family planning clinic and they indicated three preferences from a choice of seven, plus any others they wished to include.

The results (Table 1) showed a difference of opinion between the two groups, but for both groups factors other than being able to see a woman doctor appeared to be important. Although this survey was concerned with family planning, its findings may well be relevant to the planning of other services for women.

Table 1. Factors considered most important by women seeking family planning services.

	Percentage of all preferences expressed	
	GP patients ($n = 53$)	Clinic patients ($n = 52$)
Good professional advice	29	29
Knowing the doctor	21	2
Convenient time to attend	16	15
Seeing a woman doctor	14	20
Convenient place	14	10
Pleasant clinic atmosphere	6	21
Seeing a different doctor than for other matters	0	3

n = number of patients.

NG. SNOWISE

Tamworth Health Centre
Upper Gungate
Tamworth
Staffordshire B79 7EA

Women doctors

Sir,

I wish to take issue with Edwin Martin's supposition (December *Journal*, p.530) that when women doctors get married and have children this has to result in the disruption of their career. The physical process of having children does, of course, entail some absence from work, and many women also wish to take time off as maternity leave but this arrangement should be coped with within the career structure and not force an unwanted career break on women.

The majority of women doctors wish to continue in their career throughout their child-bearing years. A Medical Practitioners Union study[1] showed that out of 8000 women doctors only 19% were not working and of those most wanted to work, particularly part time, but found no jobs locally. A more recent survey[2] has shown 90% of women doctors in employment.

There appear to be two major problems to using women doctors fully. One is the (wrong) assumption that women will drop out, and so they often do not get appointed in the first place. The other is that women are still expected to take full responsibility for child-rearing and housekeeping, so they are often unable to work full time.

The solution to the first problem is for the profession to realize the women are as active and committed as men in their work and so be more prepared to appoint them. The solution to the second is to provide more part-time jobs, with flexible hours. Who knows, less than full-time commitment may appeal to male doctors too, enabling them to get to know their families.

NIMMI NAIDOO

27 Burford Road
Witney
Oxon OX8 5DP

References

1. Elliott PM, Jefferys M. *Women in medicine.* London: Office of Health Economics, 1966.
2. Stephen PJ. Career patterns of women medical graduates 1974–84. *Med Educ* 1987; **21**: 255-259.

Training for obstetrics and gynaecology

Sir,

In 1981 the Royal College of General Practitioners in a joint effort with the Royal College of Obstetrians and Gynaecologists produced *Report on training for obstetrics and gynaecology for general practitioners by a joint working party of the RCOG and RCGP.* In this report they suggested a programme for training general practitioners who were doing office obstetrics (antenatal and postnatal care and family planning). They called this programme 'Shared care'.

For the past two years I have been corresponding with members of this working party and others in order to find a 'Shared care' training programme for two of my Bahraini family physicians. I have been totally unsuccessful. I hope that your readers might be able to identify such a programme.

ROY G. GRAVENSEN

P.O. Box 42
Manama
Bahrain

The General Practitioner Writers Association

Sir,

This association was formed about two years ago. It exists to improve standards of writing from or about general practice, whether this is research or more general writing. Membership includes academics and general practitioners as well as novelists and poets. There are many non-medical members who write about general practice. Though most of the 200 or so members are British we have many members in the Republic of Ireland and there are also members in Holland, Germany and Italy.

The association provides two workshop meetings per year, has a flourishing newsletter rapidly on its way to becoming a journal in its own right and offers £1000 annually in literary prize money. Most importantly, all members and their writing interests are listed in a register which is sent to publishing houses, journal editors and organizers of postgraduate educational meetings.

Membership currently costs £15 per year and as at least 40% of our members have been offered writing commissions as a result of joining the association the subscription may be quickly recouped.

Details are available from Mrs G.L. Byrne, The Cottage, 102A High Street, Henly in Arden, West Midlands B95 5BY.

F.M. HULL

Department of General Practice
The Medical School
University of Birmingham
Edgbaston
Birmingham B15 2TJ

The College: academic or political?

Sir,

I joined the College, first as an associate and then as a member by examination for two reasons — first, to learn the views of the group of people who had contributed so much to improving general practice and, second, to be counted as one who believes that we all deserve a primary care service which aspires to high standards. There are of course immediate problems; the MRCGP examination has no clinical component, and the data base it seeks to examine on is still rudimentary. This leads me to believe that the unreconcilable pressures described by McCormick and colleagues (January *Journal*, p.30) are only so because we confuse the vision with present reality. My vision is of a College