

They came complete with a selection of mica slides containing things like bits of cork, the leg of a moth, a louse, bits of feather, grains of sand, fish scales and a quill pen.

"These microscopes were designed as gentlemen's playthings and not for serious science."

"The world of the magnified was a fascinating revelation to them," said Dr Bracegirdle.

The College microscope has a 'fish-plate' that can be clipped to the stage which is inscribed with the words: "This glass is to lay ye fish on to see ye circulation of ye blood."

Dr Bracegirdle said that this enabled people to see blood corpuscles coursing through the web of a frog's foot.

But eighteenth century scientists viewed the results of investigations carried out using these microscopes with scepticism. In his book *The Evolution of the Microscope*, S. Bradbury says that the poor optical corrections of the lenses and the very low apertures then in use resulted in indistinct images. This caused structures to be described which were in fact false like, for example, throughout the eighteenth century the spermatozoa was pictured as containing a fully formed human being.

Culpeper's instruments, which were easy to construct and cheap to produce, rapidly became a commercial success and had many imitators. Culpeper was well aware of the danger of rivals and at the



The microscope and its pyramid shaped case.

bottom of one of his pamphlets describing the microscope he added the following appeal:

"It is desired of the Gentlemen who purchase these Microscopes to keep them secret from Persons of the same Trade with the Inventor, lest they should steal his Invention, as they have too often done, imposing upon the World by their awkward Imitations, and bereaving him of the Fruits of his own Industry, which 'tis hoped therefore all lovers of Art will endeavour to prevent."

Paul Bowskill, the antique scientific instrument restorer — who is restoring the College's microscope — said that it was important to resist the temptation to over preserve old microscopes.

"I'm trying to prevent any further deterioration from taking place and when I'm finished the microscope should at least be functional," said Mr Bowskill.

Mr Bowskill has redyed the shagreen which faded in the light, replaced the lenses, cleaned the trade label and treated the brass with shellac varnish to prevent oxidation. □

Janet Fricker

Correction

In the November Journal article on practice computers an error was made in the list of general practice specialist computer systems available for demonstration at the RCGP's Information Technology Centre. The correct list should have included the Vamp, Abies and Ciba-Geigy systems. It is hoped that the Update system will be available by the end of 1986. □

Czech general practice

LAST November Dr Edwin Martin was given the opportunity of visiting Czechoslovakia on a DHSS scheme for doctors from different countries to exchange experiences and discuss mutual problems. Here Dr Martin describes his impressions of Czech general practice, medical teaching and quality maintenance.

The people I met on my visit to Czechoslovakia left me with a kaleidoscope of sometimes disconnected impressions.

There was the young director of the polyclinic who organized the smooth running of the general practice specialist and paramedical services and thought that preventive medicine relating to obesity and exercise was the job of the media. But the chief of the health department disagreed. He expounded at length on preventive medicine's place as the keystone of the Czech health service and blew smoke rings from the third cigarette he had smoked that hour.

Czechoslovakia is a communist state. Although it is a planned, disciplined and rigidly organized country the people seem remarkably unaffected by this. They smile. The metro is full of laughter. "Have you heard the joke about the police?" They ask. "They go about in threes: one to ask the questions, one to write down the answers and one to decide what it all means — and they still get it wrong."

"He expounded at length on preventive medicine's place as the keystone to the Czech health service and blew smoke rings from the third cigarette he had smoked that hour"

The central organization of Czech society is reflected in medical practice. Doctors are employed by the state. Where they work, the medical career they follow and the training they receive are all decided by the health department.

I was told that the Czechs dress formally. Compared with London the dress in Prague is more modern and often in very good taste. Prague is one of the most elegant cities in Europe and boasts a centre almost unspoilt by the centuries. It is perhaps the only European city ruled by an atheistic regime where they renovate the churches and paint the crosses gold. Occasionally, when they think nobody will notice, they replace the cross with a star — the communist symbol. The metro stations look like palaces but the real palaces are falling down.

If a restaurant has a visa sign outside one can make a fair guess that they don't

accept credit cards. Many of the best items on sale can only be bought in Tuzex shops because Czechoslovakia is short of foreign exchanges. These shops do not accept Czech crowns or price their goods in sterling. They sell in Tuzexs, a separate Czech currency which is interchangeable with foreign currency and can only be bought by foreign money.

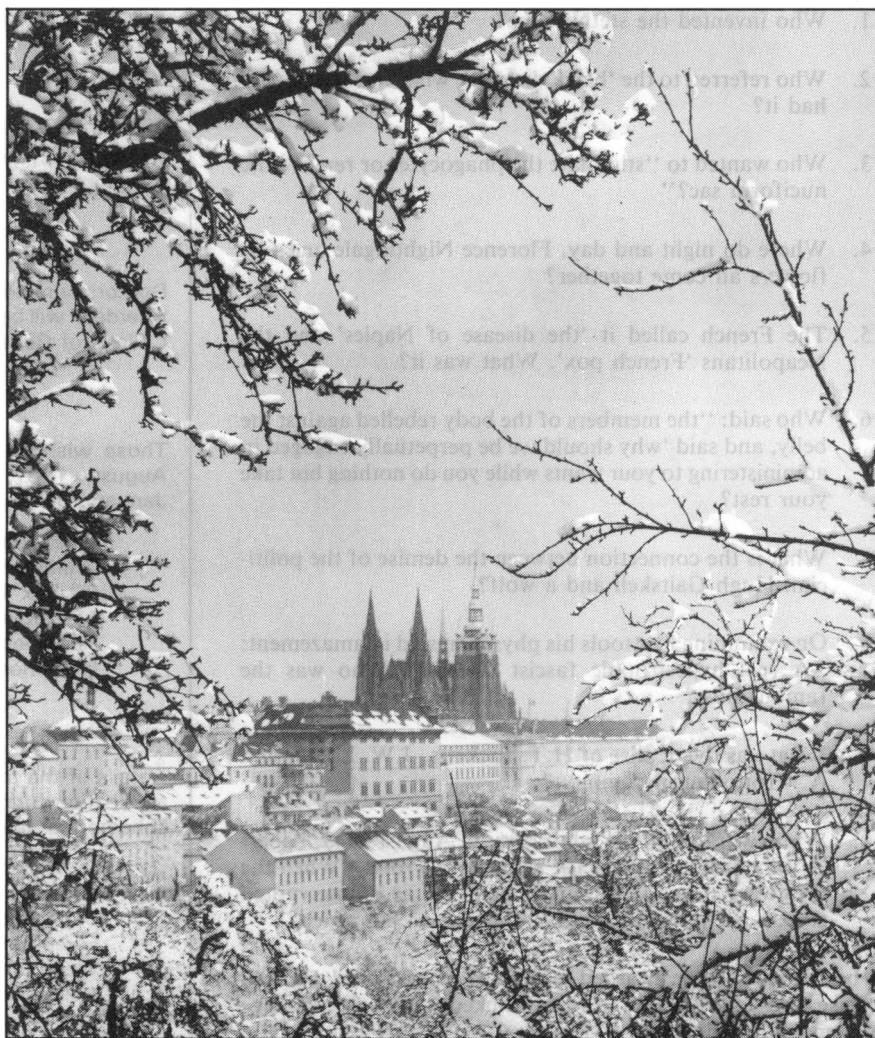
After a time one gets a peculiarly disjointed feeling staying in Prague. Only a small proportion of this feeling is due to the excellent Moravian wine and plentiful Pilsen beer. It is rather like a Saudi Arabia with no money. If a problem is defined they say: "We will make a rule to ensure that it does not happen in future."

The care of the family is carried out for the various groups by the adult general practitioner, the children's general practitioner, the gynaecologist, the dermatologist and the stomatologist — all the very best in their fields.

"But who deals with the family problems and the dynamics of the family group?" I asked.

The doctor, a postgraduate teacher in general practice, paused. He did not see the problem. After all, they are all getting the best care available. The family is cared for in the polyclinic of nine floors and there is a rule that everybody must cooperate — including of course the patient.

I was left with an impression of Czechoslovakia as an ancient elegant country trying to be communist but still finding time for humour and enjoyment. People make strict rules, but they have done so for generations in this part of Europe. The Vltava still flows, this year is said to be a good one for wine and they say that Ignor Cernysov and Michael Seikler are playing Mozart and Schubert at the House of Artists next week. I wonder if there are any tickets left? □



St Vitus's Cathedral, Prague.

Christmas competition



Sarah Dixon

The following brain teasers should help keep your minds active over the Christmas break.

1. Who invented the stethoscope?
2. Who referred to the 'black dragon', what was it and who had it?
3. Who wanted to "stimulate the phagocytes or remove the nuciform sac?"
4. Where do night and day, Florence Nightingale and two flowers all come together?
5. The French called it 'the disease of Naples' and the Neapolitans 'French pox'. What was it?
6. Who said: "the members of the body rebelled against the belly, and said 'why should we be perpetually engaged in administering to your wants while you do nothing but take your rest?"
7. What is the connection between the demise of the politician Hugh Gaitskell and a wolf?
8. On examining his stools his physician said in amazement: "A real hypertrophic fascist ascaris!" Who was the famous host?
9. What has the demise of H.T. Ricketts, J.W. Lazaar and A. Trousseau in common?
10. While working in his laboratory in August 1943, Albert Hofmann felt strange, for as he later wrote: "When the eyes were closed there surged upon me an uninterrupted stream of fantastic images." What had happened?

A book token will be awarded for the first correct entry opened. Please send your answers to Janet Fricker at the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU by January 15, 1987.

GRAMPIAN HEALTH BOARD
UNIVERSITY OF ABERDEEN

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications for twelve places in this approved three-year scheme are invited from medical graduates who wish to train for a career in general practice and who are fully registered on 1st August, 1987.

Trainees will spend the first two years in hospital service posts at Senior House Officer grade. These posts include experience in accident and emergency, dermatology, ENT, ophthalmology, paediatrics, obstetrics and gynaecology. During the obstetric training the doctor would be expected to live in and he would also be required to live in during on-call periods in accident and emergency, paediatrics and gynaecology. In the second year an elective period of three months is available for each trainee to spend in a hospital department of his or her own choice.

The third year will be spent mainly as an assistant in a local training practice from which one day per week release will be arranged for day release teaching.

Doctors completing the three year training programme in Aberdeen will be eligible to sit the examination of the Royal College of General Practitioners.

Those wishing to be considered for the intake on 1st August, 1987, should complete and return by 31st January, 1987, an application form obtainable from:

Chief Administrative Medical Officer
Grampian Health Board
PO Box 119
1-7 Albyn Place
Aberdeen AB9 8QP
(Telephone 0224 589901 ext. 3128)

Details of the training schedule will be sent out with the application form, but any additional enquiries about the scheme may be addressed to:

Dr William Reith
Regional Adviser in General Practice
Department of General Practice
Foresterhill Health Centre
Westburn Road
Aberdeen AB9 2AY

(1019)