# NEWS

**Honorary Editor: Dr Edwin Martin**
**Editor: Nicola Roberts**

## Contents



# RCGP Annual General Meeting

THE 1987 Annual General Meeting of the Royal College of General Practitioners was held on Saturday 14 November at the Great Hall of Kensington Town Hall.

## Prizes

The following awards were made:

The Baron Dr Ver Heyden de Lancy Memorial Award for the promotion of efficiency and dignity in the realm of general medicine as a general practitioner was presented to Dr Godfrey Fowler.

The George Abercrombie Award for meritorious literary work in general practice has been awarded to Dr Julian Tudor Hart but he was unable to be present at the AGM and the prize will be presented at the Spring Meeting in 1988.

The Ian Stokoe Award for original work done in the context of general practice with specific emphasis on the quality of illustrations was presented to husband and wife Dr Vivienne Ankrett and Dr Ian Williams for their article on hand signals, published in *Pulse* in November 1986.

The Fraser Rose Medal for the highest marks in the MRCGP examination in 1986/87 was presented to Dr Gemma Adamson and Dr Patricia Hoddinott.

The RCGP/Astra Award to enable a registered GP to study an area of general interest for advancing general practice was presented to Dr Ian Gregg.

The National Syntex Award for project work undertaken during the course of general practice vocational training was presented to Dr Catherine Hearnshaw, Dr Heather Patel and Dr Philip Bayliss-Brown.

The Great Expectations Trainee General Practitioner Bursaries are awarded to encourage trainees to undertake original work during the course of their vocational training. Dr Nathan Kailanathan was presented with the 1987 award to enable him to carry out a project on screening for glaucoma in general practice.

The Undergraduate Essay Prizewinners for essays on subjects relating to the practice of medicine in the community were Mr Simon Manchip of Southampton University, Dr Julian Hughes of Bristol University and Dr T.C. Edmunds of Leeds University.

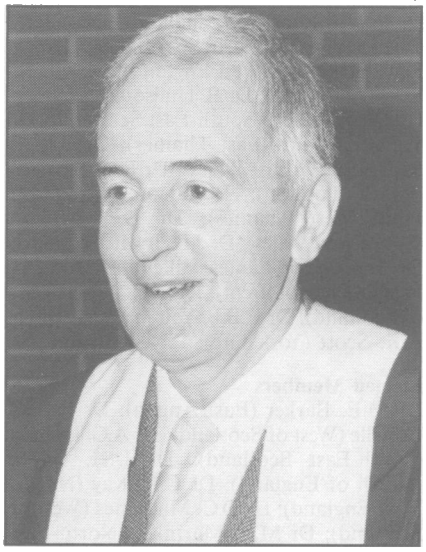
## New Fellows

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

Anthony Maxwell Barnie-Adshead (Midland), Samuel Gregor Armson Bartlett (South-West Thames), Alexander John McMurrough Cavenagh (South-East Wales), Andrew John Chapman (Severn), George Simpson Dyker (West of Scotland), Keith John Evans (Leicester), William Keith Foggin (Merseyside and North Wales), Ann Louise Margaret Graham (North of England), Sydney Hubert Harrison (Vale of Trent), Hugh Herbert (South-West Wales), Arthur George Hibble (East Anglia), Alfred Lewis Hodgson (North-East London), Oliver Gerard Hunter (Northern Ireland), David Thomas Jones (Merseyside and North Wales), John Dymoke Jowitt (Tamar), Judith Ann Langfield (Severn), Alastair Law (South-West Wales), Peter Otto Liebling (Wessex), Charles William Lyon-Dean (South-West Thames (BPFO)), David Hamilton Matthews (Thames Valley), Colin James Grant Menzies (Essex), John Meadowcroft Miller (Midland), Peter Mitford (North of England), Hugh David Ross Munro (South-East Scotland), James Rochester Nelson (Northern Ireland), Donal Patrick O'Tierney (Northern Ireland), Jennifer Kay Richmond (South-East Wales), Geoffrey Christopher Rivett (East Anglia), Paul Albert Sackin (East Anglia), Ronald James Thew (Leicester), Stephen Denys Turner (Thames Valley), John Martin Vaughan (Leicester), Nicholas John Waring (Wessex), Carl Raymond Whitehouse (North-West England), Stanley Michael Worrall (Vale of Trent).

## James Mackenzie Lecture

The 1987 James Mackenzie Lecture 'Clinical Medicine — The Health Divide' was given by Dr Geoffrey Marsh, a GP in Norton, Cleveland.



*Dr Geoffrey Marsh presenting the James Mackenzie Lecture*

Dr Marsh began his lecture by asking why James Mackenzie had left general practice and quoted him as saying, "I shall leave the drudgery and aim at higher things". Dr Marsh questioned if "a 100 years later, does it not all sound just a little bit familiar?"

Dr Marsh pointed out that although some GPs may feel they lack the satisfaction of academic, clinical and intellectual challenge, there is within general practice the 'potential for high quality clinical work and research'. He went on to highlight past, present and future developments within general practice, for example, the move towards group practices, better premises, improved inter-professional relationships, coupled with the growth of the primary health care team.

With the example of a study undertaken on two different socioeconomic groups within his area, Dr Marsh showed that "by providing discriminatory clinical and preventative care in a way that only community based teams can do, then we can begin to narrow the health divide that exists today just as it did in Mackenzie's time".

'Clinical Medicine — The Health Divide' will be printed in a later issue of the *Journal.*

## Appointments

The AGM re-elected Professor Michael Drury as President of the College. Dr Bill Styles, honorary secretary, announced the College Council for 1987/88.

**Faculty Representatives**

Dr E. Martin (Bedfordshire and Hertfordshire); Dr J.A. Farndale* (Cumbria); Dr P. Evans (East Anglia); Dr A.F. Wright* (East of Scotland); Dr A.J. Moulds* (Essex); Dr J.N.B. Allen* (Leicester); Dr L. Ratoff (Merseyside and North Wales); not known until after the AGM (North Wales); Dr D.G. Garvie (Midland); Dr W.McN. Styles (North and West London); Dr L.T. Newman (North-East London); Dr A.D. Milne (North-East Scotland); Dr S. Rainey (Northern Ireland); Dr P. Hill (North of England); Dr A.P.R. Eckersley* (North of Scotland); Dr J. Hayden* (North-West England); Dr R.B.H. Maxwell (Severn); Dr B. Hudson (Sheffield); Dr J.J. Ferguson (South-East Scotland); Dr J. Baker (South-East Thames); Dr T.A.A. Reilly (South-East Wales); Dr R.A. Savage* (South London); Professor P.R. Grob (South-West Thames); Dr D.E. Murfin (South-West Wales); Dr J.D. Jowitt* (Tamar); Dr J. Toby* (Thames Valley); Dr M.A.L. Pringle (Vale of Trent); Dr G.P. Dolan (West of Scotland); Dr E.B.B. Young (Wessex); Dr A.K. Scott (Yorkshire). * New members.

**Elected Members**

Dr M.E. Barker (East Anglia); Dr R.L.K. Colville (West of Scotland); Dr A.G. Donald (South-East Scotland); 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); Professor D.J. Pereira Gray (Tamar); Dr M.G.B. Scott (West of Scotland); Dr M.G. Sheldon (Midland); Dr C. Waine (North of England); Professor J.H. Walker (North of England); Professor J. Bain* (Wessex); Dr J. Ball* (Midland); Dr J. Fry* (South East Thames); Dr D. Haslam* (East Anglia); Dr J. Norell (North East London); Dr J. Tudor Hart* (South West Wales); Dr J. Grimshaw* (North of England) trainee observer. * Results of 1987 ballot.

At the first meeting of Council held after the AGM, the following officers were re-elected: Professor Denis Pereira Gray, chairman; Dr Douglas Garvie, honorary treasurer; Dr Bill Styles, honorary secretary. Council elected the following: Dr Lotte Newman, vice-chairman; Dr Peter Hill, deputy vice-chairman; Dr Colin Waine, chairman of Clinical and Research Division; Dr David Murfin, chairman of Services to Members and Faculties Division; Dr Bob Colville, chairman of Education Division; Dr John Ferguson, chairman of Examination Board.

Council also appointed the following:

**Additional Members of Council 1987/88**

Dr R. Baker (Severn); Dr A. Edwards (Tamar); Dr R. Horne (North of England); Dr K. Richmond (South-East Wales).

**Observers on Council 1987/88**

Brigadier A. Billinghurst (South-East Wales); Dr G. Buckley (South-East Scotland); Dr S. Carne (North and West London); Dr P. Enoch (Vale of Trent); Dr J. Grimshaw (North of England); Dr R. Humphreys (South-East Wales); Dr N. Jarvie (East of Scotland); Dr B. Marks (North-West England); Dr M. Spencer (North and West London); Dr P. Tombleson (South-West Thames). □

## Annual Subscription

The College agreed that the first paragraph of the existing byelaw 2 (D) of the byelaws of the College shall be varied as follows:

'The annual subscription of a fellow, member or associate shall be not more than £125, the precise figure to be determined in January by the General Purposes Committee acting on behalf of Council. Such subscriptions shall or may be reduced to the following amounts in the circumstances mentioned below. All reduced subscriptions will apply on 1 April only and are subject to annual review.'

## Ordinary Resolutions

The meeting debated the Ordinary Resolution from the South London Faculty that 'widespread performance review should precede the attempt to set arbitrary standards of care' and that this activity should be fostered amongst faculties and members. The meeting agreed that this proposal should be passed to Council for further consideration. The Chairman of Council, Professor Pereira Gray, said that Council was already looking at performance review and standard setting and would be happy to look at this with the Faculty.

The South London Faculty also put forward an Ordinary Resolution that AGMs are not always well attended and therefore may not be able to discuss important topics satisfactorily. The Faculty requested Council 'to formulate ways of defining such topics' and to deal appropriately through the Ordinances and Byelaws of the College. After considering this request the meeting agreed not to carry the resolution as it felt that members should be given the opportunity to fully debate issues at AGMs. The President reminded the meeting that they were bound to take account of feelings expressed by people and that Council had a duty to take care when dealing with sensitive issues.

# Chairman's Annual Report

At the Annual General Meeting last year we experienced the most difficult meeting and the sharpest conflict in our history. After an inconclusive debate and a compromise resolution the College went through a constitutional crisis which led to the resignation of the Chairman of Council in the early part of this year. In the emergency meeting of the Council which followed, it fell to me to succeed and so to present to you now the Annual Report of the Council since last November.

I have already paid tribute at the Spring General Meeting to John Hasler's enormous contributions, both to the work of the College and to general practice as a whole during the seven years he served as an Officer. We are confident that he will continue to make substantial contributions to general practice.

After becoming Chairman, at 10 day's notice, I found I had a great deal to learn and I have been learning ever since. I have been immensely supported by my fellow Officers, especially the Vice-Chairman of Council, Robin Steel from Worcester. He was in office through the interregnum and could not have done more to help me ever since. He has worked very hard for the College and retires from Council today. The Honorary Secretary, Bill Styles from London, the Honorary Treasurer, Douglas Garvie from Staffordshire and all the other office bearers have worked as a team and I thank them all.

The whole of the College staff, led by Sally Irvine, has rallied in support and I am most grateful to all those who have done so much to help the Council and me during this exceptional year.

## Organizational Reforms

The first requirement in this unique situation was for the Council to take stock and to rethink the College's fundamental priorities. Council members have worked hard through long and difficult debates and have achieved a logical reorganization of the College's work, whilst maintaining continuity of our strategy.

### *Elections*

One step has been to ensure that members of the College have a fuller and more informed say in the choice of those who will carry the day-to-day responsibilities of the government of the College through the Council.

For the first time the single transferable vote system has been used, which is the fairest system known to the Electoral Reform Society, which has conducted the ballot for us. In addition, all members of the College received a 50-word statement about each of the candidates standing for election to Council.

The single transferable vote has also been used for the first time in the Council itself and this year the Officers and Chairmen are being elected in this way. Those who were identified by the Council as Chairmen have thus been chosen by the most democratic system devised.

The Council will continue to keep under review the electoral procedures in the College to ensure that they are fully appropriate for a national institution of our kind.

### *Examination Board*

Since the relationship between the examination and the Council caused so much tension in the College last year, the Council has given it very special consideration this year. A three-man working party chaired by the President and including Colin Waine of Bishop Auckland and John Walker of Newcastle upon Tyne, reviewed this relationship extensively over several

months and reported to the June meeting of the Council.

No President in the history of the College has had to undertake such a complex and delicate review and the Working Party received a large amount of evidence from College members all over the country. We are all most grateful to you, President, and your two colleagues for carrying out this very important work.

Following the report of the Working Party and a paper from the General Purposes Committee, the Council decided to establish a new Examination Board.

This will enable the examiners in the College to relate directly to the Council and enable all the papers from this Board to come in future to Council meetings. The Examination Board will therefore be an important constituent part of the Council and Council has identified the present Chairman of the Membership Division, John Ferguson of Edinburgh, who is himself an examiner, as the Chairman of this new Board for the next two years. The Board has the support of the democratically elected Convenor of the Panel of Examiners, Philip Tombleson, and will be established at the December meeting of the Council.

## The Divisions

We have just formally approved the full report of the work of the College in the annual *Members' Reference Book,* prepared by the Honorary Secretary, and I will mention only the highlights:

### *Membership Division*

The Membership Division has spent a great deal of time on the examination and has now agreed a contract with an independent academic unit in the University of Dundee, led by Professor Ronald Harden, which will advise the College on many of the technical aspects of the examination.

The membership of the College has continued to increase by over a 1,000 in the last year alone, bringing our total to over 15,000 for the first time. Whilst it is likely that the number now taking the examination has reached a plateau, we can look forward to further growth in College membership in the years ahead.

We thank the examiners for all the work involved in examining about 2,000 candidates and we are most grateful to John Ferguson, the retiring Chairman of the Membership Division, who has held one of the hottest seats in the College throughout this year.

### *Education Division*

The Education Division, chaired by Bob Colville from Glasgow, has initiated an important study day for representatives of other academic organizations in British general practice. We were all very heartened by the response and the feeling which emerged at that meeting that the College should play a larger part in helping all the academic sections of our discipline to work together more.

The Education Division is studying distance learning — an exciting development which is especially relevant to a profession working in practices scattered throughout the United Kingdom. Thanks to Alastair Donald, support of over a quarter of a million pounds has been received from ICI for the CLIPP programme on management, which relies heavily on our Scottish faculties and which involves as many as 10,000 general practitioners.

The College's first video, *Management in Practice,* was made by Sally Irvine, our General Administrator, and June Huntingdon of the King's Fund College in conjunction with Marshall Marinker, Director of the MSD Foundation. It followed the successful management appreciation courses and has sold well. It is another step forward in distance learning which we will study further.

With the ever increasing importance of computerization, the College's computer appreciation courses have attracted 150 doctors and practice administrators in the year and have relied heavily on the staff member responsible — Mike Hodgkinson. We now maintain at Princes Gate a standing demonstration of the main general practice systems, so that members can see and test them for themselves.

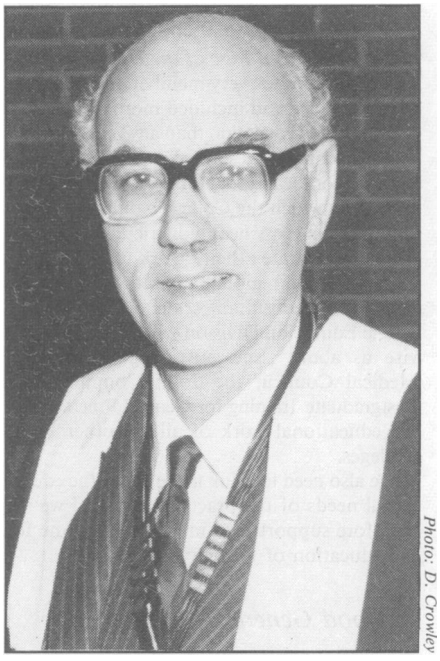


Photo: D. Crowley

*Professor Pereira Gray, Chairman of Council*

### *Research Division*

The Research Division, chaired by John Bain, has organized a second successful course in research methods, at Nottingham. These courses are important in spreading basic knowledge about research methods appropriate in general practice and also provide good working links with university departments of general practice. The Division has also introduced new College research fellowships and the quality of the applicants has been excellent. Our new research fellows are now working on: AIDS, the care of the elderly, and ethnic minority groups.

It has been a good year for the College's own Research Units, with contributions to the prevention of coronaries from our Leigh Unit and to understanding the late effects of convulsions in whooping cough from our Swansea Unit.

We thank John Bain, who has steered these developments through and who retires today as Chairman of the Research Division.

### *Communications Division*

The Communications Division has continued to develop its services. A new development this year has been the provision of information through telephone enquiries to over a million patients. The presentation of the clinical and practice organization folders has been greatly improved. Sales of College produced material are running at a record high level.

Colin Waine finishes today a three-year term of office as the second Chairman of the Communications Division. He has brought to that Division enormous time and energy and developed its services substantially. In particular he has introduced the College folders which are proving so successful.

### *International Committee*

The College has a growing number of international relationships. The Council has therefore established an International Committee and has elected Alastair Donald of Edinburgh, a former Chairman of the Council, as the new Chairman.

We have much to learn from colleagues overseas and it is vital when methods of communication are improving so fast that we should be in touch with all important developments in primary care world wide. The Committee will maintain the College's links with international organizations such as WONCA and the World Health Organization as well as with national organizations concerned with general practice all over the world.

An important international development has been the new Kuwaiti Diploma of General Practice awarded jointly by the Minister of Health in Kuwait and the College. The first recipients were presented with their scrolls recently by the Minister of Health and our President.

We are grateful to Robin Fraser, the College's Kuwait Fellow, for achieving so much and to other members of the College such as John Walker, who have contributed substantially to this new primary care initiative in the middle East. We are also grateful to Douglas Garvie for his hard work as Honorary Secretary for international affairs during the year.

### *Inner Cities*

In July we organized jointly with the Royal College of Physicians of London a big symposium on the inner cities. We are very grateful to John Lee for the time and energy he put into making this such a success. The College has identified this topic as a priority and we hope to bring encouragement, support and resources to colleagues working in the inner cities.

### *AIDS*

Graham Buckley is chairing the College group on AIDS and the College will produce guidelines on this specially important new disease, with emphasis on care in the community and above all on prevention, within the next few months.

### *Individual Achievement*

At a time of collective achievements, it is a pleasure to welcome a unique individual achievement and to report that Jeremy Bradbrooke, a member in the Wessex Faculty, in the nerve wracking setting of a national television competition, succeeded in winning the title of *Mastermind*!

## Five Point Plan

This has not just been a year in which we have been reacting to events and carrying on the everyday work of the College. It has been a time for deep thought and planning for the future of our College. The Council has carried through a substantial reorganization and is now preparing itself for the major challenges which lie ahead. Our job is to ensure that the College work continues whilst simultaneously being ready to respond to any initiative from Government.

During the last eight months the Council has formulated a five-point plan:

### *1. Clinical Work*

First and foremost we are concerned with improving standards of care for patients. This is a Royal College of General Practitioners, it is as general practitioners that we meet today to try to find ways in which our College can help to make general practice better for patients. Clinical work is the heart of our discipline, it is what our job is all about.

The Council has therefore, in June this year, established a new Clinical and Research Division. This will make it clear once and for all that the College is about better doctoring. We expect this Division to produce a stream of ideas and support for members about how patients can get better care for ordinary conditions in ordinary practices. Research is to be part of this new division in order to emphasize that clinical practice is rooted in good research. Research is a fundamental function in any academic organization and in this way we hope to demonstrate more clearly that research today leads to better clinical practice tomorrow.

Council has identified as the new Chairman of this important Division Colin Waine from Bishop Auckland in County Durham.

### *2. Services to Members and Faculties*

The second major plank of our new strategy is building up the faculties and improving services to members.

It will always be important to have a very strong central organization in a national College speaking for general practice in the United Kingdom. It is obviously essential that we can respond to the growing number of requests from Government for information and comment, and that we can always ensure that general practice takes its place as an equal partner with all the other Royal Colleges and national organizations.

Nevertheless, we are now clear that a major priority for the College is to build up our faculties in each and every area of the United Kingdom. This process will naturally take place faster in some faculties than others and we accept the clear implication that more of the College's resources must in future go directly to the faculties.

Thanks to the Faculty Liaison Group, led by Bill Styles, 21 faculties have now appointed administrative assistants and four have microcomputers installed in faculty offices. We want this trend to continue quickly within the framework of the new division.

We hope that faculties will in future be able to support local members through personal contact and a greatly improved local educational organization, and that they will be able to scrutinize and comment on plans and proposals from all local health authorities, including FPCs, in the same way that the Council centrally comments on DHSS documents.

The Services to Members and Faculties Division will of course include such major services as the College *Journal,* the College Publications, the Library and Information Service, the Online Service and the Central Sales Office.

The Council has identified David Murfin from the South West Wales Faculty as the new Chairman of this key division, and under his leadership we hope that the services and faculties of the College will continue to develop rapidly.

### *3. Education*

The third division, Education, under its Chairman, Bob Colville, has responsibility for tackling the problem of continuing education for established general practitioner principals.

The College's educational plan has already been published in *Report from General Practice 25, The Front Line of the Health Service,* which was sent to every member and associate of the College and included more recommendations about education than any other subject.

A key concept described in the report was the need for local tutors for continuing medical education which the College would like to see appointed in every health district. These tutors should integrate their work with course organizers and regional advisers and must be paid on the consultant scale.

The Education Division will continue to advise us about issues involving the General Medical Council, the Joint Committee on Postgraduate Training for General Practice, and the educational work of all the other Royal Colleges.

We also need to think more about the educational needs of the practice team and we are therefore supporting a major programme for the education of receptionists.

### *4. Good General Practice*

The internal reorganization has been carried through during the summer in order to prepare the College for the central task which is defining and measuring good general practice and to prepare ourselves to respond to a Government White Paper on general practice.

We are tired of reading about problems encountered by a small minority of general practitioners who run into trouble with the General Medical Council, with National Health Service tribunals, or in the courts. We accept that patients must be protected and that bad general practice will from time to time inevitably make news, but we must change the balance of that news. We must demonstrate in the future how much good general practice can do and how many good general practitioners there are. There is no need for us to be on the defensive, we have much to be proud of and we must switch the debate away from the problems of bad general practice by the few towards the achievements of good general practice by the many. The Council has therefore decided to concentrate on producing a working definition of good general practice and will do so within the next year.

### *5. Performance Review by Peer Review*

After we have defined good general practice it will then be necessary to set it out in terms of measurable performance. Performance review is now the name of the game and everyone is looking at performance indicators for general practitioners.

Politicians, government, the civil service, health service managers, specialists, nursing officers, and patient associations are now saying that they know how to define good general practice and how to measure it. However, the Council is quite clear that it does not intend to allow the debate on performance indicators and performance measures for general practitioners to be led by others.

President, we must be careful, very careful, that the measures that emerge are professionally based, are general practice oriented, take into account the relevant research, and conform to the policies of the College.

It is the policy of the College that performance review is best undertaken by peer review. Just as the surgeons define and set the standards of surgery, so we believe that general practitioners must define and set the standards for general practice.

We can of course only do this by example and so we must find ways within the College of introducing peer review in our own practices. Many faculties have asked for a review of our system for selecting fellows of the College and the Council has agreed that in future, work in the practice with patients will be introduced, through practice visits, into assessment for fellowship.

Whilst improving standards is the main function of the College it is a pleasure to recognize the achievements of others in raising standards of general practitioner care. The College recognized in *The Front Line of the Health Service* the substantial achievements of regional general practice subcommittees which, through their regional advisers, have set out the standards for training practices. Patients are more likely to receive better care and practitioners are more likely to take part in educational activities in training practices and the College applauds this.

Similarly, there have been serious problems in some partnership agreements, and we welcome the considerable achievement of the General Medical Services Committee led by Michael Wilson, a Fellow of the College, which has introduced a new standard setting arrangement for partnership agreements based as we would wish on peer review.

If performance review were to be controlled from outside general practice the Council believes it would then be less sensitive, less relevant and less rigorous. There would be a risk of a rigid bureaucratic system imposed from without.

We must ensure that the College itself is capable of mounting a practice-based assessment of performance before this is done by somebody else. It is through objective measurement by peers that standards are most easily defined in continuing education.

The Council has agreed that the Education Division will have the main responsibility for initiating performance review within the College and we see this not only as a logical link

***Continued on page 571***

# Practising Prevention

"THAT was the best meeting I have ever attended" an enthusiastic health visitor was heard to announce as she left the Great Western Royal Hotel, Paddington. Together with around 200 clinical and administrative members of primary health care teams, she had actively participated in small group work designed to define the team's responsibilities in five different areas of clinical practice.

In the organization and conduct of this year's Annual Symposium which was held on 13 November, the RCGP's Education Division once again set out to break new ground. Following on from the successful introduction of small group preparatory work in 1986, and bearing in mind the College's response to the Government's discussions on primary health care, the symposium aimed: to encourage primary health care team members to work together to define their aims for prevention, to provide a forum to discuss the practical problems associated with the implementation of practice prevention policies, to facilitate closer working together of GPs, nurses and health visitors at a local and national level, and to seek general agreement on the guidelines for care in each area chosen.

All members of the primary health care team were invited to participate in the symposium. Initially, interest was expressed by several hundred different practices and ultimately some 100 teams worked on one of the five chosen topics. Most of the teams produced impressive reports of the activity they had undertaken and all this work was taken into consideration in producing summary sheets for the symposium's participants.

Marianne Rigge, Director of the College of Health, gave a stimulating and thought provoking introduction to the day's activities. She welcomed the considerable initiatives that had been taken in this field by GPs, and was particularly delighted by the response to this symposium. She said that the main aim of the College of Health was to help people keep themselves healthy and she recognized that the symposium's participants, as well as the national bodies they represented, had already taken important steps down the path to providing opportunities for prevention in practice.

'Doctor knows best' was a tenet which Ms Rigge felt the health care professions had not done enough to change. While most primary health care teams were committed to working in partnership with their patients, they had not always achieved this in practice. Towards the end of her talk she presented a poignant example of the difficulties associated with providing preventive primary care from a hospital outpatient setting. She closed with the important injunction that GPs should treat patients as partners in the cause of helping them to help themselves.

Symposium participants had been asked to select one of five topics to prepare for the day: immunization, preconception counselling, well person clinics, screening of the elderly and stroke prevention and management. The main work of the symposium was done in 16 small groups, each with an experienced leader. Each group was asked to consider its particular topic and decide what services the typical primary care team should be providing in that area. They were also to make lists of the problems that may be encountered by teams in the implementation of such guidelines.

Photo: D. Crowley

*Marianne Rigge*

The level of debate in the groups was high. All were led effectively and considerable enthusiasm was generated in the discussions. The groups have been asked to produce a report for collation with the project work. A brief statement of the five areas of preventive medicine covered by this symposium will be produced and it is expected that these guidelines will be available early in 1988.

It is difficult to sum up in a few words what a wide variety of different health care team members might have got out of this symposium. Some had done a great deal of work in their practices, often for the first time, on areas of prevention. Others were keen to put ideas into practice and wanted to know how. A few had come for a day out and were perhaps challenged more than they expected! Judging by their enthusiasm and from initial assessment of the evaluation forms, the day was enjoyed by all. □

**Michael Varnam**

*Continued from page 570*

# Chairman's Annual Report

with continuing education but as a powerful new stimulus for it.

## Conclusion

In conclusion, President, we come today to the end of the most difficult year in the College's history. Friends and colleagues have been hurt; our staff, who have served us well, have been severely stressed; and the momentum of our College has been slowed. Today is the end of that year and is also the beginning of a new year. We must put the past behind us, look forward, and concentrate on the tasks ahead.

At a time when the place of health services in our society is under scrutiny, general practice now faces one of the most radical times of change in its history. Assumptions about the National Health Service, the nature of general practice, the role of consultants, advertising, and priorities which have been accepted for decades are now being questioned — and all at once.

We meet today in the shadow of a White Paper — the first on general practice to be faced by the College since its foundation. None of us can be in any doubt that general practice will be tested in the weeks, the months, and years ahead. Indeed the White Paper may be published within days.

It falls to us, as the only Royal College of General Practitioners in the United Kingdom to steer the discipline of general practice through what may be the eye of an impending storm.

President, we now know the direction in which we are going, which is a direct continuation of the quality initiative and is indeed the quality initiative expressed in clinical terms. We will concentrate on clinical work. We will place a new emphasis on good general practice through performance review in practices and by building up our faculties for new responsibilities. These are the planks of our future policy.

We will be true to our traditions and will work together. In the words of our Royal Charter, we will, '... encourage, foster and maintain the highest possible standards of general medical practice.' □

**Denis Pereira Gray**

# 14 Princes Gate

TWO longstanding members of the College, Drs John Horder and Stephen Pasmore, will this month see the publication of their book, *14 Princes Gate — Home of the Royal College of General Practitioners,* a 'work of love' dedicated to revealing the history of the College building and its surrounding area, and the personalities which have given life to 14 Princes Gate.

The book has conveniently been written in two parts. Dr Pasmore opens the story by putting the College building into architectural and historical context alongside neighbours such as The Halfway House (no longer standing), an old inn 'notorious in the eighteenth century for sheltering highway robbers'.

Dr Horder first became interested in the history of the College building during his term as president. His interest was heightened after reading an article which had been written by Dr McConaghey for the College *Journal* in 1969, in which a visitor to 14 Princes Gate in its earlier days was quoted as saying:

> 'I doubt whether there has ever been a private dwelling house so filled with works of the richest art. As one entered the front door he was still in a conventional London house, until passing along three or four yards, his eye turned and looked through the door on the left into the dining-room — in size an ample city dining-room, but in glory of colour such as few other domestic dining-rooms ever enjoyed.'

A book on the history of a building would be incomplete without an account of the individuals who helped to create its character and atmosphere. In part two of the book, Dr Horder gives an insight into past occupiers of 14 Princes Gate, and looks at the period of residency of the Morgan family and American ambassadors, the most famous of whom was Joseph Kennedy, father of the future USA president, Jack Kennedy.

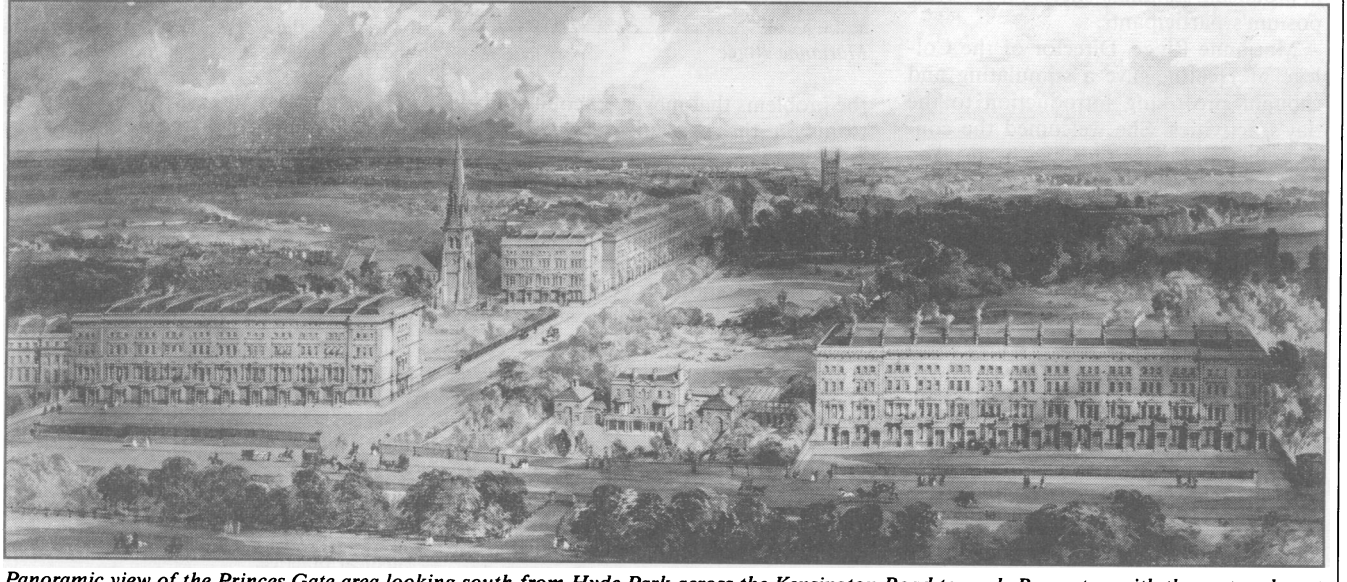
*John and Robert Kennedy on the balcony of 14 Princes Gate, facing the garden, 1938. By courtesy of the archives of the John Fitzgerald Kennedy Library, Columbia Point, Boston, Massachusetts.*

In his concluding paragraph, Dr Horder says, 'Throughout most of its history 14 Princes Gate has been the residence of men who have appreciated beautiful surroundings and fine furnishings ... the house has now become the headquarters of the Royal College of General Practitioners, it still retains much of its charm as a family home.' Recently refurbished bedrooms have gone a long way to maintaining the feeling of comfort to which the building housing the College has grown accustomed.

Readers of *14 Princes Gate — Home of the Royal College of General Practitioners* will be delighted not only with its historical content, but also with the quality and variety of accompanying illustrations used throughout. As the Editor points out in his preface, the book will appeal not only to those who are interested in the College and the way in which the house has been adapted to meet its owners' needs, but also those who have an interest in the development of London.

The book is available from the Central Sales Office of the RCGP and costs £8.50 including postage and packing (Visa and Access welcome). It will make fascinating reading at any time of the year — with Christmas just around the corner it makes the ideal gift. □

**Nicola Roberts**



*Panoramic view of the Princes Gate area looking south from Hyde Park across the Kensington Road towards Brompton with the east and west terraces of Princes Gate on either side. Watercolour c.1847/8 by Thomas Allom, FRIBA. Reproduced by kind permission of the Fine Art Society.*

# Diabetes — a Conference for Carers

ON Wednesday 11 November, the RCGP, in collaboration with Rybar Laboratories Ltd, held a national conference on diabetic care in general practice.

Over 60 GPs, practice nurses, dieticians, practice managers and other carers attended the meeting organized to encourage a team approach to caring for diabetic patients. The meeting examined the roles of individual members of the primary health care team and explored the relationship between primary and secondary care services for diabetic patients.

Sir John Nabarro, Chairman of the Executive Council of the British Diabetic Association, opened the meeting by emphasizing the need to create an understanding among patients and their relatives of the disease and the effect it may have on their lifestyles.

Throughout the morning session, members of primary health care teams outlined their role in the care of diabetic patients. The senior dietician at Ealing Hospital, Mrs Baldeesh Rai, told the conference of the importance of providing good dietary advice for diabetes sufferers. She said that during the last 10 years dietary advice has altered dramatically, and the British Diabetic Association now advises patients that carbohydrates should provide at least 50% of total energy intake with a cutdown on the intake of fats. Mrs Rai stressed, however, that advice should be tailored to the individual's needs.

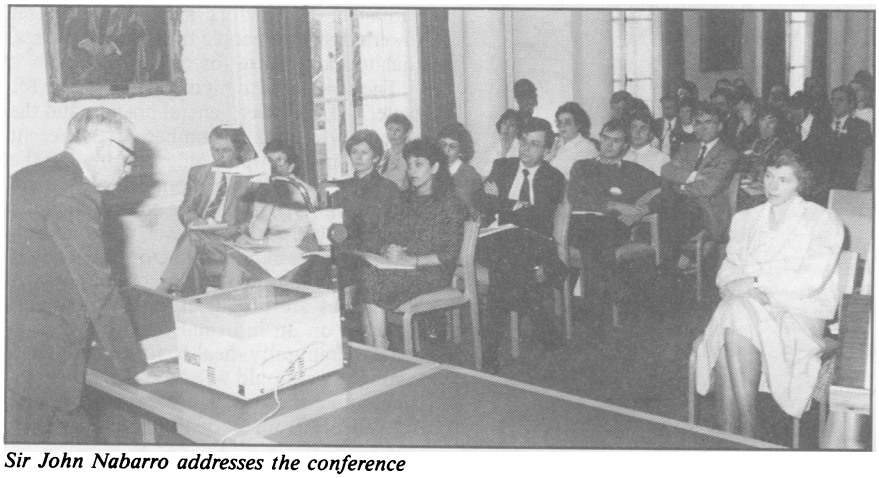
The theme for the afternoon session was quality in care. Dr Waine, as chairman of the session, told the conference that it was important that duplication of care and confusion of responsibility be avoided, and that broad goals should be developed for the care of diabetic patients. These should be translated into specific aims and objectives and the mechanism for achieving these should be clearly spelt out, as should the method for resourcing.

Dr Waine highlighted complications which may result from diabetes and suggested that the most effective way of combating the effects of the disorder were early diagnosis and regular reviews of the emotional, physical and biochemical state of the patient. He concluded that the delivery of effective diabetic care posed a considerable challenge, and one that was better met by a team rather than a doctor working in isolation.

The conference heard that a vital link between primary and secondary care can be created through diabetic liaison nurses. Sister Ann Staveley, a diabetes liaison sister in Chesterfield, spoke of the important role of the nurse specialist as practitioner, teacher, coordinator, investigator and innovator. She viewed their role as particularly important in educating newly diagnosed diabetics and in giving support and advice to established sufferers.

During the final part of the afternoon session, the conference learned of a study which had been undertaken by the Exeter Diabetic Project which looked at diabetic retinopathy assessment in general practice and the range of care provided by GPs in the Exeter district. More than 90% of GPs in the Exeter health district agreed to participate in the project. The results have highlighted areas where GPs feel further support, education and equipment are needed and have stimulated the district to produce guidelines on the care of diabetic patients. A view is now held that diabetic care should be shared, and need not take place solely in general practice nor in hospital clinics. Throughout the district, awareness and interest in diabetes has been aroused and self-education groups are being established.

At the end of the day both organizers and participants came away with a better understanding of their own role in dealing with diabetes sufferers, and that of other members of the team. Registration numbers before the conference exceeded expectations by at least 40. It is hoped that this existing interest, coupled with the success and enthusiasm generated on 11 November, will enable a similar exercise to be held in the future. □



*Sir John Nabarro addresses the conference*

# Trainee Conference

THE College held its second trainee conference on Tuesday 3 November. Its chairman, Dr Hugh Reeve, opened the meeting by describing the conference as a means by which two-way communication between the College and vocational trainees may be encouraged.

The conference heard that local trainee committees play an important role in contributing to change, and that attempts should therefore be made to overcome problems, such as role definition and continuity of membership, in order to maintain such committees throughout the country.

The conference considered the *Report on Assessment and Vocational Training in General Practice* recently produced by the JCPTGP. It supported the principle of continuous assessment, and agreed that regions should be free to formulate their own systems. Some members of the conference felt that the paper should reflect the need for doctors to keep abreast of technological change. It accepted that a high standard of clinical competence is of paramount importance.

The College intends to hold a further trainee conference in 1988. □

# Information Folder

THE latest addition to the rapidly expanding series of College information folders is *Practice Information Booklets.* As the introduction says, 'there is increasing interest in information about general practice. Patients are interested in the style and type of care offered by their practices and about its internal organization. They want to know about the means of obtaining access to the care offered by the practice'. This increased patient awareness and expectation, coupled with less rigid publicity rules, has led to many practices providing their patients with information booklets.

The new folder looks at the whys and wherefores of providing information leaflets and makes suggestions on styles and layouts which may be adopted. *Practice Information Booklets* is available from the Central Sales Office at Princes Gate and costs £6.00 (members) and £7.00 (non-members). □

# 'Ms Piggy' — Part II

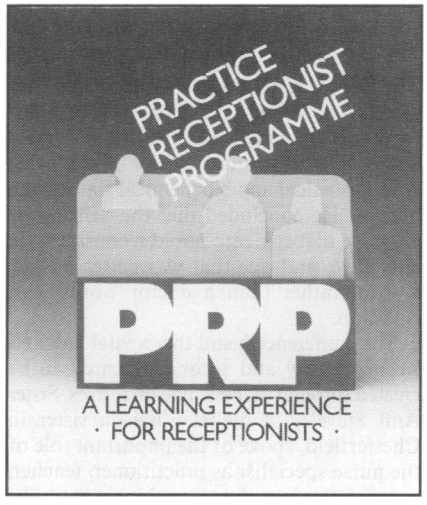
**TUESDAY 10 November 1987 saw the nationwide launch of the practice receptionist programme (PRP) which has metamorphosed out of the 'Ms Piggy-in-the-Middle' pilot courses.**

In 1984 a report highlighting the need to improve the education and training of practice receptionists was issued by the Joint Committee for Receptionists' Continuing Education, the GMSC, the Association of Medical Secretaries, Practice Administrators and Receptionists, the Association of Health Centre and Practice Administrators and the Society of Family Practitioner Committees. Professor Michael Drury and the Department of General Practice at Birmingham University, reacted to this by establishing the 'Ms Piggy' courses. These were met with an overwhelming response. He says of the first course, 'It was really quite extraordinary. We advertised 150 vacancies and had 485 applications'.

***"Well trained staff make all the difference between adequacy and excellence" (Alex Stewart, Editorial Consultant, Radcliffe Medical Press)***

During the past few years enthusiasm for the courses has gained momentum, and it was felt that the time had come to develop 'Ms Piggy' into a uniform, nationally recognized educational and training package for both new and experienced practice receptionists.

Dealing with patients experiencing emotional or physical stress is stressful in itself, and to handle patient relationships

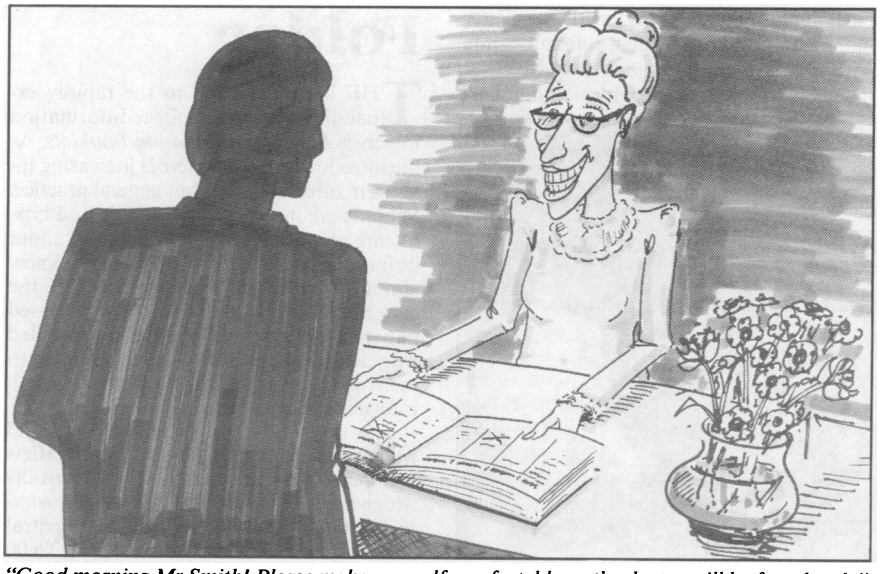



well, receptionists must learn to understand such feelings and how to react to them. The concept of PRP is to create a better understanding of the job and its role in the primary health care team and to enhance working relationships with general practitioners. In her 'front of house' role, the receptionist sets the scene with patients and is well placed to give a sense of welcome and sympathy. A more relaxed patient may mean a better consultation.

From 1988 a network of nationwide PRP courses will be available at postgraduate medical centres and both rural and urban practices. Courses will be held on one evening a week over a period of six weeks and in each six-week course there will be four core themes. In 1988 these will be: the health care service and its financing; record keeping; communications; ethics and etiquette. The course fee is £69.00.

The PRP project is organized by Radcliffe Medical Press and is supported by Ciba-Geigy Pharmaceuticals.

For further information, please contact: Mr Andrew Bax, Managing Director, Radcliffe Medical Press Ltd, 27 Park End Street, Oxford OX1 1HU. □



*"Good morning Mr Smith! Please make yourself comfortable — the doctor will be free shortly"*

# A View from the Outside

WHEN doctors discuss their work at conferences they often reflect on their achievements. Our patients too are well-schooled in the art of massaging professional egos, but if we only hear good news, we soon become complacent and may never learn about gaps in our care.

A recent seminar on 30 October, organized by the Patients' Liaison Group of the RCGP, offered a challenge to that complacency. The group invited representatives from a range of voluntary organizations to discuss what services patients could reasonably expect from their GPs. The Pandora's box was open and we soon heard echos of the countless telephone calls our patients make to voluntary organizations when we fail to explain things, do not seem to understand their problems or offer no means to cope with chronic disorders. Of course voluntary organizations hear more from dissatisfied than satisfied patients, but they provide indicators which we would be unwise to ignore.

If some of our elderly feel abandoned at home, if the homeless have difficulty registering with us or people with conditions such as multiple sclerosis are unsure if we are telling the truth, then there are aspects of our care we need to reexamine. We have yet to face the issue of equal opportunities in health care, but if black people feel disadvantaged, or doctors subconsciously set lower targets for people from other cultures, that too is a cause for concern.

The seminar also highlighted the case for better links between general practice and the voluntary sector. A number of the recent RCGP information folders represent the results of that cooperation, but greater involvement in postgraduate education could do even more. At a local level, up-to-date information is essential if doctors are to make the most of resources in the community. But directories are no substitute for dialogue, whether on an informal basis or through local community health forums. It is a dialogue we should welcome, both as an insight into our own services and as a resource we can offer our patients. □

**Jonathan Graffy**

# Weekly Returns Service

**SINCE 1967 the RCGP Birmingham Research Unit has coordinated a network of around 40 practices providing information about the incidence of a selection of communicable diseases.**

Data covering the previous week are provided by the practices each Wednesday. Using the practice age–sex registers to define the population at risk we consolidate the material from the network and calculate national rates which are sent to the DHSS on the Friday of the same week. For some illnesses, such as chickenpox and mumps, there are few sources of national data. For others, such as epidemic influenza, our data provide the earliest warning of an epidemic. Their value is recognized by the DHSS who provide the participating practices with a subsidy for clerical expenses.

We are now seeking to recruit additional practices. In the past, practices included in the Weekly Returns Service were used for gathering information for the national general practice morbidity surveys and it is likely that they would be invited to participate in any future survey. A national spread of practices is vital for both purposes.

Collecting practice morbidity data involves maintaining a diagnostic index and we have now developed methods which minimize the clerical complexity of maintaining an index. The disease coding and maintenance of the index are undertaken at our Research Unit, but practices can opt to maintain their own index. The collecting and analysis of data involves the GP, the practice research secretary and the Research Unit.

The GP's job is to summarize the content of each consultation, giving the date, consulting location, one or more diagnoses/problems and a consultation/episode type. The diagnosis or problem is summarized using the most precise term available and this may involve the use of non-specific terms such as 'abdominal pain n.s.' Doctors are asked not to use inappropriate diagnostic terms. The protocol includes a procedure for making amendments where necessary. Involvement of a practice in the Weekly Returns Service commits all partners to summarizing every consultation in this way.

The research secretary scans all records before refiling and copies relevant entries onto a proforma, identifying in coded form the recording doctor, date, location, patient identifier, the consultation/episode type and referral, if any. The diagnosis and any amplifying comments are described using the summary term entered by the doctor. Each item of information entered onto this proforma is acknowledged in the medical notes by a red tick. Enough information is retained for the practices to identify the notes of patients but it is impossible for anyone outside the practice to identify the patient. The recording sheets are sent weekly to the Research Unit.

The procedure described is appropriate for a manual recording system. Practices can participate using their computer systems but we encourage practices to record manually in the first instance to establish systematic recording and flow of records within the practices.

Our task at the Research Unit is to consolidate the data from practices, using age–sex registers to define the population, and to calculate incidence rates. This task is done routinely each Thursday thus providing analysis within one week of recording.

Practices participating in the Weekly Returns Service receive a subsidy of £250 plus £100 per 1000 patients registered; thus a practice of 3500 would receive £600 and a practice of 8500 would receive £1100. This sum has been carefully calculated to cover clerical costs, recognizing that 70% of practice ancillary staff costs are reimbursed directly. A practice subsidy of £600 equates to an income for ancillary staff of £2000 and a subsidy of £1100 an income of £3670. Practices who participate in this service are able to obtain information about their own practice simply by recording details of consultations in a structured manner.

If you are interested in joining the Weekly Returns Service, please telephone the Birmingham Research Unit of the RCGP (021-426 1125) or write to us at Lordswood House, 54 Lordswood Road, Harborne, Birmingham B17 9DB. □

**DM Fleming**

# Jersey Branch

ANOTHER Channel Island breakaway from the Wessex faculty held its inauguration on 24 October. Following the formation of the Guernsey branch last year, Jersey celebrated its own new branch with a seminar and banquet.

Dr Marshall Marinker, Council member and Director of the MSD Foundation, opened the seminar with reassurances about the stability and future of the College after the dramas of the last 18 months. Then GPs from opposite ends of the UK — Dr Elizabeth Barden, Senior Clinical Medical Officer for Family Planning and Well Woman Services in Edinburgh and Dr John Tooke, Consultant Physician and Senior Lecturer in Medicine at the Royal Devon and Exeter Hospital — presented clinical talks. Dr Guy van Hoonacker from Brugge in Belgium discussed how he and his colleagues coped with the tragic disaster of the capsize of the *Spirit of Free Enterprise* outside Zeebrugge. As a relatively isolated community the island of Jersey is concerned about how it would manage a major disaster and Dr van Hoonacker's talk was very useful for the island's emergency services who joined in the symposium.

At the banquet in the evening, Dr David Spencer, President of the Jersey Medical Society, welcomed the new arm of the College, describing it as tentacle which could reach further and have greater agility and manoeuvrability. Dr Gregory Ince, Chairman of the Jersey branch, affirmed that the local College would be complementary to, not in competition with, the Medical Society. In addition to the many guests from the College and from Jersey, a particularly warm welcome was extended to the representatives of the Guernsey branch in the hope that the continuing cordial relationship will augur well for the future. □

# Prize for International Research

THE European General Practitioner Research Workshop (EGPRW) is a group of GPs from more than a dozen countries in both Western and Eastern Europe who meet regularly to discuss research projects and methodology, comparing general practice in the different member countries. The group comprises some 150 members and is expanding rapidly.

A competition is being organized to stimulate involvement of members and potential members of the EGPRW in the development of an international research project. The prize, sponsored by G.D. Searle and Company Limited will be awarded for the best research proposal. The proposal should:

- involve at least two European countries;
- concentrate on patients and factors related to their health;
- be practical in terms of cost, patient numbers etc.
- ideally be concerned with conditions affected by inter-country differences, for example, climate, diet, social factors.

Preference will be given to projects related to AIDS and/or HIV infection.

For further details and an application form please write to Dr Paul Wallace, Secretary, EGPRW, Department of General Practice, Lisson Grove Health Centre, Gateforth Street, London NW8 8EG. Closing date for entries: 31 March 1988. □

# Projects and Research

ONE pleasing development in the West of Scotland has been the increasing number of trainees who undertake a project. Of those trainees who had completed a project in recent years 10 were chosen to present their work at a meeting open to all members of the West of Scotland Faculty of the College. This was a most successful evening, and the talks stimulated much discussion and comment. The success of this meeting led to a further full-day meeting in June, with Professor John Howie from Edinburgh commenting and leading the discussion on each paper.

Several of the projects were concerned with drugs and prescribing. Dr Jack Leighton from Blantyre described an interesting and well-designed audit of digoxin usage within his practice. Dr Kenneth Stirling of Alloa had monitored beta agonist inhalers and Dr Wesley Martin from Patna described an audit of repeat prescribing. Dr Stuart McMain of Boness had looked at patient knowledge and compliance in oral contraceptive users but was unable to attend the meeting. There was a particularly interesting presentation from Dr Charles Langan, a principal who has carried out research in respiratory disease over a number of years. He described a collaborative trainee project to look at compliance with theophylline treatment; he had spent a considerable time setting up the project, explaining the aims to the trainees and had achieved a favourable initial response. However, the number of patients recruited to the study was disappointing, thus highlighting the importance of a project being the trainee's own idea in order to generate the necessary motivation.

Patients' views was another popular topic. Dr Dorothy Sullivan from Kirkintilloch had looked at patients' views on health promotion and Dr Jim O'Neill had used the increase in patient information booklets to look at the public's knowledge of their medical services. Two former trainees presented trainee projects which they have continued. Dr Jim McKenzie has completed a study which he started while a trainee in Springburn on patients' views on deputizing services and Dr Gilliam Morrison, who is a Research Fellow in the Glasgow University Department of General Practice, described her extensive study of patients' attitudes to epilepsy in the community.

The third area of interest for this group of trainees was the elderly. There was a review of the geriatric population using diagnosis and consultation rates from Dr Ann Phelan of Glasgow. Prostatic symptoms in the over sixties formed the basis of Dr Michael Styen's study from Dumfries. This was a particularly useful study as there is little in the general practice literature on this topic. The other trainee who was unable to take part at the second meeting was Dr Julia Shannon from Ruchazie in Glasgow, who had looked at a survey of the geriatric population in her practice.

Two of the trainees — Drs Elaine Pollock and Anne Thompson from Baillieston — made a joint presentation on cervical screening, increasing the recall and looking at some outcome measurements.

It is hoped the meeting will have given some stimulus to the training practices to encourage their trainees to carry out such work in the future. John Howie's help throughout the day was invaluable, making constructive and far-reaching comment on each paper presented. □

**TS Murray**

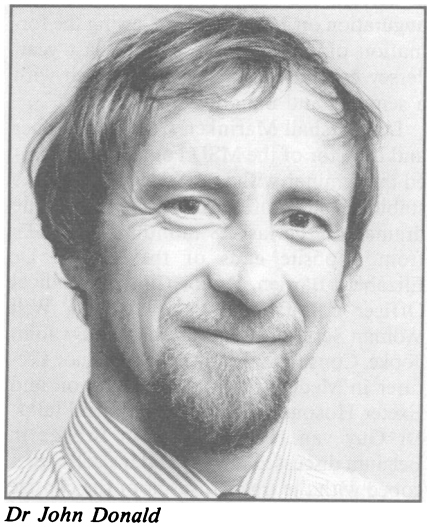
# Stuart Faculty Fellow

AN increasing number of doctors are taking their GP trainee year as part of general professional training. This is a welcome trend which reflects the high educational value of a trainee year in general practice as perceived by young doctors who wish to enter other specialties. For these doctors, as well as for the vocational trainee, it is essential to have objective assessments of knowledge and skills, and preferably also attitudes, at the outset of their training if the most effective use is to be made of educational resources. A variety of assessment procedures are in use throughout the UK, most of which are subjective, but a few include an objective assessment of knowledge and skills. However, no major data base exists through which these assessments can be pooled in order to compare trainees with their peers.

The South East Scotland faculty has initiated a project to review the existing methods of assessment and to develop a phased programme which will provide educational guidance to trainees and trainers during the trainee year.

Stuart Pharmaceuticals have generously agreed to support this project and Dr John Donald, a GP at Howden Health Centre, Livingston, has been appointed a Stuart faculty fellow. This project is a logical extension to the programme developed by the South East Scotland faculty which has listed priority topics for trainee tutorials in three phases over the trainee year. The phased evaluation project will therefore make its assessments in relation to these topics.

The project will be undertaken in cooperation with the University of Edinburgh Department of General Practice, which is represented on the steering committee by Dr Don Thomson and Dr John Ferguson. The steering group is chaired by Dr Alastair Donald. □



*Dr John Donald*

# Boundary Change

THE Severn faculty comprises the counties of Gloucestershire, Avon and Somerset. Most of the faculty falls within the South West Regional Health Authority with postgraduate medical education being supported from Bristol University. However, a small part of the faculty in north east Somerset and east Avon is in the Bath Health District, with postgraduate education based on Wessex and Southampton University.

This has produced an anomaly in that although College members in and around Bath are automatically allocated to the Severn faculty that faculty holds no meetings in Bath because it is ordinarily covered by the activities of the Wessex faculty.

Although any College member is entitled to change his faculty merely by giving notice to the Princes Gate headquarters, few in the Bath area have done so. There could be several reasons for this, members may not want to change, may not be aware that they can, or may not feel they have contacts with any faculty.

The two faculties have now decided that in future members in Bath postcode areas BA1, BA2 and BA3 will be allocated to Wessex faculty.

It means, of course, that although they may find some faculty meetings nearer them, the major ones may be further away than if they remained in Severn faculty. Only individual members can decide which is most suitable in their circumstances. The two faculties are merely trying to offer College members the most convenient faculty contact. □

**(from the Severn faculty)**