Antibiotic prescribing in young children: parental expectations

Sir,

I have carried out a survey of antibiotic prescribing among young children attending preschool screening clinics in the West Lothian region of Scotland between February and June 1985, inclusive, by asking their parents to complete a questionnaire.

Out of 272 children included in the study, parents reported that 101 (37%) had received antibiotics in the previous six months. Cold, ear infection, chest infection and throat infection, in that order, were the commonest reasons given by parents for their child receiving an antibiotic and 78% thought that the antibiotic helped in the management of their child's illness.

Eighty per cent of parents would expect their child to receive an antibiotic for an ear infection, 50% for a sore throat, 26% for a cough and 15% for a cold.

The results of this survey suggest that parents believe that antibiotics are being used in the treatment of upper respiratory tract infections and that they aid the child's recovery, thus it is likely that they would expect an antibiotic to be prescribed in the future for a similar condition.

Better education of parents about minor illnesses and consistency of prescribing may prevent parental dissatisfaction and unnecessary antibiotic prescribing.

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Paediatric developmental screening

Sir,

Dr Burke and Professor Bain's paper on paediatric developmental screening (July *Journal,* p.302) was both interesting and enlightening. They suggest that there are no full-time training posts in community paediatric medicine in England and Wales. This is not the case in Scotland.

Since 1977, in Edinburgh, the School of Community Paediatrics has been providing such a training. This school is based at the Royal Hospital for Sick Children. Attachments are for six months and 20 trainees are selected each year. A full description of the course and its aims, methods and content are described elsewhere.[1,2]

I am at present a student at the School of Community Paediatrics. I am also attached to a busy city-centre general practice as a paediatric trainee and I feel that I am receiving an excellent training to provide a comprehensive paediatric service in general practice.

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References

1. Donald AG, Farquhar JW, Gilleghan JD. An experiment in training in child care for general practitioners. *J R Coll Gen Pract* 1979; **29:** 641-643.
2. Wallace NW. Training community paediatrics. *Maternal and Child Health* 1985; **10:** 238-241.

MRCGP examination

Sir,

Dr Tunnandine has commented on the fact that three experienced general practitioners whom he knows personally have failed the MRCGP (Letters, October *Journal,* p.474). Trainees have a higher pass rate than experienced general practitioners. I am sure this is not due to the fact they they have more knowledge or are better general practitioners.

Having failed the MRCGP examination and then passed it, I can say that the only difference in my approach was one of technique. At the second attempt I was fortunate to have mock papers marked by one of the examiners and therefore I could gather how the marks were given. I think the College should take a more active part in helping experienced general practitioners to know more about what the examiners are looking for in the practice topic question and modified essay question. I suggest a postal course should be established with the papers being marked by examiners. I feel this would be a great advance in attracting experienced general practitioners to be members of the College.

D.K. KAPUR

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College elections

Sir,

I have been looking at the ballot forms for the College Council elections. None of the candidates is fully named, nor are we told their ages, sexes or interests.

Names are useful because I want to be sure that I am voting for the candidate I support, and not for her father-in-law or her daughter. Ages and sexes should be declared so that we can vote for members in under-represented groups. The General Medical Council has several women members aged under 40 years — have we? I like to see a description of candidates' interests, preferably written by themselves, which describes their knowledge and skills but equally importantly reveals their attitudes.

The General Medical Council manages better than we do, but the example to follow is surely that of the Consumers' Association who conduct their elections by proportional representation. As both the Consumers' Association and the College use the ballot service of the Electoral Reform Society, no difficulty arises unless we assume that College members cannot count.

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Advertising in general practice

Sir,

I note that in your recent (1986) edition of the *RCGP Member's reference book,* there was a total of 207 advertisements. These included 43 for financial advisory services, 38 for private schools and residential and nursing homes, 47 for various items of furniture for the surgery and elsewhere, 30 for wholesome and slimming foods and other chemist products, 18 for alternative forms of therapy and only 12 (6%) for prescribable medicines. I also note one advertisement for funeral services and one to have your pets' portrait painted. Is this the new face of general practice?

RAGNI NIGAM

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Summarizing practice records

Sir,

It has been the complaint of many a trainer and future trainer that summarizing notes and the introduction of summary sheets would be difficult because of the increase in the bulk of records that would result.

We recently summarized 2400 of our notes contained in Lloyd George folders. All of these were under 1 cm in thickness as our records over 1 cm in thickness (1400) had already been converted into A4 records.

As a result of this and in conjunction with the destruction of irrelevant results and letters we were able to reduce our Lloyd George records from an initial 77.8 kg to 67.4 kg, a percentage reduction of just over 13%.

We would, therefore, encourage any trainer or prospective trainer considering summarizing practice records to proceed. Not only will this result in a more efficient and accurate system of records, but it will markedly reduce their bulk.

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