main academically superior to political reality and I urge them to look again at this document with a more critical eye.

DAVID SLOAN

Lower Clapton Health Centre
36 Lower Clapton Road
Hackney
London E5

Editorials reflect the views of the individual author (in this case my views) and are not an expression of official College policy. Ed.

Sir,

The Ealing Young Principals Group is concerned that your editorial (January *Journal,* p.1), in its rush to welcome the affirmation of the central position of general practitioners in primary health care, goes on to endorse the government's white paper with surprisingly few reservations, and appears to take no cognizance of many of the contradictions in the proposals themselves or the context in which they are being presented.

You justifiably point out that the removal of restrictions on the number and type of personnel employable by general practitioners through direct reimbursement could be completely undermined by imposing cost limits. However, you fail to point out that the whole emphasis on improving quality of care and encouraging prevention, is at odds with the plan to increase the proportion of remuneration made up of capitation fees, and the need for a stable population for screening will not be helped by the proposal to make it easier for patients to change their doctors.

In our enthusiasm to promote 'screening' we must not forget that this is only one part of the 'triad' of preventive care and not necessarily the most cost effective. The proposal to 'screen' our elderly patients is a useful example. Many measures could be adopted to promote primary prevention of ill health in elderly people — in particular adequate pensions to allow them to make their homes warm and secure and to eat a nutritious diet, more and better day centres and transport for the socially isolated and housebound, adequate numbers of places in part 3 homes with sufficient well-trained staff, and more home helps and meals-on-wheels. Tertiary prevention — the provision of an adequate 'reactive' service to limit the damage done by disease once it becomes manifest and to aid rehabilitation — is also a major priority and in our daily work we recognize the glaring need for more acute and chronic geriatric and psychogeriatric beds in our district, shorter outpatient and surgical waiting lists, and a reliable ambulance service for our elderly patients. This is just a start and the situation is growing worse not better.

If we cannot provide a good reactive service for the needs we can already identify, why screen the asymptomatic? There is a clear danger that this will become 'window dressing' to disfigure a service collapsing through lack of funding.

We urge the College to recognize the true intentions behind the white paper and to start reacting vigorously to the threat facing our health service. Failure to grasp this nettle now will prove disastrous in the long term.

DAVID MENDEL

1 Crossland Avenue
Southall
Middlesex

Small group teaching

Sir,

In general practice the formal methods of traditional hospital medical education have been replaced by more informal teaching styles. In your editorial (January *Journal,* p.1) you state that small group teaching will be an important part of continuing medical education in general practice. Small group teaching is now used widely at the trainee level and will increasingly become the hallmark of continuing medical education.

In any form of education an assessment of the aims, objectives and techniques is of paramount importance. However, one aspect of small group teaching is that peer review takes place both at the explicit and the implicit level. This can be important when dealing with qualitative aspects of general practice, such as attitudes, values and behaviour. Furthermore, in postgraduate medical education the role of small group teaching has been most important in psychiatry and general practice.

Small group teaching can probably make its greatest contribution to general practice in the handling of the consultation as it is the doctor's 'attitudes and feelings'[1] and the relationships he engenders that are the essence of the consultation. Moreover, it is in the analysis of the dynamics of the doctor–patient relationship that small group teaching is most pertinent. It may be that the ability to tolerate peer group discussion is more applicable to general practitioners in their attitude to continuing education.[1]

Not only can this type of education encompass the techniques of the consultation but it can deal with a range of other issues and topics in general practice which lend themselves to discussion in small groups.

RUTH SHAW

21 Hogarth Hill
London NW11

Reference

1. Anonymous. Some insights from seminars. *J R Coll Gen Pract* 1976; **26**: 471-472.

Hours of work and fatigue in doctors

Sir,

May I comment on the editorial 'Hours of work and fatigue in doctors' (January *Journal,* p.2). General practitioners clearly want to be seen as super human — why else should we look upon working through the night, having disturbed sleep and then doing a full day's work as a sensible and honorable activity? What would we say to our patients if they did this?

While we have a 24-hour contract we have to develop reasonable mechanisms for coping — certainly for the period 23.00 to 07.00 hours. Deputizing services fall down, not in theory — a major percentage of the world's general practice seems to cope with similar systems — but in practice. What is required at night is a caring, competent doctor who can deal with problems efficiently, who attends when requested and who recognizes the times when drug therapy is not required and that many problems can be dealt with at home. Deputizing has fallen down because of poor response rates, inappropriate management and overuse of the hospital services.

What is required at night is a general practitioner, provided by a deputizing service, by a large rota in urban areas or by a local rota in rural areas. Most importantly, the doctor who is on call at night should not work the next day. His patients will survive, as they do when he goes on holiday, attends a course or carries out hospital work. Only when we cross this hurdle will general practice have finally grown up.

GEORGE TAYLOR

The Health Centre
Guide Post
Choppington
Northumberland NE62 5DD

Comments on the *Journal*

Sir,

The Epsom District RCGP Group met in November 1987 to reflect on the content of the *Journal,* and the September 1987 issue in particular. Ten College members attended the meeting.