to be particularly foresighted to imagine the problems which the health service could face if it became unprofitable for individuals to be involved in the nursing home business.

Health authorities are faced with the problem that the provisions contained within the Registered Homes Act 1984 are inadequate for dealing with unsatisfactory homes. It is becoming increasingly difficult for health authorities to seriously suggest closing any homes, as where could 50 or so elderly patients be housed immediately if a nursing home were to close?

I would wholeheartedly concur with Humphreys and Kassab's criticism of the lack of occupational therapy, physiotherapy or any sort of rehabilitation programme in homes. Correcting this must be seen as an urgent priority for those involved in preparing local guidelines.

I would like to see more general practitioners informing local health authorities about the homes they regard as deficient and being much more closely consulted about the opening of new homes and in the monitoring procedures.

It must be clearly stated, however, the government cannot solely rely on market forces — more effective legislation is required in the area of nursing homes as a matter of urgency.

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## MRCGP candidates and the elderly

Sir,

In reply to Dr Thompson's letter (November *Journal*, p.524) expressing his concern about the low proportion of patients aged over 75 years listed in the log diaries of the MRCGP candidates, and the implication that trainees have inadequate experience of health care of the elderly, might I suggest an alternative explanation for his observations — that the log diary requirements are not conducive to the selection of elderly patients.

Candidates are required to submit a diary of 50 consecutive patients seen in practice. The proportion of patients aged over 75 years in an average practice is 5.2%.[1] An audit of my own practice, conducted last February, showed that while patients aged over 75 years accounted for 4.6% of all patient registrations, they provided only 2.9% of all surgery attendances but 39% of all home visits (17% of out-of-hour visits). Overall, they formed 7.1% of all patient–doctor encounters. This approximates to the 7.4% of patients aged over 75 years included in the log diaries quoted by Dr Thompson and suggests that these diaries accurately reflect the patient numbers seen in practice but probably underestimate the time spent on their care. As the work profile per general practitioner includes 30 to 40 daily surgery consultations and two to five home visits[1] candidates will have difficulty increasing the proportion of elderly patients in their log diaries without recruiting additional patients from this age group.

If the examiners consider that health care of the elderly is accorded too low a priority in the MRCGP examination, I suggest restructuring the log diary requirements to include a higher proportion of either home visits or patients aged over 75 years. This would give candidates the opportunity to display the skills needed in providing a good standard of care for this important section of the community.

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### Reference

1. Fry J. *Present state and future needs in general practice.* Lancaster: MTP Press, 1983.

## Role models: influence and change

Sir,

In their study on ways of influencing the behaviour of general practitioners (November *Journal*, p.517), Horder and colleagues note particular difficulties with attempts to change the behaviour of general practitioners over 40 years of age. One particular influence noted in the paper is the 'personal contact with a prestigious and committed teacher'. This is qualified by the comment that 'the learner must be convinced about the reason why change is needed'. One approach to studying this phenomenon of change in a doctor's behaviour is to consider a particular group of doctors.

Trainee general practitioners undergo degrees of change as part of the transition from being a hospital doctor to becoming a general practitioner. There are a number of strategies for bringing about change in the professional role of trainees. Change can be achieved through identifying with and modelling on a particular role model, or learning from and identifying with peers through a group. In understanding the process of change in trainee general practitioners, we are concerned with the former strategy: that is, how trainees react to their trainer's style of doctoring, whether they see him or her as a role model, either selectively or as a whole, or whether they in fact see their trainer as a negative role model, causing them to use their own resources for adopting new professional roles. Trainers too vary in their capacity to provide a role model. Undoubtedly, not only conscious but unconscious role modelling takes place in a medical practice and this involves both positive and negative characteristics of the role model. Both aspects of role models influence trainees' new professional roles as general practitioners.

Thus the process by which a new role is adopted consists of more than the exposure to new surroundings. The trainee must also gain insight into the norms of behaviour associated with that role. When trainees enter general practice one of the requirements is for them to acquire a new kind of relationship with the patients. This will usually involve a deconditioning of some attitudes and styles of doctoring acquired and internalized in hospital medicine. One sphere where trainees might be significantly influenced by their trainer's style of doctoring and where hospital medicine does not provide a satisfactory model is the handling of their patients' emotional anxieties. Furthermore, as trainees need to develop a new knowledge base, skills and attitudes relevant to their new professional roles as general practitioners, role models may be of value in influencing and bringing about this change in trainees' modes of behaviour.

RUTH SHAW

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## International affairs advisory group

Sir,

The College has recently set up an International Affairs Advisory Group which has the responsibility of identifying priorities for the College and advising General Purposes Committee and Council.

We are now trying to link together information about College members who may have special experience of work overseas. We would also like to know of members who are able to speak languages other than English.

The advisory group would be very grateful if College fellows, members and associates who are interested in international affairs would identify themselves to the group, particularly if they are fluent in any language other than English or have visited other countries in a professional capacity at the request of another country, or when expenses have been paid, or for consultancies. We would also like to know of College members who might be able to offer hospitality to overseas visitors coming to Britain in their own homes.

Finally, the group would be grateful to hear of suggestions about future priorities for the College in international affairs.

DENIS PEREIRA GRAY

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## Course organizers in general practice

Sir,

I was delighted to read the editorial outlining the difficulties encountered by course organizers (November *Journal,* p.493). As pointed out, it was largely in response to these difficulties that the Association of Course Organizers was created in January 1984 with four main aims: three educational and one political. While its political activities tend to get more publicity, it is worth stressing that the brunt of the work that is carried out is in fact educational. We have an annual training conference in Ripon and arrange various courses including a training course for course organizers. A comprehensive job description has been drawn up and the workload of a course organizer reviewed. We also produce a journal which is published every four months.

Through our journal and annual training conferences we have built up a core of knowledge and can now speak with some authority on relevant matters. Problems have been shared, difficulties explored and our different methods of working described, observed and reviewed. The future of the course organizer and indeed, of vocational training is still not clear, but the Association understands these difficulties and now is in a position to be able to tackle them.

For those who are interested, the address of the *Journal of the Association of Course Organizers* is: The Editor, Postgraduate Medical School, Barrack Road, Exeter EX2 5DW.

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Sir,

In the timely editorial on the plight of course organizers of vocational training schemes (November *Journal,* p.493), a kind reference was made to me as 'J. Bahrami of Sheffield'. As much as I adore Sheffield, and all its undoubted attributes (after all it is still in Yorkshire), I hesitate to declare any kind of lasting, or indeed passing relationship with the city, apart from the fact that it generally happens to be on my way to London.

J. BAHRAMI

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## Council and the Board of Examiners

Sir,

I do hope that all recent troubles within the College and the Yorkshire faculty will now have been satisfactorily resolved following the long discussions at the annual general meeting in November 1986.

Many members and fellows were deeply distressed to discover the antagonism which seems to have arisen over the years between Council and the Board of Examiners and which has led to recurrent problems, culminating in the recent difficulties.

In order to prevent this happening again, I would like to support the two suggestions that have been made by Keith Hodgkin as follows:

1. That the chief examiner have an *ex officio* place on College Council and that this should be a full voting place, not just as an observer.
2. That there should be a permanent liaison committee with representatives of College Council and the examiners so that both sides will in future be able to understand each others point of view.

I hope that these ideas might prevent any recurrence of the recent problems.

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## Good practice allowance

Sir,

I was interested to read Dr P.J. Hobday's letter concerning the statement in the *Quality of Practice* bulletin that the South East Thames Faculty thought the good practice allowance was an excellent idea (November *Journal,* p.525). I note he feels this is a misleading statement.

The faculty was asked to provide a report on the Government green paper and the Cumberlege report document. At our College tutors' meeting in January 1986 we decided to ask each local College tutor in the faculty (East Sussex and Kent) to arrange meetings to provide comments. In addition, all members, fellows and associates were circulated with a letter informing them of these meetings and explaining the importance of attendance.

In fact meetings were held by just over half of the faculty College tutors. Reception of these meetings was mixed, with some having poor attendance and others being well supported. In addition, other College tutors sent around questionnaires locally. The faculty report was based on these comments, plus the comments of other members who wrote stating their feelings.

The faculty report starts by stating that 'The good practice allowance is felt to be a good idea. Practices showing initiatives should not be economically disadvantaged.' However, the second paragraph continues: 'Some reservations were expressed particularly that practical organization will be difficult because of the many factors involved. It was felt important that any allowance would not become similar to the consultant merit awards, and must not become an old boy network which could well divide the profession and create two standards of practice. Concern was voiced about the funding of such an allowance.'

If Dr Hobday would like copies of these faculty reports I would be delighted to arrange this.

RICHARD GRAY

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