NEWS

Honorary Editor: Dr Edwin Martin
Editor: Janet Fricker

Contents

Council ... 327
Birthday Honours; Annual Symposium ... 328
College Champion; Letters ... 329
Free Computer Schemes for GPs; Council Ballot ... 330
Osteoporosis — an increasing threat ... 331
Skeletons give clues to health of 14th Century London 332

Council

THE agenda for the June Council meeting was one of the longest for many years and in the event a number of important items including proposals for the election of the President had to be delayed until September.

Professor Denis Pereira Gray, the chairman, said that green papers usually led to white papers and that in the light of a strong new government the College should be preparing itself for a policy document that would result in legislation about primary care. He said that other bodies were also aiming to define what good general practice is about but it was important that the College was involved. He said that the College would not succeed if divided and suggested that we concentrate on defining, encouraging and rewarding good general practice.

"We are running a race which we could win if we are able to provide a sense of purpose and create a working model which shows we have a sense and a definition of general practice," he said.

Planning for the Future of the College

Three papers were put before Council which considered the future structure and function of the College.

Dr Mike Pringle, the chairman of the committee that produced *Quality and the College*, reported on the responses of the faculties to this document. The issues had also been raised in the other papers and it was decided that they should be dealt with as the papers were discussed.

A report from the GPC residential meeting in May considered the College's priorities for the next few years and made proposals for a new structure within which they believed these might best be achieved.

Council agreed that it should immediately begin to construct a working definition of good general practice, that would take into account the basic range of services presented in the College's response to the green paper, *The Front Line of the Health Service*. The definition will be based on actual performance in the practice and the criteria will be appropriate for education and assessment by peer review.

The working definition will be constructed with as many measurable factors as possible, so that Council can take them into account when appointing new fellows and in determining entry to the membership by any route other than the MRCGP examination.

It was agreed that the faculties should be actively involved in defining good general practice and in continuing educational activities and assessments relating to the attainment of these standards.

There was discussion about whether all Council members should be faculty representatives and about whether there was now any need to have 18 members of the College elected to Council by a national ballot.

It was decided that the national ballot should continue and directly elected members still sit on Council. It was also decided that the annual Council ballot should include information such as the candidate's gender, age, place of work and past College offices as well as a short statement from each candidate outlining what they hope to achieve through membership of Council.

It was decided that the Electoral Reform Society should continue to conduct the ballot, but that in future the single transferable vote system would be used. Candidates should be informed of the results during the week preceding the AGM and the nomination procedure should continue as at present.

The Election of Officers

There was discussion as to who should be officers of Council and whether divisional chairmen should automatically assume this role.

It was decided that the chairman, vice-chairmen, treasurer and secretary should be chosen from among the elected members of Council and that new officers should be identified at March Council before taking office as designates in November, and full office 12 months later.

Divisional chairmen should all be members of GPC although not officers. They would normally be chosen from the elected members of Council, though there may be circumstances in which a fellow or member of the College would have to be co-opted onto Council in order to fill a vacancy. Co-option should be for a period long enough to enable a divisional chairman to fulfil a normal term of office.

It was decided that the present system of identifying new officers and divisional chairmen should be replaced by either a ballot at the March Council or by postal ballot beforehand using the single transferable vote system.

Divisional Structure

It was decided that Council should have a joint clinical and research division to coordinate clinical advice from the College including that concerning preventive and anticipatory care. The division would devise practical measures of performance review for clinical care and encourage their use in day-to-day practice and would advise Council in all matters relating to research and the research units associated with the College.

It was also decided that a new division should be set up in place of the Communications Division called the Services for Members and Faculties Division. It will advise Council on matters relating to members and faculty services with a view to building up the faculties. This division will have responsibilities for College publications including the Journal.

President's Working Party

Professor Michael Drury, the president, said that the Working Party believed the panel of examiners should be 'welded' more closely to the central function of the College to make communication with Council more effective.

Council considered the recommendations of the Working Party and reaffirmed the College's commitment to the MRCGP exam as a route to full par-

ticipating membership of the College. There was considerable discussion about whether a separate assessment division should be created or one that combined education and assessment.

Council voted against the establishment of a separate assessment division, but agreed that the panel of examiners should now relate directly to Council rather than through a division and the chairman sit as an observer on Council. GPC was asked to prepare proposals for implementing this, and for incorporating education and forms of assessment other than the MRCGP exam into the new divisional structure.

Request for Contraceptive Advice by Underaged Girls

Council considered the resolution from Dr Oliver Samuel, of the North and West London faculty, that: "The Royal College of General Practitioners believes that a patient under the age of 16 is entitled to expect the doctor to keep confidential both the existence of a personal consultation and its contents."

The resolution had been considered at the December and March meetings of Council, but discussions were deferred until June as a new *Blue Book* was being produced by the GMC.

It was pointed out that young patients have a right to confidentiality, and although this may be breached on rare occasions doctors who do so need to be prepared to answer for their actions.

Council agreed that the above statement should be sent to the GMC and that representatives from the College and GMC should meet to discuss the issues involved.

A.O.B.

Council agreed to a proposal from GPC that a Working Party on AIDS should be set up under the chairmanship of Dr Graham Buckley to review the clinical, educational and ethical issues relating to the condition.

Council approved the Finance Committee's recommendation that faculty board members required to travel long distances to faculty board meetings should be reimbursed. Faculty treasurers will be authorized to reimburse 80 per cent of the air fare, and where a round trip of more than 100 miles is made by car to pay expenses at the normal rate for each mile over 100. Where an overnight stay is necessary costs would be refunded up to the maximum expenses payable to Council members.

Council agreed that when the College acts as host non-alcoholic drinks should be readily available when alcohol is served. Council also agreed that GPs' medical records should normally include the smoking and alcohol consumption of patients. □

Birthday Honours

Our congratulations go to the following fellows and members.

CBE Dr Douglas Acres

OBE Dr Elizabeth McClatchey

MBE Dr Roger Higgs
Dr Alistair Ross
Dr Robin Steel
Dr David Thomas

Annual Symposium

FOR the first time the RCGP is inviting all members of the practice team to take part in the Annual Symposium.

Participants are being asked to do some advanced preparation for the Annual Symposium which is being held on November 13 at the Great Western Royal Hotel, Paddington. They can choose one of the following six areas to work on: thyroid disorders, stroke prevention and management, screening the elderly, well-person clinics, immunization and preconception care.

They will opt for a topic either as individuals or as a team and then choose specific projects within these areas. Some may elect to do the work, but not attend the symposium.

Dr Michael Varnam, the symposium's convenor, said: "The important thing is that people pick something that interests them, that they are concerned about and which is small and achievable in a few months."

Individuals or teams are being asked to produce a report on their work by August so that the symposium can focus on specific problems and ways of overcoming them.

At the symposium 15 groups of ten will be looking at the topics. The group leaders will include five GPs, five nurses, and five health visitors, who will each produce a report on the problems discussed and the solutions offered.

"We believe that this is a way for the College to develop, with the central role being largely that of catalyst and coordinator so that the responsibility for deciding the level of services provided for patients is made peripherally by individual doctors and health care teams," said Dr Varnam.

Primary Health Care teams wishing to take part should contact the Education Division at the College. □

President's Summer Party

Tuesday
21 July 1987
7 - 10 pm

EXHIBITION
MUSIC
and FOOD

Tickets £10

From Margaret Burtt
at the College

College Car Ports

When visiting 14/15 Princes Gate for either business or pleasure, members wishing to use the College carports are reminded that they must book in advance. This rule is intended both to prevent disappointment and for security reasons on police advice.

The receptionist will be happy to advise as to the availability of carports and to take bookings.

College Champion

DR Jeremy Bradbrooke, a member of the College, has become the 1987 *Mastermind* champion.

In a tense final on the Quarterdeck of HMS Britannia, The Royal Naval College, Dartmouth, Dr Bradbrooke scored 16 with his specialist round on The Crimean War 1853-56, and eventually took the title with an overall score of 33 points.

Dr Bradbrooke was presented with the specially engraved caithness glass trophy by Admiral Sir Julian Oswald, the new Commander In Chief of The Royal Naval College, Dartmouth.

After receiving the award Dr Bradbrooke, a GP from Trowbridge in Wiltshire, said: "I am absolutely thrilled, I don't think it has really sunk in yet. I have enjoyed taking part in the whole series and everyone has been so friendly - but winning the final is the ultimate pleasure of it all."

The programme was filmed ten days before transmission and Dr Bradbrooke and his family had to keep quiet about his success.

However, after watching the competition on BBC 1 on Sunday June 7 they were at last able to celebrate with friends by drinking champagne from the trophy. The next day there was a repeat performance at the surgery.

Dr Bradbrooke does not see *Mastermind* as a true test of intelligence. He believes that the competition is largely dependant on luck and how well people perform on the day.

"It can be an advantage to be older because general knowledge is something that you acquire as you go along."

Dr Jeremy Bradbrooke, right, the 1987 Mastermind champion with chairman Magnus Magnusson.

But he believes it is important not to take the competition too seriously. "It's like a sporting event, you either win or lose."

Patients have been very supportive. "Nothing very exciting happens in Trowbridge and so for them it is rather like winning the FA cup," he said. □

Letters

Dressed for Success

Sir,

I thought it must be April Fool's day or a stray copy of *Woman's Weekly* rather than the College Journal - June 1987.

Every doctor, both male and female, to whom I have shown the article 'Dressed for Success' has reacted with disbelief, embarrassment and indignation.

Take for example:

— "Women who work always look tired."

— "Suzie suggested how she could avoid wearing low shoes to work by keeping an old pair in the car for driving."

— "The designer clothes Suzie selected for Tina cost over £500."

— "Tina said there was nothing worse than being in a consultation and finding that you were wearing the same Marks and Spencer blouse as your patient."

Can one say truthfully that this is the sort of article that one can be proud of, that this article has improved the reputation of the Journal or of the College?

I have enough trouble getting my partners to take the College seriously without material like this appearing in the News section of the Journal. □

PETER BAILEY

36 Belvoir Road
Cambridge CB4 1JJ.

Spring Meeting

Sir,

The News section of the May Journal contains a paragraph which I believe is an error in need of correction. The report of the Spring Meeting's debate on alternative methods of assessment of established principals for membership said:

"(The meeting) passed a motion calling on Council to set up an alternative route for..."

The Bedfordshire and Hertfordshire motion which was passed did not ask the meeting to commit the College in this way. We sought to look carefully at the possibilities and to open up the debate, and therefore asked Council only to produce proposals. Implementation of any change, if it is thought appropriate, will presumably require the approval of some future general meeting of the College.

ROGER CHAPMAN

The Surgery
29 Bassett Road
Leighton Buzzard
Beds LU7 7AR

Free Computer Schemes for GPs

GPs are being offered free computer systems for their practices in return for access to unidentifiable patient data on prescribing and morbidity.

The schemes were launched in May by two competing firms — AAH Meditel and VAMP Health. Information will be sold to clients such as the government, pharmaceutical industry, DHSS and research and academic institutions.

Under the scheme AAH Meditel will provide doctors with £15 million pounds worth of IBM-compatible computers and also software, installation and maintenance. They are also offering support and training packages. Practice staff will receive off-site training to help them appreciate how computers can best be integrated into their surgeries.

In return the doctor will be required to maintain minimum data on the computer with details of prescribing and encounters with patients. Once a week the GP will be expected to complete an on screen questionnaire, but it is estimated that this should take no more than 15 minutes. AAH Meditel say they are looking for 'high investing' GPs who can provide good quality data.

Mr Ewan Davies, the managing director of AAH Meditel, assured the press conference that no identifiable data will leave the doctor's control and that the doctor will have to authorize the transmission of data. AAH Meditel will however have the ability to track doctors in an emergency.

VAMP is offering 1,000 practices computers worth up to £13,000 and will pay the leasing charge in return for medical information. For the last 18 months they have run a pilot project and the information obtained has been used by two pharmaceutical companies.

Although Dr Bill Styles, the RCGP honorary secretary, welcomed the scheme, he said that the College could not support any venture that did not protect the confidentiality of patient records.

"We would welcome anything that encourages developing computers in practice because this will make it possible to collect a great deal of information about the work of GPs," he added.

The RCGP/BMA Joint Computing Group are to consider the projects at their meeting in June.

Professor Brian Jarman, the chairman of the group, said that the projects could help quality control, screening and the monitoring of side effects of new drugs. But he added that because of the way data is collected there was a limit to the system's value for recording morbidity. "One practice might collect a full set of data and another might not, so we would never know what we were getting." □

Council Ballots

AT its meeting on 13 June 1987 Council approved changes to the procedure for the annual Council ballots. Thus, in future, more information on candidates will be included in the ballot papers for Council members and trainee observers on Council. Also the single transferable vote system will be used for the annual Council ballot and annual trainee observer ballot, details of which will be circulated with the ballot papers.

Nominations of members to serve on College Council for 1987-1990

At the Annual General Meeting to be held in the Kensington Town Hall, Kensington, London, on Saturday 14 November 1987, all the faculty representatives and six elected members of Council will retire from Office (Ordinance 36).

Any member of the College may propose another for election to one of the six vacancies among the elected members of Council (Ordinance 37). Forms may be obtained by application to: The Honorary Secretary, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Proposals should include details of the gender of the candidate, age, place of work, past offices held in the College, and a statement from each candidate of up to 50 words giving details of what each hopes to achieve through membership of Council. Such proposals, signed by two members in good standing, must be received by the Honorary Secretary between 16 August and 3 October, 1987.

Postal Ballot

Voting papers for the postal ballot will be sent to all fellows and members with the agenda for the Annual General Meeting in October, and must be returned in the prepaid envelope provided by 12.00 hours on Saturday 7 November 1987. Candidates will be informed of ballot results during the week preceding the Annual General Meeting. The results of the ballot will be declared at the Annual General Meeting on 14 November 1987 and subsequently published in the College *Journal*.

Nominations of trainees to serve on College Council for 1987-1989

Two trainees are elected to sit on Council, one being elected each year for a two year term. Trainees are nominated by faculties and are elected by postal ballot. Nominations should take the form of a letter from the faculty to the Honorary Secretary of Council together with an accompanying curriculum vitae of the candidate. Voting papers for the postal ballot will be sent to all trainee associates and should be returned by 12.00 hours on Saturday 7 November 1987. The trainee nominated must be in training for general practice at the time of the nomination, or recently have completed vocational training. He or she must also be an associate of the College. Candidates will be informed of the ballot results during the week preceding the Annual General Meeting. The results of the ballot will be announced at the Annual General Meeting on 14 November 1987.

Osteoporosis — an increasing threat

TODAY more women die of hip fractures caused by osteoporosis than of cancer of the breast, cervix and uterus combined, and recent studies from the United Kingdom and America have shown the incidence of fractures of the femur to be on the increase.

At a London symposium organized by the National Osteoporosis Society in May Dr Ignač Fogelman, from Guy's Hospital, said: "Osteoporosis is one of the most important health issues facing society. At a time when NHS hospital beds are at a premium, women with fractures of the femur occupy between 40 and 50 per cent of orthopaedic beds."

The National Osteoporosis Society, formed last year, is campaigning to make people aware that this disease can be prevented. They hope to alert doctors to the symptoms of the disease so that they will diagnose osteoporosis earlier and advise patients on preventive measures such as exercise and increasing their calcium intake.

Osteoporosis affects one in four women, mostly over the age of 50, and causes fractures and bent backs due to brittle bones. Men are less at risk because of their denser bone structure, but as they get older they too should take precautions.

The current opinion among GPs is that osteoporosis is an inevitable part of ageing which cannot be safely, economically or effectively prevented. But Dr Tim Paine, the society's GP adviser who is also a hospital practitioner in Rheumatology, has predicted that the economic consequences of osteoporosis and the availability and effectiveness of measures for prevention and alleviation will add osteoporosis to the list of preventive health care priorities.

"GPs need to be made aware of the problem and that it can be prevented. They should be counselling people about their lifestyle, watching their calcium intake and looking after their children's diets."

Research suggests that if people can maximize their bone mass as they grow older through diet and exercise this helps to protect them after the age of 35 when bone mass starts to decline. This is generally extremely slow, but the loss accelerates following the menopause. Taking adequate precautions should help prevent people from reaching the fracture threshold - the theoretical skeletal mass below which people are at considerable risk of fracture.

Dr Tim Paine believes that GPs should be counselling women at the menopause about the benefits of hormone replacement therapy so that those at risk can consider it. Women who are thin and small-framed, have a family history of osteoporosis, who have had their ovaries removed early, who suffer from an overactive thyroid or who smoke and drink heavily seem to be more readily affected.

Although there is no doubt that oestrogen replacement therapy in adequate dosage prevents osteoporosis the mechanism is still a matter of debate.

Dr Paine believes that anxieties about the safety of oestrogens are unfounded as much of the hesitation doctors feel about the use of oestrogens for postmenopausal women is an extrapolation of the complications that occur in younger women on the pill. These women use higher doses of synthetic oestrogens and the metabolic changes that occur with these hormones do not occur with the natural oestrogens used with postmenopausal women.

The symposium heard how GPs should be encouraging health visitors and other social workers to look out for loose carpets and badly lit stairs.

GPs also have an important part to play in osteoporosis epidemiology. They can act as a prime source of information about this group of elderly women.

"I think that there is a place for a large national survey on hormone replacement therapy which would be similar to the College's oral contraceptive study," said Dr Paine.

The Society is holding an all day symposium for doctors from all disciplines at the Royal Society of Medicine on October 6, which is intended as a review of current research. Further information can be obtained from the address below.

The National Osteoporosis Society has just published the UK's first booklet on the disease *What Everyone Needs to Know About Osteoporosis.* It is written in clear every day language for patients and answers questions on exercise, hormone replacement therapy, diet and treatment. Copies can be obtained free by sending self addressed envelopes, measuring nine inches by seven inches, stamped to the value of 24p, to: The National Osteoporosis Society, PO Box 10, Barton Meade House, Radstock, Bath BA3 3YB. □

Janet Fricker

Mrs Lilian Lolley, an osteoporosis sufferer, who gave the patient's viewpoint at the symposium.

Children's Asthma Award

GPs are being asked to nominate young asthmatic patients for an award.

Fisons Pharmaceuticals are funding the Young Asthmatic Award Scheme to recognize a positive, active approach to asthma in children. There are two categories — six to ten-year-olds and 11 to 16-year-olds.

The scheme rewards children who have achieved distinction in a field where asthma could have held them back. The award is not just for sporting achievements, but also for musical, artistic or academic successes. The severity of the condition will also be taken into account.

Fisons are hoping to convince young asthmatics that with the correct diagnosis and treatment, asthma need not prevent them from leading a normal active life.

The closing date for entries is August 31 and the winners will be announced in mid-September. A special award winners' lunch will be held in London during Asthma Week.

Entry forms and further information can be obtained from Young Asthmatic Award Scheme, PO Box 9, Portsmouth PO1 2TP. □

Skeletons give clues to health of Fourteenth Century London

ARCHAEOLOGISTS are hoping that a major excavation of a 1349 burial ground used for victims of the Black Death will provide useful insights into the health of medieval Londoners.

So far they have uncovered 450 corpses and estimate that up to 1,500 people could have been buried on the site of the old Royal Mint near the Tower of London.

Grave-diggers produced orderly rows of individual shallow graves until the number of deaths got out of hand and they had to resort to using a huge trench. It is estimated that up to 50,000 people died from the plague that year.

Mr Peter Mills, field officer of the Museum of London, said: "We're hoping that the skeletons will give us some idea of what general health was like in the fourteenth century." He added that most other cemeteries had a fairly limited use because they did not provide a large enough sample from any given period for statistical use.

"It should make a valuable comparison with other mass cemeteries and we hope to be able to compare the health of different areas in time and history."

From the remains they should be able to determine the sex and height of the skeleton and from wear on the teeth and signs of osteoarthritis make an estimation of the age. But Mr Mills explained this was far from accurate and they could really only hope to say whether the skeleton was young, middle aged or elderly.

The skeletons are also being analysed for traces of arthritis, tuberculosis, congenital deformity and signs of bone injury.

They intend to employ either a doctor with an interest in archaeology or an archaeologist who has specialized in human bones to coordinate the study.

The Black Death of 1349 was badly documented and there is still dispute about whether it was caused by anthrax or bubonic plague.

"Until we get a body with soft tissue surviving we will not be able to say one way or another, and unfortunately there are none on this site," said Mr Mills.

Teeth can also provide useful epidemiological information and they hope to ask a dentist to examine the incidence of caries.

"Sugar wasn't imported into the country until the sixteenth century and until then honey was the only sweetener available. The Mary Rose provided us with a cross section of Tudor teeth and so it would be an interesting exercise to compare our fourteenth century teeth with them."

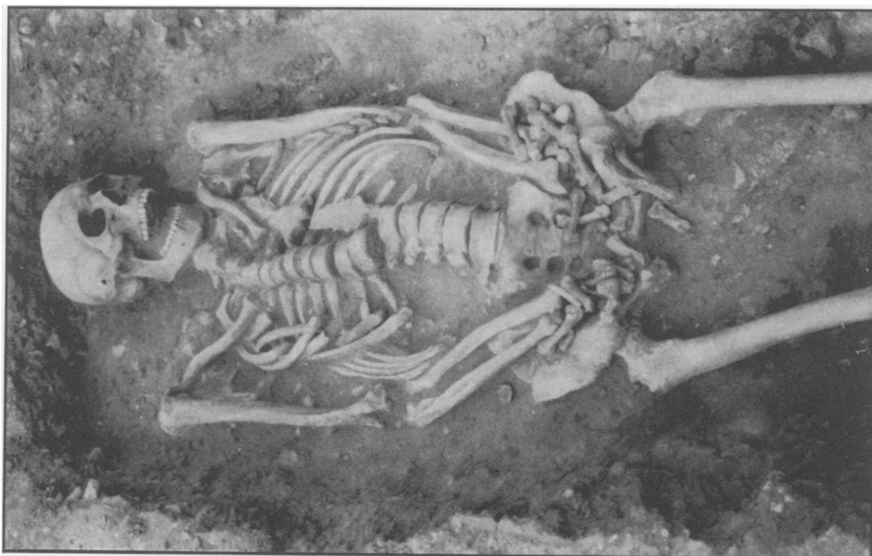
Wood disintegrates in time, but the presence of nails in 25 per cent of the graves suggests that at least some of the corpses were buried in coffins. Others may have been buried in coffins held together by wooden pins which have also disintegrated. The graves are usually bare and only one small metal belt clasp and two shroud pins have been discovered.

Archaeologist at work.

"We assume grave-diggers would help themselves to anything of value such as rings and brooches as a perk of the job and perks must have been few at the time," said Mr Mills.

The skeletons will eventually be reburied in a mass grave in east London. □

Janet Fricker



Medieval grave at the site of the old Royal Mint.

General Practitioner Online

A NEW online database *General Practitioner* was launched in June. It contains the full-text of three useful medical publications:- the weekly *General Practitioner, Medeconomics* and *Mims Magazine.*

The database is produced by Haymarket Publishing and will be made available by Data-Star (who distribute many other major biomedical databases including the DHSS database and Medline).

The database contains articles dating from January 1987 and should be of value to GPs and primary health care workers.

It is accessible via the College's Online Search Service (581 3232, Ext. 254) and is also accessible from any personal computer or terminal that has a modem and appropriate software. A password and user ID may be obtained from Data-Star, Plaza Suite, 114 Jermyn Street, London, SW1Y 6HJ (Tel: 01-930 5503). They will be pleased to supply full details and cost of this database on request. □

Roger Farbey, RCGP Online Search Manager.

FACULTY NEWS

Contents

Practice Nurse Study Day 333
East Anglian MRCGP Preparation Course 334
Higher Professional Training/Faculty Future 335
Journalist's View of College/Yorkshire's Spring Meeting 336

Practice Nurses Study Days

IT was shortly after joining the Essex Faculty Board as a proud new MRCGP, that I found I had been volunteered to help organize a series of study days for practice nurses.

Essex practice nurses had already shown themselves enthusiastic about further education by forming their own group, which runs monthly evening meetings. We aimed to build on this and offer full day courses with varied programmes. The idea followed a successful series of receptionist study days.

For the first course there was no way of predicting the response we would get, so we circulated our advert to as many nurses as possible. We distributed the advert via the FPC mailing, which is free, and in theory ensures that every practice in Essex receives a copy. To avoid going straight into the practice manager's or GP's bin letters were specifically addressed to 'The Practice Nurse'.

We had hoped for a response of 40 to 50 nurses, but within a couple of weeks of the advertisement going out we were oversubscribed and applications were still rolling in. The only way to cope was to book a second date and run the whole day again. Such reorganization required quite a lot of work since we had to return about 40 of the applications with an invitation to apply for the second day. Eventually we had about 60 nurses attending each course.

The programme included basic topics like common skin problems, preventing heart disease, and one which always inspires discussion — whooping cough vaccination. Half the morning was set aside for small group work using MEQ type questions that were examples of every-day problems which it was hoped would provoke discussion on the different ways of dealing with them. After 40 minutes the groups came together for a plenary session and a member of each presented their conclusions on the questions. This was used as a focus for summing up and ironing out any misapprehensions. Our final session was more reflective and on the theme of 'how to handle the difficult customer'.

Dr Lesley Clough.

Before each study day we sent the discussion questions to each participant together with a map showing the position of the hospital and convenient car parks. The programme started at 10 am to allow sufficient time for those coming from a distance. We managed to get sponsorship for the lunch, which was provided on the premises by local caterers, from Smith and Nephew and 3M. They made contributions in return for setting up stands.

The first two study days were so well received that six months later we ran another set. This time we anticipated the numbers, and organized two days from the start. We had another enthusiastic response, with 60 to 65 nurses attending each day. We followed a similar format to the previous one, starting with a talk on travel vaccinations which was followed by small group discussions. After lunch there were sessions on common ear problems, child abuse and varicose ulcers. Where possible we tried to use GPs as speakers, although we did use a hospital specialist to talk on varicose ulcers.

To summarize, my receipe for a successful study day:

— Allow plenty of time for social contact and small group discussions. For nurses working in relative professional isolation such opportunities for exchanging ideas are most welcome.

— Organize a good lunch and don't forget the tea, coffee and biscuits.

— Mix the programme: bread and butter, topical and new angles on old ideas.

We have decided that in future we should be listening to our practice nurses more and finding out from them what they want in terms of continuing education. The next step, perhaps, should be to encourage them to participate more actively in their own education. We have found organizing a study day for practice nurses rewarding. The nurses come along, they are enthusiastic and want more. We would encourage other faculties to try our recipe. □

Lesley Clough

Correction

THE article on general practice tutors in the May *Faculty News* was incorrect in saying that it was the South West Thames faculty who held the medical education weekend. It should have read the South East Thames faculty. We apologise for any confusion caused. □

The East Anglian MRCGP Preparation Course

IN 1975 East Anglia started one of the first preparation courses for the MRCGP exam. Here Dr David Stuart, the present organizer, describes the course.

The early courses, run by the late Dr John Stevens, were as much concerned with the aims and objectives of the College as passing exams. But by 1979 it was apparent that the examination was becoming more difficult and that it was possible for candidates to fail by inadequate presentation of knowledge, skills or attitudes which they in fact possessed. Such failure was seen to be unfortunate for the candidate and bad for the reputation of the examination. This led us to reorganize the course.

The objectives were for candidates to gain experience in the various parts of the examination, to learn techniques to improve the marks gained, to look critically at areas of knowledge that are required and might be overlooked in every day practice and finally to understand the way the examination is marked.

Pre-course material is sent out with the acceptance notification, comprising a welcoming letter with topical reading recommendations and also simple suggestions for filing revision references. There is a course reading list, an exam log diary to be handed in on arrival and an MCQ paper with marking schedule which candidates are asked to go through and self mark.

The course is run by a 'resource team' of eight doctors who have all taken the course and within the last ten years sat the College exam. The team share the preparation of course material and tasks, and a preliminary meeting considers the assessment of the last year's course and modifies the programme appropriately. They prepare a detailed work sheet which sets out the aims and methods of each session.

Participants are divided into four groups of nine to 12, with two members of the resource team in each. To help achieve group identity discussions start immediately after the introductory talk and members dine together on the first evening.

The course runs over four days. On the first afternoon an examiner gives a general description of the exam which is followed by discussions with him and recent examinees. Small group sessions consider why members want to take the exam, what fears and anxieties they have, and the books, journals and information sources they are using in preparation. They also discuss how they see the course meeting their needs and how the examiners and RCGP philosophy affect the way questions are set, and how they should be answered. The resource team make notes which are later used for programme modification.

On the second day, after a short talk on the technique of answering a modified essay question, participants answer a full paper. After coffee they divide into small groups each marking two of the paper's pages, one of them in detail, and these are put up for discussion at a subsequent plenary session. In the afternoon after a short introductory talk a full practice topic question paper is attempted. Then after tea each group works separately on formulating 'ideal' answers with input from the resource members. Previous years answers to practice topic questions and modified essay questions are available for self-study.

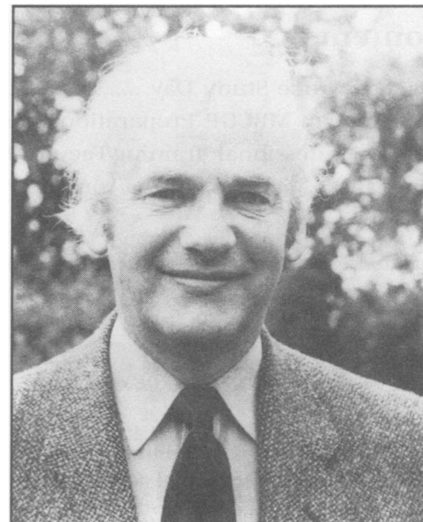
On the third day an hour is devoted to a plenary session on the multiple choice paper. A bar graph of the results of the participants' self marked papers is displayed so that candidates can see where they stand within the group.

The rest of the day is devoted to vivas. Candidates are divided into pairs and take a log-diary viva of 20 minutes each, watching each other, followed by ten minutes discussion with the 'examiners' (the 'resource' group). At the end of the afternoon a video of a topic viva is shown and discussed in a plenary session with the help of a past or present examiner.

On the last day two hours are devoted to the technique of 'group questioning'. Existing groups are divided into half to form groups of five to six participants with one resource member. Candidates take turns to prepare a topic provided, examine another candidate on it, become the examinee and then rejoin the observers using a 'fish-bowl' technique.

The final session is spent discussing reading strategies, filling in a course assessment and getting feedback about the course.

Assessment is aimed at producing a course which candidates feel helps them in their examination preparation and takes the form of measuring participants' confidence ratings in the various aspects covered at the beginning and end of the course. The 'success' rate is meaningless since we cannot know to what extent we are matching the samples of candidates on our course with candidates as a whole. Also the pass rate cannot be ascertained exactly as candidates finish training, move away and may take the examination later or not at all. We have to be satisfied with knowing that the pass rate in the examination after the course invariably exceeds the national rate.



Dr David Stuart.

The course does not aim to provide any sort of factual learning, but attempts to help a candidate present his knowledge, skills and attitudes in an appropriate way to the examiners, and to develop assessment skills. It could be argued that an examination in general practice should not require such preparation, but we believe that all examinations are to some extent artificial and that the MRCGP in seeking to examine skills and attitudes in general practice without a clinical component is manifestly so. We can see nothing wrong in helping a candidate to overcome artificial barriers so that he can present what he knows and the sort of person he is in the best possible light. We hope that in the process he will have enhanced his knowledge, develop an appreciation of self and peer group assessment, and of the aims of the RCGP, and to be on the way to becoming the sort of doctor John Stevens helped to develop, and, himself, was. □

Higher Professional Training

DRS Martin Rhodes and Peter Ellis report on a new education project by the North and West London faculty.

The North and West London faculty felt that the three year's mandatory vocational training for general practice was not enough to cover the full GP curriculum and decided that newly appointed principals needed a further course of higher professional training. The course was largely devised and founded by the faculty's Education Committee chaired by Dr Martin Rhodes.

Some young principals in the area had already formed themselves into Young Practitioner's groups. However they had no defined curriculum, and were experiencing difficulties with fluctuating membership and problems with leadership.

The Education Committee was concerned to leave the task of drawing up a higher professional training curriculum to the participants.

But the faculty did define suitable end points for higher professional training. They felt that each participant should appreciate the need to consider the active pursuit of his education through his professional career, have an interest in the academic analysis of the general practice content, and the use of research methods within primary care. They should develop an understanding of a wide range of management techniques that can be applied to clinical practice and improving the overall health of the community and a concern for the philosophical and ethical issues involved with the care of patients.

Section 63 funding for the course provided enough money to appoint Dr Ivan Koppel and Dr Roger Pietroni as part-time organizers. It was their job to advertise and run the course, select participants, and to evaluate them. About 20 young principals expressed an interest in higher professional training, and of these 16 were selected for the course.

The course, which is planned to run over two years, has now been going for a term. There was an introductory day which was followed by evening meetings on: back problems, practice management, premises, cystitis and video recorded consultations. The first two day residential module was held in May. Much of the evaluation of the scheme will be done by the participants, and part of their basic evaluation will take the form of a 'what sort of doctor' exercise. There may also be a more formal evaluation of project work done by participants.

We hope the programme will provide a high quality relevant course that will produce a new generation of GPs prepared to further innovation in primary care. □

Faculty Future: The choice is yours

IF the recent past of the College has demonstrated anything, it is that we are poor communicators. That is not to say that communication is only poor between the officers and the members - it is much more deep seated and structural than that. The members are often out of touch with their faculties and the faculties find the Council remote and unresponsive. Groups such as the examiners have felt isolated and undermined. As a faculty secretary I can either wring my hands and pass the buck or examine the problem in a local context.

The Vale of Trent faculty covers substantial parts of three East Midlands Counties - Lincolnshire, Nottinghamshire and Derbyshire - spanning from the Skegness coast to the Peak District. We try to mail our members at least quarterly and invite them to our open meetings, the annual dinner, the AGM and the Annual Vale of Trent Lecture.

If we as a faculty are to take on information gathering, continuous audit and fellowship by assessment we need to identify with and relate to every practice in our area. Geography and traditional educational routes are heavily against us. If we can't work out a way of communication with our members, what hope has the College as a whole?

Two possible solutions present themselves. We could push for separate faculties in each county, which in a regional reorganization could lead to five faculties instead of the present three in the Trent Regional Health Authority. On the other hand we could look to a divisional structure with local groups reporting to the faculty board. The former option offers local autonomy, but also extra faculties and the possibility of new faculties withering. The latter course would increase the College's bureaucracy by creating yet another management tier.

It should be for each faculty to examine these and other choices when looking for ways of getting closer to the practices. There is certainly no 'best buy' being dogmatically pushed by anybody. But the faculty does need to consider the size of individual units, and how these will relate to the wider world of the NHS.

If the basic unit of the College were at FPC level then these units could relate well to the other bodies in general practice - the FPCs and the LMCs. Some faculties might decide that these units were still too large and might look at DHA level units, which is after all the level at which the other community services are organized. This debate is finely balanced and should be decided in the light of local circumstances. In metropolitan areas, the geography might dictate larger faculties covering several FPCs, while rural areas might opt for DHA sized units.

The crucial element must be that the faculty size and structure allows for a high level of communication with individual practices. This will require funding and it is interesting to note that only 6.6 per cent of the College budget is currently paid out to the faculties. This is not, however, solely due to intransigent miserliness at Princes Gate. All faculties can seek extra funding by making a case that covers objectives, intentions, financial projections and capital needs. If too many claims are received it will be up to the Council to alter the allocation of funds.

So how can improved local communication improve our College as a whole? The era when faculties acted on dictates from the centre is now hopefully past. The answer to the question "What sort of College do we want?" should be coming loud and clear from our members, not London committee rooms. Once Princes Gate realizes that its job is to follow and facilitate, rather than drag the College down alien roads, then it will learn to listen and to advise.

It is my hope that the College can address the problems of quality and consistency of care through collective action in the faculties rather than through central direction. If that is to be achieved we need to examine the structure and process that at present makes us deaf to a large proportion of our membership. □

Mike Pringle

Journalist's view of the College

AMONGST the medical specialities general practice is unique in having its own version of the popular press. At the Midland faculty AGM in May Jane Cameron, the well known medical correspondent on College matters, gave an illuminating account of the journalist's view of the RCGP.

Having worked on all four of the medical 'comics' for the last 18 years Ms Cameron was especially well qualified to talk on her subject.

"The College has had to learn to cope with journalists clamouring at Princes Gate, while its sisters in academia have rejoiced in being able to ignore them," she said.

A journalist's 'What Sort of Doctor' could perhaps more accurately be described as 'What Sort of Receptionist', she said, since journalists like patients have first to penetrate this barrier.

The approach varies: "Sorry doctor is consulting and doesn't like to be interrupted." But occasionally it is different. The receptionist replies sharply. "Are you a patient?" A patient? Heaven forfend. Merely a journalist. Instantly the voice softens. "I'm putting you through. Doctor will speak to you now."

She recalled a telephone conversation with a senior member of the College: "Just a moment, Jane," the doctor said. Then with a degree of irritation: "No, no. I've told you already. Take the tablets three times a day. Sorry Jane. You were saying..."

A particularly irritating type is the doctor who chats expansively for 25 minutes and then asks if you are thinking of putting any of it in the article.

"The temptation to reply: 'Oh no, doctor I'm just passing the time of day', has to be resisted," she said.

It has only really been over the last ten years that the RCGP has had to think about press relations, and she feels that with the College changing so rapidly it has not been easy.

"The press is used to being made the whipping boy when things don't go according to plan and stories get out that some would prefer to remain hidden. But this diverse chorus of views and voices cannot be blamed on us."

The reason she believes there have been 'local difficulties' between the College and the press is that RCGP members do not agree on the image the College should have.

"All you have to do to get things straight is to decide on a protocol to define the image of the College — much in the same way as you might develop a protocol to define the care of the chronically sick in a practice — and then follow it. But, of course, you have to get the rank and file to approve it first."

With regard to Council meetings some members would like more information made available, like what the Divisions are talking about and what GPC is recommending to Council, while others claim that every faculty has a representative on Council who has a duty to report back to the members so that they don't need to read the 'comics'.

She suggested that one way of increasing the democratic process would be to divide Council meetings into two parts, like local Council meetings, and to admit the press to the first part.

"Or you could follow the example of the Mother of Parliaments and have the proceedings recorded. I bet the recordings wouldn't sound nearly so much like a flock of sheep as they do in Westminster."

The worst thing, she said, was the doctor's inability to realize that the medical press was not there to act as a go between or mediator.

She recalled a recent conversation with a GP who found it difficult to understand that her job was not to act as a mediator between the College and the hostile world, but to report things as they happened in light of as much information as she could pick up.

"The medical press has been accused before now of trying to drive wedges between the BMA and the College. But reporting the fact that the College was saying one thing and the GMSC another is merely representing what was going on. It was not creating a gulf between the two sides."

Ms Cameron couldn't resist a mention of the doctor's obsession with jargon that the journalist has to continually unravel.

"It is not just a question of using a long word when a short one would do. It comes across as an attempt to invest something with undue importance."

She also had advice for doctors who have dealings with the press.

"Don't speak off the cuff if you don't feel confident to do so. After all, GPs can always say how busy they are and ask journalists to ring back when they've collected their thoughts. Unless a doctor states to the contrary, anything he says during an interview is on the record." □

Yorkshire's Spring Meeting

THE Yorkshire faculty's Spring Meeting, held on Saturday 16 May was attended by 50 GPs and 12 practice staff.

The meeting was based around group discussions with the doctors being divided into seven small groups. Practice managers also formed groups and held parallel sessions.

Group leaders had been briefed in advance and one member of each group was designated as a note-taker. Summaries of the points were made and at the end of the day these were handed to the organizers. The summaries will be collated into a report which will be sent to all those who attended.

In the morning Dr Roderick Sutcliffe spelt out the pros and cons of patients seeing the same GP on every visit, or being seen by different doctors.

Dr Andrew Belton suggested ways of improving the management of four chronic conditions seen in general practice — asthma, epilepsy, diabetes and hypertension. Group discussions afterwards favoured developing progress cards for the conditions. Doctors felt that cards would probably best be designed by each individual practice, and although they recognized cards would take up record space this was felt to be worthwhile. It was recognized that the main reason behind having such cards was to act as an aide-memoire to asking the right questions and doing the correct measurements. They also provide an easy means of judging how frequently a patient attends for review, and whether the control of the condition is adequate.

The afternoon session started with Doris Gillespie of AMSPAR telling doctors to be nice to their staff. She emphasized the importance of always treating staff in a fair manner, the need for accurate job descriptions and the necessity of consulting staff fully when any change of contracts are envisaged. She suggested that doctors should encourage their staff to join her organization and also give them the opportunity to undertake further training.

Dr Paul Hinton then gave a short lecture dealing with some of the potential problems of premises, both old and new. He underlined the importance of foreseeing potential pitfalls and their possible financial consequences when designing surgery premises.

Most of the people who attended the Spring Meeting found the day enjoyable. For some it was the first opportunity they had had to take part in a study day where they were invited to make individual contributions rather than fall asleep during the usual format of long lectures. □

Paul Hinton