

# NEWS

Editor: Nicola Roberts

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## Lord Hunt of Fawley

**CBE, MA, DM Oxon, FRCP, FRCS, FRCGP**

**J**OHN HENDERSON HUNT, Lord Hunt of Fawley, who died on December 28 at the age of 82, was one of the foremost GPs of his era, the leader of the movement which set and introduced the highest standards in family medicine, and the chief begetter of the Royal College of General Practitioners.

John Hunt was born in Hyderabad, where his father was surgeon to the Hyderabad State Railways, and to the Ruler and his family, with whom he always maintained a friendly professional connection. Some of his Indian experiences were the basis of a lecture on the Fakirs of India, illustrated with truly gruesome lantern slides. He was educated at Charterhouse School, of which he later became a governor, Balliol College Oxford, where he had a distinguished career, and St Bartholemew's Hospital. At Barts he was appointed House Surgeon to Professor George Gask and later Chief Assistant to Professor Sir Francis Fraser. After working as Chief Assistant in the Neurological Department at Barts, he became House Physician at the National Hospital for Nervous Diseases, Queen Square, and became a member of the Royal College of Physicians. He developed a particular interest in peripheral vascular diseases, and later wrote on them in several publications.

But it was already becoming clear before the Second World War that Hunt's broad interests were leading him towards general practice, and a year or two before war broke out he joined Dr George Cregan in his Chelsea practice. During the war he served in the RAF, where he became a Wing Commander Medical Specialist. Afterwards he returned to general practice and started on his own at 54 Sloane Street, which later became the second headquarters of the College of General Practitioners. Here he installed a small pathological laboratory, staffed by a technician with whom he had worked in the RAF, and in the mews house behind

he organized the setting up of a diagnostic X-ray unit. As the practice grew he had several assistants and eventually formed a partnership that prospered until his retirement.

His practice was one of the largest in London and attracted patients from all walks of life and from all parts of the world. The depth and breadth of his knowledge of medicine and of people, together with his infinite capacity for pursuing any turn of thought which would benefit his patients, marked him as an exceptional doctor by any standards. His



Lord Hunt.

patients knew his wise and kindly counsel, and his colleagues recognised his clinical skill and judgement, which helped specialists and other family doctors alike. Those who were fortunate enough to work with him in his practice drew continually on his strength of character and immense experience; no problem was too small for him to discuss and give advice, all leavened with those well-remembered gusts of laughter which relieved moments of tension and anxiety. Above all, he had the rare gift of inspiring excitement and anticipation.

But there was also in his character a single-minded determination that would brook no obstruction, together with a wily

sense of how men and events could be influenced. After the Second World War, when the National Health Service was being planned, the position of GPs was often uncertain and unsatisfactory. The notion of an academic body to promote the efficiency of general practice had been put forward as long ago as 1844, but widespread efforts came to naught. With the advent of the National Health Service a new purpose was seen in uniting the widely-felt aspirations of many GPs, to bring order out of disorder through a college of their own. Following a crucial meeting at the BMA in October 1951, John Hunt and Fraser Rose wrote a letter which was published in the *British Medical Journal* and the *Lancet* proposing 'a possible College of General Practice'. Memoranda from them both were published two weeks later and much comment, both favourable and unfavourable, was provoked. Many influential people, even some close colleagues, and in particular the Presidents of the royal colleges, expressed their opposition to the whole project, but the newly-formed Steering Committee which was chaired by Sir Henry Willink with Hunt as secretary, pressed on undeterred with its plans. On 19 November 1952, after the most careful consultations, a Memorandum and Articles of Association of the College of General Practitioners were signed by the members of the Steering Committee and the Committee's Report was published a month later.

There was widespread support for the initiative from both medical and lay sources, and within six months of its foundation the College had been joined by over 2000 doctors. It would be fair to say that, of the many men and women who had worked so hard to form the College, none had worked harder or displayed such determined leadership as the Secretary of the Steering Committee and the first Honorary Secretary of Council, John Hunt. His work in developing the role of the College in this country and extending its influence across the world, was to continue for the rest of his professional life,

*Continued on page 88*

# R.J.F.H. Pinsent

OBE, MA, MD, FRCGP

ROBERT John Francis Homfray Pinsent, known to all as Robin, died suddenly and unexpectedly on Christmas day at his home in Devon. He was born 71 years ago and spent his childhood in the village of Horrabridge where his funeral was held. He received his medical education at Selwyn College, Cambridge, and Charing Cross Medical School before serving in the Royal Army Medical Corps. After demobilization he entered practice in Birmingham two years before the National Health Service began but soon moved into partnership with Dr Laurie Pike and built up a group practice where he stayed until retirement in 1978. He put an immense amount of effort into the practice and soon it developed a reputation for quality of clinical work and innovative ideas with supporting staff, patient participation and practice organization. To this was added research and undergraduate and postgraduate teaching and the practice became a teaching practice of the Department of General Practice at Birmingham University.

Doctor George Macfeat of Lanarkshire published a paper in the *British Medical Journal* in 1951 suggesting the formation of a royal college of general practice and, partly as a result of this, Fraser Rose and John

Hunt sent letters to the *British Medical Journal* and the *Lancet* inviting suggestions about this proposal. Robin Pinsent was one of those who responded early and he was invited to join first the steering group and then the Foundation Council. He played the seminal role in making research a central feature of College activity and he remained in this position for nearly 30 years. He had already demonstrated his ability to enthuse others as a student when, for example, he had organized his fellows to prepare the defence of Charing Cross Hospital against 'flying bombs' and rockets, so it was quite typical that he should have convened the first meeting of the Research Committee of the Foundation Council in Bath in March 1953. Here the initial steps were taken in two College ventures whose subsequent success owed much to his drive, a research newsletter that afterwards grew into the *Journal* and a study of morbidity that grew into the three national morbidity surveys published between 1958 and 1986.

Robin's genius was for inspiring others. He had a great talent for organization and was a master at encouraging others to take those first few uncertain steps into research. Once that was done they were committed but not abandoned for he was ever ready with help and advice. He was a modest man and much of the research that he inspired was

published by others so his name does not occur as often in references as it should but he was not only the 'godfather' of general practice research in this country but in Canada, the USA and Australia as well. He was never undervalued by those who were lucky enough to work with him and his gentle courtesy and unflinching politeness were combined with a penetrating intellect which made a lasting impression.

His doctoral thesis, obtained from general practice in 1971, was an early example of the painstaking and systematic recording that marked much of College research during the many years that he was Research Advisor to the College. He gave the James Mackenzie lecture in 1962, was invited to give the Victor Johnson Oration in Canada, was awarded the OBE in 1970 and the Baron Dr Ver Heyden de Lancey Award in 1977. He had a total laryngectomy for carcinoma and showed enormous courage by continuing to work and to speak publicly until his retirement. Even here his concern was for others and he tried, with Jack Hawkins, to produce a teaching book and tape to help other sufferers with oesophageal speech.

He spent nine happy years in retirement in his beloved Tamar Valley, still stimulating others in research, but mainly thinking, fishing, gardening and enjoying the company of Ruth who had supported him and the College so much. He leaves a family of one son and three daughters and the College has much cause to be grateful for his life. □

Michael Drury

*Continued from page 87*

## Lord Hunt of Fawley

most notably as Honorary Secretary of Council from 1953 until 1966, and later as President from 1967 until 1970.

It was just before he became President that Her Majesty The Queen graciously granted the Royal Prefix, and the College became the Royal College of General Practitioners. The Royal Charter followed in 1972 when His Royal Highness Prince Philip, Duke of Edinburgh, was appointed an Honorary Fellow and elected as President for the following year, following which he became Patron of the College.

The story of the first 25 years of the College is told in *A History of the Royal College of General Practitioners*, edited by John Hunt with John Fry and Robin Pinsent, the last of the many publications for which he was wholly or in part responsible. It was published in 1983, two years after his retirement, after which failing health frustrated his wish to write more. The *History* is necessarily concerned more with the College than with individuals, but much of it is marked with John Hunt's particular blend of clarity and humour. Although in *Who's*

*Who* he only listed gardening under 'hobbies' (and his garden at Fawley gave him great pleasure), he was heard more than once to declare that the College was his real hobby.

He was honoured many times by medical and lay organizations throughout the world. The award of the CBE in 1970, as he finished his three years as President of the College, was followed three years later, to the delight of his friends and colleagues all over the world, by his elevation to the House of Lords. In the Upper House he spoke with the wisdom of wide experience in many debates on medical affairs, and the preparation of each speech was marked by the same scrupulous research and consultation that characterized all his orations. His Lloyd Roberts Lecture 'The Renaissance of General Practice' delivered in 1957 was, in many ways, the keynote speech of his life, for it was uncannily prescient in its proposals for the future work of the College and of GPs. And in that lecture, discussing and gently deflating the popular notion of the 'bedside manner', he epitomized his own approach

to his patients as he said: "Its components, I think most people will agree, are personal interest, kindness, sympathy, friendliness, understanding, cheerfulness and humour". Perhaps unconsciously he was describing his own personality, ethos and example.

In all his busy life John was singularly fortunate in the help and support of his wife, Elizabeth, whom he married in 1941. She bore even more than the usual burden of a doctor's wife, for not only his large practice but his work for the College and his writing and travelling made immense inroads on his time. They had five children, two daughters, a son who sadly died in early childhood, and twin sons, both of whom are GPs, one in his father's own practice.

John was unique in British medicine, and the effects of the work he did to secure the renaissance of general practice have extended round the world. The College that resulted from his leadership will always remember him with admiration, gratitude and affection, and must continue to strive for the human, clinical and academic standards of which he was himself the example. □

Michael Linnett

*A Memorial Service of Thanksgiving for the life and work of John Hunt will be held at All Souls, Langham Place, London SW1, at 1.00 pm on Wednesday 16 March.*

# Reorganization at the College

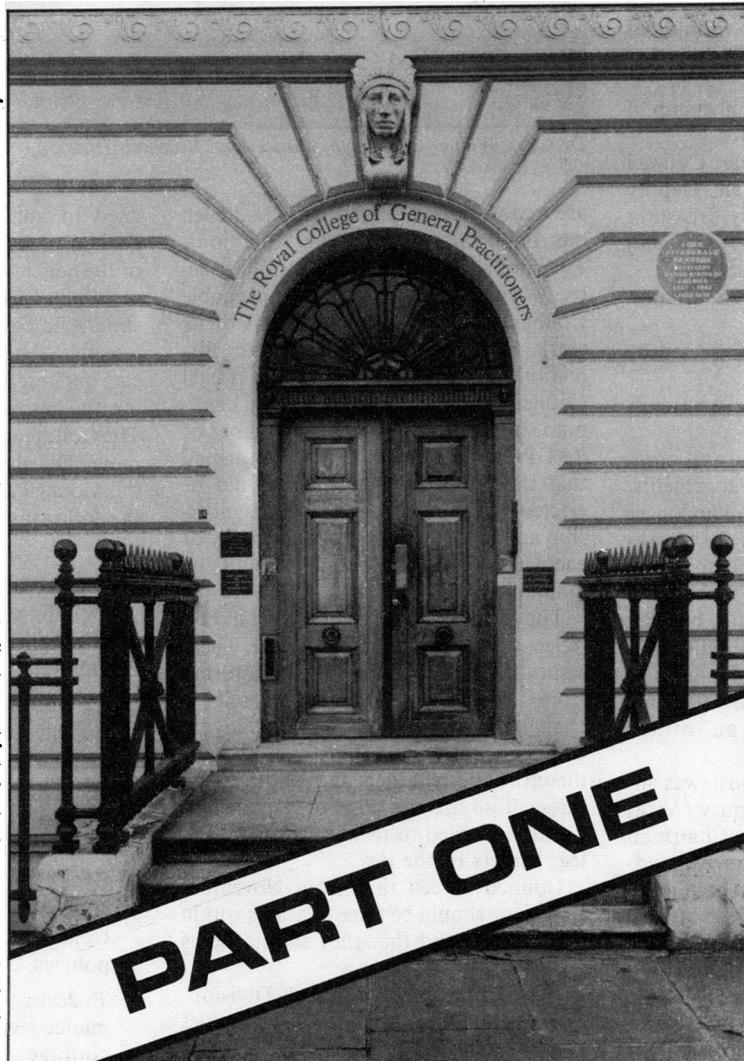
**THIS** month sees the first part of a short series which looks at the College, its divisions and committees. Dr Bill Styles introduces the series by putting the recent divisional changes into context.

In November 1985 the College published its policy statement *Quality in General Practice*,<sup>1</sup> and throughout 1986 prepared its response to the Government's discussion paper on primary health care. This was published in March 1987 as *The Front Line of the Health Service*.<sup>2</sup> Both these documents presented important policies. In the light of these, and the difficult events surrounding the MRCGP examination in 1986, Council undertook a review of the constitutional arrangements within the College during 1987. The aim of this was to clarify lines of responsibility and authority within the College and to ensure more democracy in its electoral processes. At the same time, the divisional structure of Council was reviewed. This paper gives details of the changes that were agreed and the responsibilities of the new divisions.

Some have questioned whether a reorganization of College structure was necessary at this stage given that the previous divisional structure had been established only six years before. Alvin Toffler in his book *Future Shock*<sup>3</sup> has commented on the need for organizations to modify their structure at relatively frequent intervals in response to rapidly changing needs. He states that, in a world of change, reorganization is a continuing process and that for many large industrial corporations this results in a major restructuring every two years or so. For the College, the last few years has been a time of considerable and rapid change. Ours is an organization whose membership size increases by about 10% every year — our

membership has doubled in the last seven years. There are changes in the discipline of general practice — as a more preventive approach is developed, as the results of clinical research are incorporated into practice, as a more multidisciplinary system is developed and as modern information technology, and in particular

creases in the financial resources made available to faculties through the faculty development fund, so that now almost two-thirds have paid administrative assistance to support local College work. A review of the last 10 years of annual College reports highlights the considerable increase in the volume of work undertaken throughout the College.



computers, is incorporated into practices. This has been reflected in the high intensity of work within the College — in agreeing policy, in responding to the Government's green paper on primary health care and in developing the range of services and educational opportunities available to members. In the last four years there have been considerable in-

## The College Restructuring

In considering proposals for a new divisional structure, Council reaffirmed the main task of the College to encourage high standards of care for patients. It agreed that the College should continue to support GPs throughout their careers, from vocational training to continuing education, throughout a lifetime in practice. The College should adopt a positive approach with the emphasis on defining and promoting good care. Council wish to encourage faculties to develop their roles further in this — such a development would be very important, since much of the work could be undertaken only by local colleagues working together. Council agreed at the outset that any review of the role of divisions and their terms of reference should ensure that the definition and promotion of good general practice remained a top College priority.

## Council and the General Purposes Committee

Before considering the remit of its divisions, Council reviewed its own role and that of its General Purposes Committee (GPC). It reaffirmed that Council should

continue as the democratically elected governing body of the College, accountable to the membership of the College who elect it. Council should continue to be responsible for all major policy decisions and for the development and implementation of College policy.

The GPC should continue as the executive arm of Council. In fulfilling this responsibility, it should continue to meet for a whole day each month, and should be responsible for carrying out Council's policies and for dealing with all urgent business on behalf of Council. The work of divisions and committees of Council would continue to be coordinated here. The GPC should be directly accountable to Council and should report to it at each meeting on action that it has taken on Council's behalf. In order to ensure such accountability, its chairman should, as hitherto, continue to be the Chairman of Council.

Council agreed that the membership of the GPC should be as follows:

- The five officers of the Council (Chairman, Vice-Chairman, Deputy Vice-Chairman, Honorary Treasurer and Honorary Treasurer of Council)
- The three divisional chairmen
- The Chairman of the Examination Board
- Five members of Council elected by Council itself.

The President of the College also attends GPC meetings.

There are two differences in this composition from previous arrangements. First, divisional chairmen would no longer be officers of the College. This change was made because in the past not all divisional chairmen have wanted to be officers of the College. Also, there might be circumstances when the most suitable candidate for the chairmanship of a division might not be able to undertake the time commitment which being an officer involves.

Secondly, a new officer post was introduced — that of Deputy Vice-Chairman. The posts of Vice-Chairman and Deputy Vice-Chairman were intended to be those of 'ministers without portfolio'. The responsibilities of these officers would include the assistance and advising of the Chairman of Council and would also provide officers who would be able to undertake specific areas of responsibility that would be identified during their period in post.

## Division Restructuring

The introduction of divisions into the structure of the College in 1981 has proved to be an important and valuable reform of the College's structure. The divisions



*Dr Colin Waive, Chairman, Clinical and Research Division.*

are major organizational units and each has important coordinating functions. They bring together aspects of College activity which relate together and enable Council to delegate large sections of its work. Each has a key role in policy formation within Council and for this reason Council agreed that each divisional chairman should continue to be a member of its GPC *ex officio*. Council also agreed that the divisional chairmen should be elected by Council from its own membership and in this way the accountability of each division to Council should be maintained.

The responsibilities of divisions should reflect priorities within the College. These responsibilities will have to be adjusted from time to time to take account of changing circumstances and changing College priorities. Divisions should, therefore, be regarded as flexible structures whose size and areas of responsibility can be varied to tackle the main College targets of the day.

Council agreed that from November 1987 there should be three divisions within the College, and that they should be as follows:

- The Clinical and Research Division
- The Services to Members and Faculties Division
- The Education Division.

## The Clinical and Research Division

In establishing this division, Council wished to reflect its view that clinical care, in the widest sense, should be seen as the main focus for the College's work. The

need to analyse and to develop good general practice is central to the pursuit of the policies presented in 1985 in *Quality in General Practice*.<sup>1</sup> Such development should be based on the results of sound research — hence the link between clinical care and research is a logical one in fulfilling the responsibilities of this division. The College was founded primarily to improve clinical care, and in working towards this Council established this division with the following terms of reference:

1. To advise Council about all policies and protocols for the care of patients, including practical measurements of clinical performance in general practice.
2. To coordinate clinical advice from the College, including preventive and anticipatory care.
3. To assist the Honorary Secretary of Council in preparing evidence on clinical topics on behalf of the College for outside bodies.
4. To ensure that clinical advice from the College is consistent with other clinical policies.
5. To devise practical measures of performance review for clinical care and encourage their use in day-to-day practice.
6. To advise Council on all matters relating to research and to carry out such policies as Council shall from time to time determine.

This division will provide the College with a forum in which clinical developments can be considered, and priorities for action determined.

## The Services to Members and Faculties Division

In addition to clarifying matters of clinical care, the College will always have to develop a range of services to help its growing number of members do their work better. The *College Journal* and other College publications will continue to report on research and new ideas and developments in the discipline of general practice. The need to develop information sources and data banks will continue to grow. The College will have to provide a package of services, including high quality publications and information services, including the College library and the on-line search facility.

The need to develop more local College services and activity has been recognized by Council and this division will have responsibility for continuing the task of faculty development that was started by the Faculty Liaison Group.

Council established this new division in place of the Communications Division and agreed that its terms of reference shall be:

1. To advise Council on all matters relating to members and faculty services, with a view to building up the faculties in order to carry out such policies as Council shall from time to time determine.
2. To advise Council on all matters concerning the College publications, including the *Journal*, but excluding the content of the *Journal* and the content of occasional papers.



*Dr David Murfin, Chairman, Services to Members and Faculties Division.*

## The Education Division

The original divisional structure included the Education Division and Council agreed that this division should continue in future. It should be responsible for advising Council on all matters relating to education, including advising about the General Medical Council, the Joint Committee on Postgraduate Training for General Practice, and the other postgraduate educational organizations.

In its policy statement *Quality in General Practice*,<sup>1</sup> the College had presented the need to encourage higher standards of patient care by incorporating performance review as an everyday practice activity. Council identified the need to make continuing education relevant

and practical by linking it to measured performance in the practice setting, and for this reason it allotted to the Education Division the responsibility for developing and coordinating all aspects of performance review within the College.

## The Examination Board of Council

The relationship between the Panel of Examiners and the Council of the College had been at the heart of the difficulties surrounding the MRCGP examination in 1986. At its meeting in September 1986, Council established a working party with the following terms of reference:

'To consider the place of the MRCGP examination within the College and the relationship between the examination and the Panel of Examiners, the Membership Division and Council'.

This working party was chaired by the President, Professor Michael Drury, and its other members were Dr Colin Waine and Professor John Walker. Council received the report of this working party at its June 1987 meeting, the occasion of its first discussions on the College restructuring.

The working party report highlighted the need to bring the body of examiners closely into the structure of the College and into contact with Council. In order to achieve this, Council agreed in September 1987 that an Examination Board of Council should be established with the following remit:

1. The selection, training, appointment and retirement of examiners, together with the monitoring of examiner performance.
2. The assessment of written examination papers and marking schedules.



*Dr Bob Colville, Chairman, Education Division.*



Dr John Ferguson, Chairman, Examination Board.

3. The definition of the subject matter of the oral examinations.
4. The maintenance of validity and reliability of the written and oral components of the MRCGP examination.
5. The maintenance and development of the examination.
6. Responsibilities relating to other examinations, such as the DCCH, the DRCOG and the Diploma of Family Medicine (RCGP/Kuwait).

At its December 1987 meeting, Council agreed that the composition of its Examination Board should be as follows:

- Chairman of the Examination Board of Council — to be elected by Council
- Four other members of Council — to be elected by Council
- Convenor of the Panel of Examiners — to be elected by the Panel of Examiners
- Three members who are examiners — to be elected by the Panel of Examiners.

Council also agreed that the Convenors of the four separate sections of the MRCGP examination should sit on this Board as observers.

## Other Committees of Council

During the year Council established other committees with specific remits. These included the International Committee, with responsibility for 'promoting the objectives of the College through its relationship and activities with primary care outside the United Kingdom', and the Committee on Ethics whose remit is to 'consider the ethical problems that are en-

countered by the College and to make recommendations to Council on how best to respond to them'.

Other committees, that is, Finance, Awards and Fellowship remain unchanged.

## Task Forces

In developing its new divisional structure, Council emphasized the need to allow for 'task forces' to undertake specific activities. Council proposed that each division should have a series of task forces working in specific areas identified by that division, as being essential for the achievement of its objectives. Task forces would be the executive arm of each division.

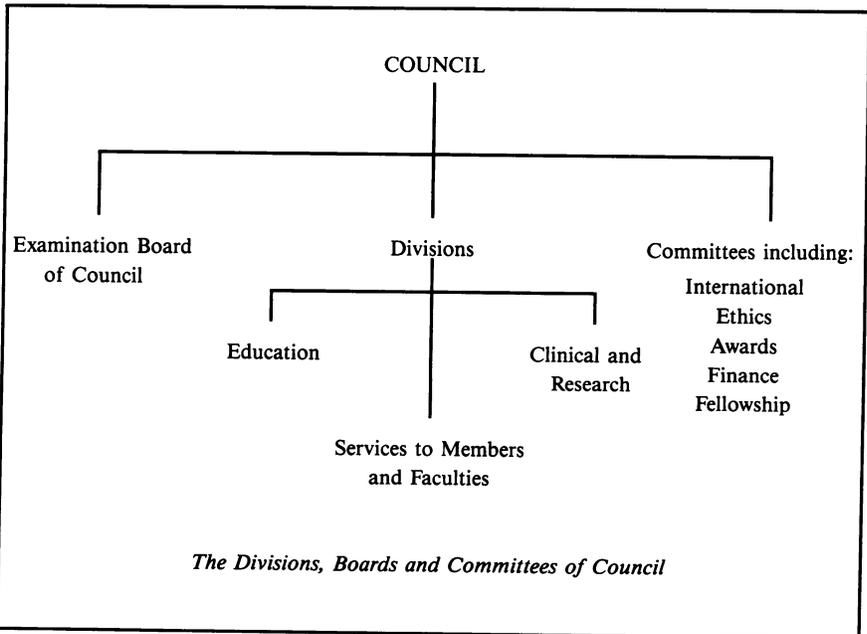
Their membership could be extended to include people who were not members of the division itself. Indeed, they might include those who were not members of the College, as well as those outside the medical profession. Task forces would enable a more flexible approach to the work of the College to be developed. Most would operate for a fixed period and would disband when their objectives had been achieved.

Toffler<sup>3</sup> has described task forces as 'the new ad-hocracy'. In his view, each task force would be a team assembled to work on specific short term problems — some operating for only a few days, others possibly for a few years. In industry task force teams are temporary by design and each is assembled to fulfil a specific function, be it to design and build giant military air transports or to prepare a bid for a new contract. Task forces are an important way of maintaining momentum within an organization and of deploying its members to the best effect. The challenge for the College will be to relate the ad-hocracy of its new task forces to the work of its more permanent structures and thereby to pursue the objects of the College with efficiency and effectiveness. □

Bill Styles

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1. Royal College of General Practitioners. *Policy statement 2. Quality in general practice*. London: RCGP, 1985.
2. Royal College of General Practitioners. *The front line of the health service: College response to primary health care — an agenda for discussion. Report from general practice 25*. London: RCGP, 1987.
3. Toffler A. *Future shock*. London: Pan Books, 1971.



*The Divisions, Boards and Committees of Council*

# Wart Charming Stone

**Cure warts and corns, with application  
Of medicines to th'imagination.  
Fright agues into dogs, and scare  
With rimes, the tooth-ach and catarrh.**

(Hudibras, Pt. II, Canto 3)

**O**GRES and demons of mythical folklore and the awesome perils surrounding superstition are early visitors to innocent childhood days and often remain with us as mature adults. How many times have we avoided walking under ladders and crossed our fingers for luck? Where do we turn, however, when plagued by minor ailments or when feeling 'off colour'?

Herbs, plants and suggestive therapy are well-known contributors to folk medicine, and in many parts of the world the 'mind over matter', hypnotic power of mystery, magic and ritual has had a role to play in healing mental and physical suffering: American Indians with their witch doctors, Europe with its white witches, who used their magical powers for the good of the community.

Most people, of course, visit their family doctor for words of comfort and medication where appropriate. But as the following extract from a 1956 edition of *Radiography* indicates, irritations such as warts may be dealt with differently:

'In the West country wart charming is accepted by a large majority of the rural population as a routine therapeutic measure. Application for more orthodox forms of treatment under the National Health Scheme is not necessarily a reflection on charming, although it may indicate that no convenient charmer lives in the neighbourhood.'

(E.O. Goss, FSR, *Radiography*, 1956)

There are many local remedies available for the removal of warts involving incantations, the sun and moon, animals and magic charms. In Cornwall, for example, users of folk medicine swear by "showing them to the moon when she is full" and at the same time saying "moon, moon, release me from this vermin". Less pleasant is the practice of rubbing a slug against the warts and then impaling it on the north side of a blackthorn bush on the night of a full or waning moon. As the slug withers the warts should disappear.

The College museum has recently acquired an old witch's wart charming stone, donated by the Scottish Council. The stone, which had originally belonged to Dr D. Hutchison of Musselburgh, was

found in a house he purchased on the Isle of Wight in Hampshire.

While renovating the house, Dr Hutchison came across a mass of gypsum crystals. He had earlier learnt that the previous occupant of the house was an old



Wellcome Institute Library, London. *The devil and young woman making witches broth.*

lady reputed to be a witch with a passion for purchasing warts from children. He realized that the gypsum crystals must have been her wart charming stone, which when rubbed across affected areas would deposit a white substance. On payment of 6d per wart, application of the stone and appropriate witch-like mumblings, the ritual was complete. The old lady would then inform the children that the exchange had been successful and the warts were now her property.



Dr Hutchison later had an opportunity to witness the power of the stone, when in 1975 he was approached by a concerned mother who urged him to use the

stone's magic on her daughter. Although sceptical about the stone and his own credentials for such a delicate job, 5 pence was paid and, with accompanying mumblings, Dr Hutchison rubbed the stone across her warts. Two months later he was surprised to learn that the procedure had worked.

Of course, there are some people who are content with their appearance, warts and all. Oliver Cromwell is quoted as saying:

"Mr Lely, I desire you would use all your skill to paint my picture truly like me, and not flatter me at all; but remark all these roughnesses, pimples, warts, and everything as you see me, otherwise I will never pay a farthing for it"

(Remark', Walpole's *Anecdotes of Painting*, ch.12)

The RCGP wart charming stone is currently on display at Princes Gate. It may be found in the cabinet on the ground floor outside The James Cleminson Room. □

Nicola Roberts

## 'No Cost' Computer Systems

**T**HE College has been looking into the 'free' computer systems presently being offered to 3000 UK practices by companies VAMP and AAH Meditel. After careful consideration, the College has produced a paper designed to introduce members to both packages, and to provide guidance to practices who may be interested in participating in one of these schemes.

Although the College is unable to provide members with yes and no answers as to the advisability of entering into an agreement of this kind, it hopes that this paper will assist members in considering relevant issues, such as the confidentiality of patient data, the practice workload and the termination of contracts. The paper also looks at the background behind both the VAMP and AAH Meditel schemes.

The honorary secretary, Dr Bill Styles, has recently sent copies of this paper to all Faculty Secretaries. Members interested in obtaining their own copy should contact the Central Secretariat at Princes Gate. □

# Dispense with Confusion!

**'We should engender as good a working relationship as possible with our colleagues in the health care field with whom we have any professional relationship. Our work and contact should be collaborative and complementary.'**

**T**HIS positive statement was written by the President of the Pharmaceutical Society in a letter to pre-registration students. However, despite this encouragement at the highest level, no facility to establish and encourage such working relationships has ever been built into the pre-registration manual which lays down guidelines for pharmacy tutors and students.

Before a pharmacy student is able to register, he or she must undertake 12 months work under the guidance of a qualified pharmacist. Since 1983, our small, mainly dispensing pharmacy, has had one student a year. Our pharmacy serves an inner city area of Bristol which has retained its strong community spirit and over the years we have established good working relationships with the local health care team. In an attempt to provide our students with insight into the work of health care teams and, indeed, to

## ***The students' 12 month programme placed great emphasis on contact with local GP surgeries.***

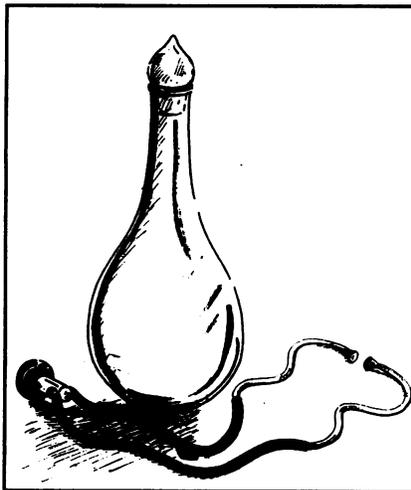
promote two-way communication, we approached local GPs requesting their participation. Everyone we approached gave their consent, and a programme of activities was arranged for students, each activity designed to occur at the correct stage of their development over the year. As the students gained experience and confidence, a practice visit was arranged, after which a written report was submitted. The visit and report were later discussed in greater detail at the dispensary. At quarterly assessment interviews, these visits were discussed in the context of the student's training and of the role of the pharmacy in community health care.

Visits arranged included:

- surgeries with both GPs and administrative staff,
- a day with a district nurse on home visits,
- an exchange with a pre-registration student working in a hospital pharmacy,
- a visit from an ostomy nurse,

- a domestic visit with an incontinence nurse.

As well as being given refreshing breaks from daily pharmacy practice, students became familiar with the many aspects of community health care, and gained a valuable appreciation of other health care professionals with whom they could work as they established their own pharmaceutical careers. In turn, health care teams became aware of the contribution that community pharmacies have to offer.



The students' 12 month programme placed great emphasis on contact with local GP surgeries. Initially, students were encouraged to deal with straightforward prescription enquiries, for example, the absence of quantity or strength. As they gained experience and confidence, students undertook more complicated enquiries, such as possible drug interactions or strange doses.

To familiarize themselves with a typical practice setting, students spent an afternoon with a receptionist. They were shown the procedures for making appointments and domestic visits, record keeping, treatment room facilities and the way in which various clinics, such as pre and postnatal, are arranged. As with other visits, a written report was later prepared for discussion between student and tutor. Towards the end of their training year, students sat in on a patient consultation. After the patient had left, the student was encouraged to discuss what he or she had observed, in particular the choice of drugs used, side effects and possible alternatives.

Our students invariably found that visits to GPs' practices had a profound effect on their perception of their own role within a health care environment, and that

their four years' pharmaceutical education and training had been put into context.

We are pleased to find that our initiative has stimulated the interest of local GPs, and since 1983 we have been arranging reciprocal visits. GPs are usually shown around the dispensary and the dispensing practice. We also demonstrate equipment such as the computer labellers and show the type and size of stocks held. We find the visits provide an opportunity to discuss prescription problems which commonly occur. Most of the GPs who have visited our pharmacy expressed a particular interest in the cost of drugs prescribed, generic prescribing and the prescribing of items such as surgical hosiery, ostomy items and those items requiring extemporaneous dispensing.

We believe that these visits have proved to be a very beneficial exercise for all involved and that as a result clearer lines of communication have been established between the local pharmaceutical and medical professions.

AF Pipe, MPS

## **Cancer Education**

**A**CANCER information week is being organized by the EEC in an attempt to create a better understanding of the disease. 'Europe Against Cancer' is to be held from 8-15 May 1988 and contributors include the DHSS, BMA and representatives from individual cancer organizations. As part of the information week, a 10 commandment European code against cancer will be produced in various languages.

This initiative will be carried through to 1989 which is the European Cancer Year. It is hoped that during 1989 information on cancer will be publicized regularly, and projects from individuals and organizations may be considered for funding.

Faculties interested in 'Europe Against Cancer' or possible funding for a project in 1989, should contact: The Secretary, UK Coordinating Committee on Cancer Research, MRC, 20 Park Crescent, London W1N 4AL. Applications for funding should be made by the end of February 1988.

# RCGP Examination

THE following candidates were successful in the membership examination of the Royal College of General Practitioners in October/December 1987 (\* denotes distinction):

S.J. Adams, S.A. Al-Shammari, Claire S. Allen, D.S. Allen, G.J. Allwright, D.S. Ames, M.F. Andrew, Carolyn M. Andrews, S.J. Andrews, M.S.M. Arnott, Eleanor J. Arthur, Elizabeth C. Ash, D.T. Ashbridge, P.J. Atherton, \*S.P. Attwood.

S.R. Baird, C.D. Baker, F.G. Baker, T.W.F. Banks, Kathleen M.C. Barclay, Paul Barnett, J.A. Barratt, M.D. Barrowclough, A.S. Bartlam, W.B.A. Barwell, Karen J. Bates, Stella L. Bawden, Maire S. Beales, Annabel S. Beard, I.F.R. Beasley, \*Hazel K. Bell, P.A. Bell, D.C. Bellamy, Carol L. Benn, Judy A. Bennett, R.P. Bentley, J.Y. Berkley, Rosemary C. Berrisford, Jane F. Berry, J.R. Bestwick, P.E. Biggs, Judith M. Blair, Katherine M. Bland, Yvonne H. Bohm, Gillian Bonn, Paul Bowron, Suzan M. Bradley, Alison J. Bradshaw, N.M. Brierley, Alison C. Brooks, A.G. Brown, Barbara A. Brown, Elizabeth A. Brown, R.P. Bryce, \*R.E. Bull, Janet A. Butlin, Sarah A. Butt.

Margaret M. Cahill, Mary R.H. Calladine, W.T. Campbell, Angela M.E.T. Carlyon, Sheila M. Casey, R.F.E. Cervenak, R.H. Chappell, I.P. Charles, P.N. Charlton, J.W. Charters, J.N.H. Cheetham, Nicolette M. Cheetham, J.C.D. Clark, M.J. Clarke, W.L. Clarke, A.M. Cole, Catherine A. Connolly, R.G. Cook, Rosemary J. Cook, Gillian Corble, Carol A. Cornmell, Jill E. Coton, Susan M. Coupe, G.N.D. Cowland, P.M. Craig-McFeely, G.M. Crawford, Elizabeth D. Crothers, M.A.B. Crow, Lesley M. Cunningham, D.P. Curtis, W.D. Cussen.

Caryl E. Daniel, Elaine K. Dare, D.C. Davidson, G.T. Davies, \*Dante De Rosa, T.R. Debenham, P.A. Dedman, Christine Deighton, Garry Dickson, F.J. Dignan, Angela M. Dodd, D.T. Donovan, N.P. Dowdall, J.M. Dowling, Timothy Dowson, B.M. Duncan, \*Ruth M. Dunlop, C.T.P. Dunne, Iain Duthie, M.J.A. Dwyer.

Ann Egan, Mairead B. Ellis, Mary M. Ellis, J.H. Entrican, D.J. Evans, A.J. Eynon-Lewis.

Wendy M. Faerstrand, M.P.M. Fallon, Janet L. Fellowes, Janet M.L. Feloy, J.N. Fenner, M.A.A.M. Fernandes, I.R. Ferrer, D.G. Finch, D.J. Findlay, Helen V. Firth, A.P. Fiske, Helen M. Fitzgerald, Mary K. Flanagan, Mary G. Flynn, P.G. Flynn, Anne L. Forbes, Christine A. Foster, David Frost, W.G. Fulford, Ann R. Fursdon.

J.E.S. Gale, A.R. Galloway, Alison Galloway, P.S. Garcha, Anne E. Gardiner, Helen Gaskell, A.J.R. Gates, Carolyn G. George, T.C. Gilhooly, Vivienne T. Gillanders, Julie Glenn, P.M. Glynn, K.B. Gohil, Louisa C. Goodhart, M.F. Goold, Rosanna L. Gorard, Ernest Gordon, H.N. Grahame-Smith, Beverley A. Gray, Ever

Grech, Heather Greenwood, Jeremy Greenwood, Hilary F. Guite.

Ian Haczewski, K.M. Haggerty, P.F. Haimes, John Hambly, James Hampton, \*J.M. Hancock, \*C.H. Hand, N.S.P. Handysides, M.T. Hanley, D.J. Hannon, P.W. Harborow, Judith M. Hardwick, Tessa C.M. Harffey, Rosemary E. Hargreaves, Miriam R. Harvey, J.A.F. Haughey, P.C. Heaney, Helen M. Hibbs, Jacqueline A. Holdsworth, P.M. Hoole, Christine Hopper, S.J. Horner, Anne Hughes, C.P. Hughes, Sharon A. Humphreys, J.R. Hurst.

J.P. Isherwood.

C.J. Jackson, Bettina L. James, J.S.B. Jarallah, R.M. Jenkins, D.R. Jenner, \*M.R. Jezierski, P.C. Johnson, T.M. Johnson, Kathryn M. Jones, Glyn Jones-Elwyn, \*Delyth Judd.

Leela A. Kalra, Ranjan Kandasamy, Mokshad Kansagra, H.J. Kateb, J.W. Keen, D.F. Kennedy, Barbara A.K. Kenney, Barbara Kent, D.A.J. Ker, Denyse Kershaw, Nora C.J. Killeen, J.M. Kirby, Janet L. Kirton, R.C.B. Kneen, M.J.M. Knight, Sheryl A. Knight, Jean M. Knowles, G.T. Knowlson, K.T.C. Koh, S.B. Kotecha, P.K. Kunju Mohamed.

Brian Lambert, Elizabeth Larkin, P.S. Larkin, Catherine A. Latham, J.A. Lawrie, Catherine L. Leach, C.H. Ledger, Bronia E. Lee, Julia Lee, Martha F.M. Leigh, Rosemary A. Leonard, Julie Lethbridge, K.H. Levere, R.D. Levy, Malcolm Lewis, R.J.P. Lewis, Myrna Liberman, Geraldine M. Linehan, Bernita A. Lloyd, J.R. Lubin, P.A. Lynch, Susan C. Lynch, Laura K. Lyttelton.

Ellen MacInnes, Antonia J. Machin, Nesta Mackenzie, M.J. Macrae, Catherine A. Madden, S.P.M. Magennis, D.P. Maher, P.P. Male, H.Y. Man, R.W. Manning, Anne J. Mantell, Christopher Marr, H.S. Marsh, Christopher Marshall, Elizabeth M. Martin, P.A.B. Martin, Sarah Martin, J.E. Masters, Elizabeth D. Mathews, S.R. Mathews, T.F. May, Alison C. McAlpine, K.N. McBride, S.J. McCann, R.N.J. McCartney, J.F. McCaughan, Janet E. McCredie, Clement McCrory, Sarah K. McDonald, D.R. McGlade, Avril C. McMillan, John McRorie, R.N. McWilliams, G.J. Meehan, D.H. Melville, A.R. Michie, \*G.P.M. Millar, J.E. Miller, Susan J. Mills, P.V. Moon, W.J. Moore, I.D.P. Morgan, Jennifer M. Morrison, Valerie S. Morrow, \*Susan M. Moss, Elizabeth H. Muir, Samar Mukherjee, Catriona J. Munro, Debra J. Munslow, D.W. Murphy, Elizabeth J. Mushens, M.W. Mutch.

S.R. Naylor, Margaret C. Naysmith, Ian Nelemans, S.A.B. Nelson, M.E. Nicholas, J.K. North, R.F. North, Amanda J. Northridge.

PG. O'Dwyer, Jill O'Hagan, Bridget B. O'Halloran, A.M. O'Leary, Maria D. O'Loan, C.R. O'Shea, Valerie E.M. Oates, Katherine E. Ogilvie, Jane L. Owen-Jones, Sally E. Paget, D.M. Parker, Jean H.

Parker, B.D. Parkin, Caroline M.E. Pascall, Heenakumari G. Patel, M.C. Patel, Juliet A. Pearlman, D.S. Peck, Naomi K. Penn, M.L. Pennell, J.H. Perkins, Jonathan Peters, Violet M.G. Pettigrew, Anne M. Phelan, J.G. Pickard, C.G.L. Pidsley, Natalie R. Plotnikoff, S.F. Pooley, D.A.C.G. Pouncey, Ronald Pounder, W.J.P. Price, Virginia A. Priestley, Kathryn A. Pritchard, A.A. Pryer, Diana J. Purvis, Rajiv Purwar, C.M. Putt.

Mary E. Quigley, W.J. Quigley.

Syliva A. Rafters, J.W. Raphael, A.P. Redgrave, K.A. Redhead, J.H. Redman, C.J. Ree, A.N.C. Reid, P.C. Reilly, Margaret M. Reynolds, J.C.G. Rice, A.D. Richards, Dawn Richards, M.J. Richardson, C.D. Ristic, Alison M. Roberts, Vivienne M. Roberts, A.J. Robinson, Frances A.L. Rogers, Karen E. Rogstad, M.J. Rooney, Susan E. Rosenberg, Rosemary L. Rosser, N.T. Rowell, Lesley H.F. Russell, J.R. Rutherford, J.F. Ryan, \*P.B. Ryan.

C.M. Saffer, J.C. Salter, Anne P. Saunders, \*George Savage, A.J. Schamroth, Heather W. Scopes, P.J. Scott, R.L. Seal, M.A. Searle, D.J. Seddon, M.R. Shah, \*Elizabeth G.M. Shannon, P.E. Sharples, Jean M. Shaw, E.N. Shea, Jimmy Shroff, Elisabeth R.C. Sigsworth, Karen Silkoff, Fiona M. Simpson, G.T. Simpson, R.G. Simpson, R.N.R. Simpson, P.J. Slater, Anne-Marie Slowther, M.C. Smith, Elizabeth E. Snape, \*Kathryn A. Solesbury, D.R. Spiers, Kathleen M. Spoor, Elizabeth J.R. Stewart, Pauline M. Stewart, Elizabeth J. Stirling, Emma F. Storr, M.A. Stott, Gary Sullivan, P.A. Sutton.

J.E. Tabor, James Thomas, K.L. Thomas, P.A. Thomas, Susan B. Thomas, Sarah A. Thompson, M.A. Thorpe, Anne M. Tinkler, Ruth E. Titheridge, Kusum J. Tolia, Helen D. Towner, Nicola J. Toynton, Phyllida Travis, Joanne C. Tremlett, M.R. Twine, D.J. Tyers.

Marguerite M. Vassallo, Alison J. Vaughan, Clare P. Vaughan, \*Stephen Vercoe, Alison Vickers, M.E. Vincent.

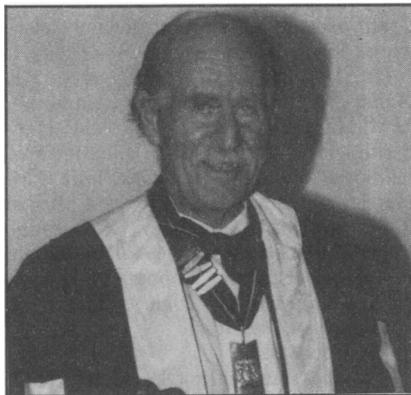
M.O. Wain, I.R. Wakefield, Philippa M. Walker, Rosalie A. Walker, Julia D. Wallace, T.D. Wallam, J.D.M. Walsh, Elizabeth J. Walter, Wendy-Jane Walton, A.P.F. Warren, D.M. Weakliam, Alan Weatherup, Fiona C. Webber, M.H. Webster, Jennifer M. Wells, Lynda T. Wells, G.P. West, Pamela M. Wheatley, D.M. Wheeler, M.C.W. Whiteley, Margaret H. Wicks, Anne-Marie Wild, Caroline J. Willey, A.J. Williams, Angela J. Williams, R.M. Williams, Katriona J. Williamson, P.D. Williamson, Margaret F. Willox, Anne E. Wilson, C.E. Wilson, G.D. Wilson, J.W. Wilson, Jocelyn A. Wilson, Madeleine A. Wilson, P.M.J. Wilson, P.N. Wilson, S.M. Winter, Judith M. Wright, R.W.J. Wybrew, S.W. Wyeth, Graeme Wylie, Patricia M. Young. □

# First GP President



**A** MEMBER of the RCGP's Foundation Council has been elected president of the Royal Academy of Medicine in Ireland. Dr John Fleetwood is the first GP to be elected to the office since the Academy was set up over 100 years ago.

The Royal Academy was founded in 1882 by the amalgamation of the medical, surgical, obstetrical and pathological societies. Since then other disciplines have been added, including general practice. The Academy is the academic forum for medicine in Ireland and is open to anyone interested in the science and practice of



Dr John Fleetwood.

medicine — membership is currently around 1500. The Academy is proud that its list of honorary fellows include such historic names as Pasteur, Lister, von Recklinghausen, Koch and Stroganoff.

Dr Fleetwood has been involved in many College activities, including the 1953 Postgraduate Education and Regional Organization Committee. He held the post of chairman and provost of the East of Ireland Faculty in 1978, and is a past chairman of the Irish Council. Dr Fleetwood works as a GP in Dublin where he has concentrated on care of the elderly. □

## Dr Edwin Martin

**A**FTER 18 months as Honorary Editor of the *Journal's* news section, Dr Edwin Martin has resigned. In future this section of the *Journal* will deal exclusively with news items about the College both centrally and in the faculties. Comments and views about general practice and about the College will be published in the main section of the *Journal*.

Dr Martin will continue to be involved in College activities as a member of Council and one of the new examiners. He represents the College on the Prisons Standards Committee and on the board of the Beds and Herts faculty which is shortly to become involved in the 'What Sort of Doctor' initiative. Dr Martin is also the secretary of the General Practice section of the Royal Society of Medicine.

The *Journal* would like to thank Dr Martin for all the work that he has done for the news section, particularly in attracting contributions to the *Journal* from the faculties. □

## The Handicapped Child — Who Cares?

**D**R C.M. Ní Bhrolcháin was recently awarded the Minnit Medal at the Mersey faculty's research symposium in Chester. The chairman, Dr Brian McGuinness, said that the judges were unanimous in their decision and felt that her paper on 'The Handicapped Child, Who Cares?' was outstanding.

Dr Bhrolcháin prepared her paper while working as a trainee in Crewe. 'The Handicapped Child, Who Cares?' assesses the relationship between GPs and handicapped children under their care, and Dr Bhrolcháin believes that this may be the first study to look at this particular area.

The R.J. Minnit Prize for clinical research in general practice was inaugurated in December 1985 and is awarded annually by the Mersey faculty. □

## New Year's Honours

**F**IVE College members were named in the New Year's Honours Lists. Dr John Fry from Beckenham was awarded the CBE, Dr R.A. Keable-Elliott from High Wycombe and Dr D.J. Llewellyn from South Glamorgan were awarded the OBE and Dr R.M. Berrington from Cambridgeshire and Dr A.L. Hodgson from London the MBE. We congratulate them all. □

## Smoking symposium

**T**HE South West Thames faculty's one-day symposium on the cessation and prevention of smoking, which was reported in the January news, is to be held in London on 15 April. Further details from: Mrs Judith Parker, The Health Centre, Wharf Road, Ash Vale, Aldershot, Hants (Tel: 0252 317551). □

### MRCGP PRACTICE EXAMS

Revision book available edited by John Sandars, General Practice Tutor, Stockport, Cheshire and Secretary of Education Subcommittee, North West Faculty RCGP. This book contains essential advice and tips for every MRCGP candidate — two complete MCQ practice examinations with marking system, answers and teaching explanations, two MEQ papers, two PTQ papers both with samples and marking schedules. Oral and Log Diary techniques and presentations revision index and recommended book list. Send cheque now for £8.50 plus 75p p&p. The books are despatched the same day by first class mail. Barclaycard and Visa accepted.

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**PASTEST**

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- (iii) learning and teaching in general practice

Candidates will critically examine primary care and undertake a research project.

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