

NEWS

Editor: Nicola Roberts

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Spring General Meeting 1988: Chairman's report

I AM pleased to present the report of the Council since last November. It is of course a special pleasure for me to present it in my own region, and to be able to thank on behalf of all of us, the Severn faculty for organizing for the College what has been a very successful meeting.

The Severn faculty with its Provost, Kenneth Southgate and Chairman, Michael Whitfield have done us proud. We will leave today with happy memories of Cheltenham. John Bennett's academic programme was most impressive, Richard Baker did a huge amount of work as secretary, and Clive Froggatt balanced the books as treasurer. We have seen a tremendous team in action and we all want to express our thanks to its chairman and his wife — Dick and Valerie Bruce.

On Christmas Day 1987, Robin Pinsent died and so we lost in the College not only one of the members of the Steering Committee which founded the Council, but a family doctor who always stood for research in general practice.

He was chairman of the first research committee and was for many years our honorary research adviser. At a time when many of his contemporaries could see no connection between general practice and research at all, Robin Pinsent saw, 30 years before his time, that research was the lifeblood of our discipline.

A few days later on 28 December 1987 we learnt of the death of Dr The Lord Hunt of Fawley. To many of us here, John Hunt was the symbol of the renaissance of general practice. With Fraser Rose he founded our College and no one did more than he did to make it succeed. Colleges of general practice are now forming throughout the world, many of them originally faculties of this College.

The memorial service, which was well organized by the College staff, was held at All Soul's Church, Langham Place, London last month and was attended by family, friends and representatives of the

many facets of his work. It was a moving thanksgiving for his very special life.

In revering the memories of these two outstanding members of our Foundation Council, in mourning their loss and sending sympathy to their families, we must do our best to ensure that the work of the College to which they devoted so much of their lives continues to be worthy of them.

Honours

It is a pleasure to begin by reporting that two members of the College received the high award of CBE in the New Year Honours List: John Fry, who is the longest serving member of our Council, and Colin Shannon for his work on the Health and Safety Executive.

Clinical work

The main thrust of the College is now on clinical work. The Council has been considering an increasing number of clinical issues with a view to improving the health of our patients and providing the highest possible standards of general medical practice.

Acquired immune deficiency syndrome (AIDS)

The Council has received the first report on the role of the GP in the care of AIDS. This new and very terrible disease continues to spread and the number of GPs becoming involved in counselling, in taking blood for HIV testing, and in caring for patients who are or may be HIV positive continues to rise. Some GPs, notably Roy Robertson in Edinburgh, have contributed significantly to our knowledge of this disease and its management. The Council is most grateful to Graham Buckley, also from Edinburgh, chairman of the AIDS working party, who did a great deal of work in the con-

struction of this report. After the Council has received comments and suggestions from members and faculties, a final report will be published.

Drug abuse

The growing epidemic of drug abuse in our society is serious. We were pleased to organize with the General Medical Services Committee (GMSC) a conference on the role of the GP. Michael Wilson and I shared the chairmanship in the Council chamber of the BMA and we heard some excellent papers from GPs already experienced in managing this problem.

Fellowship by assessment

The SGM in Edinburgh last year asked the Council to consider entry to the College by a route other than the examination. At the same time there was general agreement that there should be much greater emphasis on clinical work in the College. The Council has given considerable attention to these two important issues. It believes that before entry to membership can be considered, it is first necessary to establish a method of practice visiting based on clinical work for a manageable number of doctors — and new fellows are the obvious group.

Four committees — the General Purposes Committee, the Education Division, the Fellowship by Assessment group, and the Committee on Fellowship — have all worked on aspects of this subject, and some of the faculties, notably Tamar, through three of their officers, Chairman Robert Sibbald, Provost Geoffrey Smerdon and Secretary Richard Parrott, have contributed substantially. This is an issue of standards of clinical care and the work is being very carefully prepared under the leadership of Peter Hill, Deputy Vice-Chairman of Council.

The white paper

Since the AGM last November, the government has published a white paper *Promoting Better Health*. This is the first white paper on general practice the College has ever had to consider.

In December the Council examined it and noted that a great many of the proposals were directly in line with College policy and that some, like the idea of giving much more information to patients, had come directly from us. The Council defined the College's interest in its traditional terms of research, education, and standards of care. The Council decided to make its views known to government, the GMSC and other national organizations.

As Chairman, I subsequently saw the Secretary of State for Health and Social Security and had a long discussion with him. In accordance with our policy I supported his speech last year when he said he hoped to see a microcomputer on every GP's desk.

He made it quite clear that he wished to hear from the College and instructed his officials to get in touch with us. Later, officials saw representatives of the College and have asked our advice on several topics. All faculties were invited in a letter in January to contribute to the College's response.

In March, the Council considered the DHSS letter, approved working groups, and again invited all faculties to contribute, particularly to the clinical issues in the white paper such as the care of new patients and the care of the elderly.

General Medical Services Committee

In January this year the College experienced some difficulties because of reports in the press criticizing the College's role. I would like to thank Lotte Newman, our Vice-Chairman, who gave much good advice at this time.

The Council is pleased to report that on 27 January 1988 at a meeting of the liaison committee of the College and the GMSC several general principles were confirmed which set out the relationship between the College and the GMSC and their respective relationships with government and other national organizations.

An agreed statement was issued which confirmed the right of the GMSC to negotiate pay and terms of service and the right of the College as an independent body to consult and advise whom it pleases. The statement finished on a positive note in stating that the Royal College of General Practitioners and the General Medical Services Committee will continue to cooperate and support each other's work.

This useful clarification was sent to

every faculty and every local medical committee and was published in the *College Journal* and the *British Medical Journal*.

Social Services Committee of Parliament

The College has submitted evidence to the Social Services Committee of Parliament. Bill Styles did some excellent drafting against a tight deadline and as Honorary Secretary of Council he has played a major role throughout the year.

Joint Committee on Postgraduate Training for General Practice

Last month, the College received a letter from the Chairman of the Joint Committee on Postgraduate Training for General Practice (JCPTGP), Dorothy Ward, stating that the Joint Committee was no longer satisfied with the standards in some training practices in the North East Thames region. The responsibility for standards in every training practice lies, of course, in the region itself.

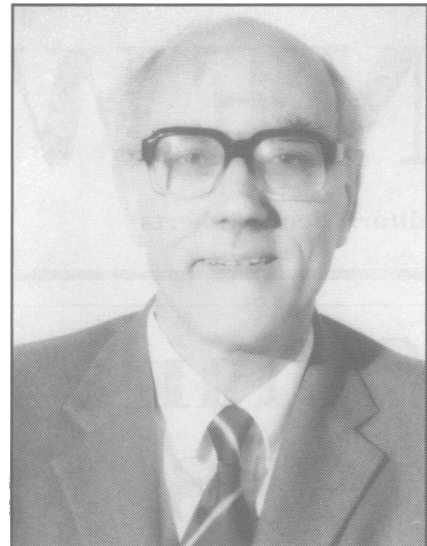
This is a sad story extending over six and a half years. It involves three different Joint Committee visits to six different vocational training schemes and a succession of written requests and recommendations both in private and in published documents.

After receiving repeatedly objective evidence that national minimum standards were not being met, the Joint Committee has withdrawn its recognition of the standards applied by the Regional General Practice Subcommittee to training practices in the North East Thames region from 1 February 1989.

The Joint Committee has pointed out that the arrangement whereby the Joint Committee previously acted on behalf of the College in recognizing vocational training for College purposes and for the MRCGP examination has been affected. These responsibilities have therefore now reverted to the College.

The Council has decided to support the Joint Committee. Since the purpose of vocational training is to protect patients by training doctors properly and to provide junior doctors with a good training for general practice, the College could not condone unsatisfactory standards and had to make the position about the examination clear to its own prospective members.

The College is minimizing the impact on trainees. College approval of vocational training and eligibility to take the MRCGP examination has been withdrawn from training practices in the North East Thames region only from 31 January 1990 for trainees completing self-constructed schemes, and from 1 May 1991 for trainees completing three-year programmes. We



Professor Denis Pereira Gray, Chairman of Council

will thus protect trainees already in post, but not those who may be thinking of starting in that region in the future.

The *College Report 25, The Front Line of the Health Service*, set out our policy of self-regulation of the profession and our belief that standards in general practice should be maintained by peer review. At a time when the government is contemplating much more regulation of general practice by civil servants, it is particularly important that general practice shows that it can put its own house in order.

Medical audit in action

There are two sides to the coin of education: standards and support. The College believes in both. We have had to draw the line on standards, but we will also support the many training practices in the North East Thames region which have high standards and are proud of them. On the one hand the College will be firm and fair, and on the other hand courteous and caring.

We will therefore offer College visits for College approval and for entry to the MRCGP examination. The College has already said it is ready to receive written evidence that satisfactory standards are present, and I confirm that individual practices can now apply to the College direct whether or not the trainer is a member.

This is medical audit in action. We will do everything we can, as quickly as we can, to recognize good standards in training practices in that region.

The faculties

In March, the Council was pleased to approve another new faculty, Humberside, but the North West England faculty persuaded Council that, in view of the steady

increase in the size of the College by over 1000 members a year, it was time to take stock and in particular to review the number of faculty representatives on Council at Princes Gate.

This is not just a question of the number of people in a room or even of expense, but of ensuring that the Council does fairly represent all parts of the UK and all the most important interests of the College and brings together a manageable number of people who can function effectively.

Presidency

During the last six months, the Council has reviewed very carefully the role of the president, the procedures for election, and the term of office.

The Council is balancing as carefully as possible the wish to widen the franchise, whilst ensuring that the electorate is highly knowledgeable and can take into consideration the very important and sometimes delicate judgements on the attributes of those who will hold the presidency of the College.

In future the term of office will revert to three years. The franchise has now been widened and in March 1988, for the first time, the whole of the Council participated in an election using the single transferable vote for the name that will be brought, as the Council's nominee, to the AGM of the College in November. Your successor, Mr President, will then have the great honour, but hard task, of following you and your very successful term of office.

New partnerships

We have recently formed new relationships and the Council is pleased to report several valuable meetings with the representatives of other organizations.

Following the success of the Joint Conference with the Royal College of Physicians on inner cities, we have had a useful meeting with Sir Raymond Hoffenberg and his colleagues, and we hope to continue this two College initiative concentrating on what is *good* in inner city medicine. We have had several constructive meetings with the President of the British Geriatric Society and his colleagues, and there are plans for joint conferences and work.

At a time when more and more groups of general practice academics are emerging, the College is working as the one national academic organization to improve communication and lines of contact between all concerned. We have seen recently the officers of the Association of University Teachers in General Practice as well as the chairmen of the two Conferences of Regional Advisers.

We are also building links with col-

leagues in the primary health team and have met the officers of the Association of Health Centre Administrators and Practice Managers. We are also supporting practice nurses.

Many members of the College already take up the full complement of employed staff under the family practitioner services ancillary staff reimbursement scheme. However, with cash limits included in the Bill before Parliament, this is a time for urgent review by those who have not yet taken up their full quota.

We are working in all these relationships to form new partnerships which will prepare the College for the challenges of the 1990s.

Pensions

The Government has radically changed the law on pensions, so the College has endorsed this month a policy for practice staff which will enable College members as employers to provide as easily as possible pensions for the employed in our practices.

Simultaneously, the College as an employer itself has introduced an improved non-contributory pension for all our permanent staff. In this, as in all financial matters, we are greatly indebted to the guidance of our Honorary Treasurer, Douglas Garvie.

Reorganization

In November 1987, the new reorganization took effect. Colin Waine is fast developing the new Clinical and Research Division, with John Bain chairing the Research Committee. David Murfin has got the new Services for Members and Faculties Division off to a good start, and Bob Colville is shouldering huge responsibilities in the Education Division. John Ferguson has provided valuable continuity as Chairman of the Examination Board and the link with the Convenor of the Panel of the Examiners, Philip Tomblason is working well. Council has established two important committees, both reflecting the wider and more outgoing role of the College. Marshall Marinker has been elected Chairman of the Committee on Ethics and Alastair Donald as Chairman of the International Committee.

We are delighted to have here at this international meeting colleagues from Australia, Canada, Israel, the Netherlands, the United States and Saudi Arabia. As someone with the Portuguese name of Pereira, it is a special pleasure for me to welcome the two representatives of the Portuguese Association of General Practitioners who are here as guests of the College.

This has not been an easy year for the College's staff with the reorganization of three divisions and the establishment of

new committees, but it is a tribute to their professionalism that the changes have gone so smoothly. The Council is most grateful to Sally Irvine who has steered her team through all these changes with great efficiency.

14 Princes Gate

Last year was the 25th anniversary of the College's occupancy of 14 Princes Gate, and to celebrate the occasion the College published a book by John Horder and Stephen Pasmore describing the history of the beautiful building that is our home. It includes a fascinating set of photographs ranging from pictures from the great private art collection which it housed to President Kennedy and the SAS!

Change

President, in my report last November, I suggested it might fall to the College to steer the discipline of general practice through what might be the eye of an impending storm. Everything we have seen since then suggests that such a storm is indeed coming: the white paper, unprecedented difficulties in parts of the NHS, proposals by the Office of Fair Trading on advertising, legal action against the General Medical Council on advertising, the Griffiths report, and a green paper from the Secretary of State for Trade and Industry proposing much more competition for the professions. These have appeared since last November, and on top of them all has come the announcement of a review by the Prime Minister of the whole of the NHS.

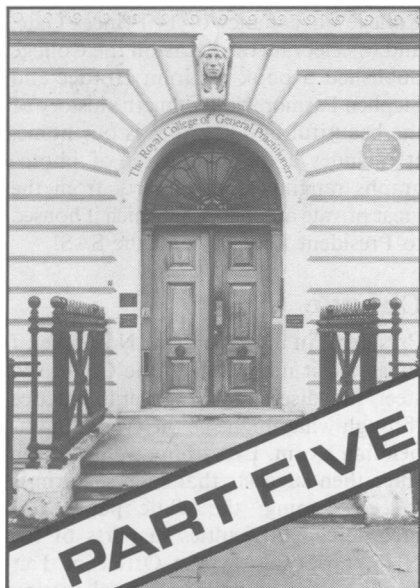
The message of change can now be clearly seen not just through the mists on the horizon but in print before our eyes. There is now no doubt of the urgent need for all of us to read and to think, and to think harder than we have ever done before about the essential nature of our discipline, the principles which we espouse, and the direction in which we want general practice to go.

I expect an avalanche of change to sweep not just across general practice, but across the medical profession as a whole. The College must not take a rigid or defensive view: we need to analyze very carefully those features of our work which are of central importance, so that we can develop them. We must see the potential as well as the danger of change and seize what may be a great opportunity to introduce many of the exciting ideas we have for improving the care of our patients.

President, we already provide the most cost-effective GP service in the western world: now we face the challenge of making it the best in quality as well. □

Denis Pereira Gray

Services to Members and Faculties Division



THE recent changes in the College's divisional structure resulted in the birth of the Services to Members and Faculties Division. As the child of the Communications Division, it has inherited a large budget to run the Information Resources Centre, the College *Journal* and to support all College publications. Its remit has been widened to include responsibility for building up the faculties and the Division's first priority therefore must be to develop these.

Faculty development

The concept of distinct geographical areas which can service local needs has never been challenged: the Royal Charter states that faculties should be 'designed to further the object for which the College is established'. Stresses have appeared in our structure over recent years probably as a result of the very rapid growth in our membership. Centrally, the College is sympathetic to efforts which will allow it to be better equipped to deal with new challenges. This means supporting faculties with the intention of encouraging the membership to realize its full potential in terms of continuing education, research and the maintenance of good standards of care for patients.

The newly created Faculty Development Committee will take on a large responsibility for encouraging new development within faculties. It will also be responsi-

ble for the administration of the Faculty Development Fund. The Committee will assume increasing responsibility under its enthusiastic chairperson, Dr Jacky Hayden (North West England). A cynic could suggest that change should not be the responsibility of a committee. Given a degree of goodwill, however, and a desire to succeed there is no reason why faculty development should not become a primary College activity. This not only depends on an energetic central committee or indeed an active faculty board, but principally on participation of members in the educational process.

The Faculty Development Fund initially concentrated on encouraging the appointment of administrative officers. This initiative has been a success, and the few remaining areas without administrative support are being encouraged to apply to the Fund. Initially, it is possible that the Committee may be involved in assisting faculties with planning and budgeting this should form the necessary platform for more exciting faculty activities.

College publications

The College should be justifiably proud of its publications which have shone like a beacon, reflecting much of what is good in primary care. Professor Denis Pereira Gray continues to act as the Honorary Editor of College Publications and succeeds in producing as much energy in this role as he does as Chairman of the College Council. The skills of Professor Pereira Gray as a writer and editor ensure that a very high quality of literature continues to flood out of Exeter. Among the more recent developments are a third impression of the *Report from General Practice 22, Healthier Children — Thinking Prevention*, a second reprint from *Occasional Paper 35, Preventive Care of the Elderly* (the first edition sold out in under a year). It is hoped that the following will also be available shortly: *Starting a Practice Library* by Margaret Hammond, and a publications catalogue which will attempt to raise the profile of the College, create publicity, inform the potential readership and, hopefully, promote sales.

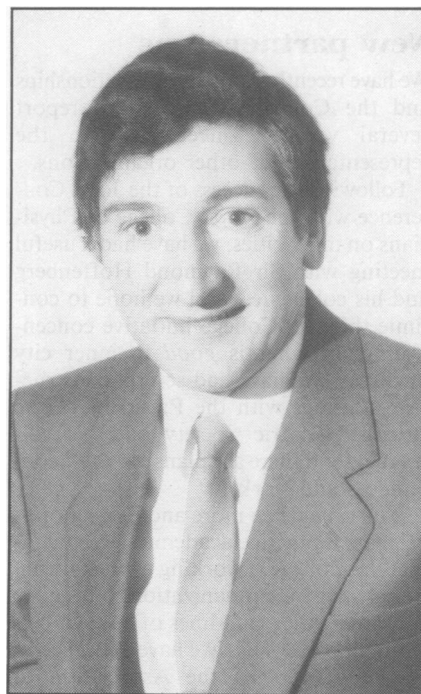
The College *Journal* has changed its format over the last year, and feedback has been generally favourable. Dr Graham Buckley has been invited by Council to serve another three year term as the *Jour-*

nal Editor — this will be his third term of office which is a remarkable contribution in terms of both time and effort. The *Journal* provides a scientific base and a source of reference on general practice, and through its News pages hopes to disseminate information on central College and faculty activities. It is important that College members make use of our monthly publication.

Information services

The enquiry service team is asked to respond to over 300 requests for information per month. Requests for photocopying of articles held by the College are increasing.

The online search service has become a unique source of reference on the literature of general practice, and the database used is one of the largest medical databases in the world. The library service has become increasingly professionalized and is using modern technology to expand its ability to research references. College staff continue their work of cataloguing articles, books and chapter entries for inclusion in the College's own database.



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

David Murfin

Smoking cessation

AT a College smoking cessation symposium hosted recently by Dr Gregor Bartlett and Dr Gillian Shepherd of the South West Thames faculty, the President, Professor Michael Drury, began the day by saying, 'This is clearly an area of preventative medicine which would reap great rewards for the health of the nation'. With as many as one in six of all premature deaths in Britain being caused by smoking (Health Education Council), this statement rings true.

A lethal aerosol

Sir Colin Dollery, Professor of Medicine, Royal Postgraduate Medical School, told the symposium that tobacco smoking is a 'complex aerosol' consisting of a gas phase, a carbon monoxide solid phase and tar and nicotine. Cigarette smoke contains over 2000 chemicals, and Sir Colin said that many of these components are capable of being toxic (although uncertainty exists as to the quantities needed to make them so). He stressed the importance of making smokers fully aware of the attack their bodies were subjected to every time they lit up, and particularly if they inhaled deeply.

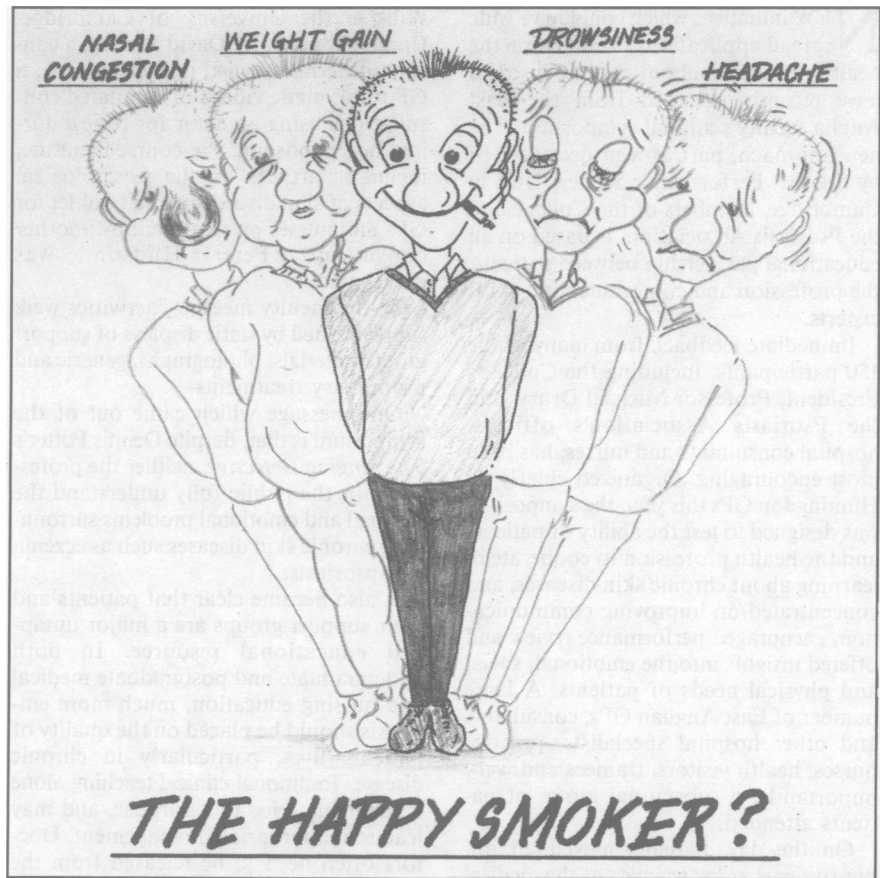
The drug

The meeting heard how the highly toxic component nicotine (a lethal dose in man is 40–60 mg) acts as a stimulant which raises blood pressure and increases the heart rate. But it is the addictive nature of nicotine which can cause problems when smokers try to quit, and many people will experience some form of dependency withdrawal symptom: drowsiness, coughing, irritability, increased appetite, nasal congestion and insomnia.

According to Dr Martin Jarvis, Senior Lecturer in the Addiction Unit of the Institute of Psychiatry, London, nicotine experiments undertaken on animals have demonstrated a similar dependency level to that found in cocaine. Dr Jarvis said that recommending people to wean themselves on to low-tar cigarettes probably serves little, if any, purpose as smokers will modulate the way they smoke. They will inhale more deeply and achieve the same concentration of nicotine. This also applies to cigars and pipes.

The future

The symposium felt that GPs were well placed to promote smoking cessation and to help those trying to stop stay the course. However, it also felt that greater com-



munity education was needed. As Dr Martin Raw, Senior Lecturer in the Psychology Department at St George's Hospital Medical School said, 'We should not assume that everybody knows how dangerous smoking is for the health'.

One suggestion for bringing the facts home to smokers was to predict what the consequences of continuing to smoke may be (eg, when he or she will no longer be able to climb stairs). It may also encourage smokers to face up to the situation if they realised that diseases either brought on or exacerbated by smoking may not always respond to treatment, and that different parts of the body (the lungs and the spinal cord), tolerate radiotherapy badly. As Dr Stephen Spiro, Consultant Physician at the Brompton Hospital said, in such cases 'small cell carcinoma is as lethal as acute leukaemia'.

The symposium agreed that as well as a greater public awareness of the dangers associated with smoking, the issue of availability and pricing of tobacco products should be seriously addressed. The sale of single cigarettes, particularly to children, should also be looked into.

Dr Chris Donovan, a north London

GP, said it was important for GPs to create their own plans for dealing with patients who smoked. He said it was important for the practice to be sure of its own attitude towards smoking. Should it forbid smoking in the surgery? What, if any, literature should it recommend? Should it display anti-smoking posters?

With heavy, and ever increasing workloads in practices, Dr Donovan said the question should be asked whether the surgery has sufficient time to spend on those smokers not motivated to kicking the habit. He said an analysis should be made of a patient's motivation — as a guide, the type of patient to counsel about smoking might include:

- those who ask for help
- the pregnant
- women going on the 'pill'
- people with coronary risk factors
- people with peripheral vascular problems
- people with diabetes
- people with chest problems
- people in the younger age group

Nicola Roberts

Patient teachers

NEW initiatives which could have wide spread applications in educating the health profession about chronic diseases have recently emerged from the East Anglia faculty's annual symposium. The new approach, part of a project devised by the GP Performance Review Unit in Cambridge, members of the College and the Psoriasis Association, is based on an educational partnership between patients, the profession and communication skills experts.

Immediate feedback from many of the 150 participants, including the College's President, Professor Michael Drury, and the Psoriasis Association's officers, hospital consultants and nurses, has been most encouraging. Organized chiefly by Huntingdon GPs this year, the symposium was designed to test the ability of patients and the health profession to cooperate in learning about chronic skin diseases, and concentrated on improving communication, encouraged performance review and offered insights into the emotional, social and physical needs of patients. A large number of East Anglian GPs, consultants and other hospital specialists, practice nurses, health visitors, trainees and, very importantly, a substantial group of patients attended.

On the day, patients played an impressive part as lay teachers of the medical and nursing professions in a mixture of keynote talks and group discussion. If group feedback and audience reaction are reliable indicators, this complete reversal of traditional educational roles worked very well, especially in considering factors which influence quality of life or the value of treatment.

Patients acted as facilitators of discussions on joint GP/hospital specialist performance reviews (themselves an under-used educational tool). Although this was not the most popular session at the symposium, it provoked much critical thought.

The symposium differed from more orthodox symposia in a third way: the use of communication skills to illustrate consultation techniques and aspects of the doctor-patient relationship to both the professions and to patients.

To try and ensure a successful symposium the organizers encouraged all participants to become involved beforehand. Local GP meetings, mini-audits and MCCQs for GPs and hospital specialists, as well as group leader meetings, were arranged. A preliminary study day, solely for patients, was organized by the Psoriasis Association and by Penny Morris, a teaching fellow in communication

skills at the University of Cambridge. Under her guidance David Murray, a consultant dermatologist, and Denis Cox, a GP tutor, made videos of simulated consultations using an actor for review during the symposium. Pre-course literature, including articles on the psychological aspects of skin disorder and a booklet for GPs and nurses on treatment by another consultant, Peter Hudson, was distributed.

At the faculty meeting, activities were supplemented by static displays of support group materials, photographs, generic and proprietary treatments.

One message which came out of the symposium is that, despite Dennis Potter's *The Singing Detective*, neither the profession nor the public fully understand the physical and emotional problems surrounding chronic skin diseases such as eczema and psoriasis.

It also became clear that patients and their support groups are a major untapped educational resource. In both undergraduate and postgraduate medical and nursing education, much more emphasis should be placed on the quality of patients lives, particularly in chronic disease. Traditional clinical teaching alone is inadequate for this purpose, and may lead to inappropriate management. Doctors often need to be released from the perceived obligation to cure and, as one speaker said, to show instead 'competence, care and concern'.

This meeting confirmed the value of communication skills in teaching, analyzing and improving the consultation and the doctor-patient relationship.

Finally, it showed that a very constructive educational partnership is possible between organizations like the College and the Psoriasis Association, and with a small but growing number of hospital specialists and nurse groups.

Whilst the organizational effort required to produce this faculty project has been considerable, part or all of the East Anglia formula seems worth repeating in other parts of the UK and also in other areas of chronic conditions where patient support groups exist. Their input, coupled with discussion and performance review, ought to be seen as an essential, regular ingredient of medical education and could be invaluable in subjects as diverse as epilepsy, Parkinsonism, multiple sclerosis, asthma, diabetes, rheumatic disorders, malignant disease, the elderly, the disabled, mental illness and mental handicap. In fact we might speculate on how we have managed without it so far! □

Bob Berrington

Diary dates

National trainee conference

THE West Midlands regional group of trainees is to host this year's GP trainee conference which is to be held from 13-14 July in Birmingham. The three day programme includes a wide range of subjects, such as the national and international differences in practice and training, ethnic differences in disease and a consumer view from cradle to grave. Discussion groups will consider such controversial topics as the legality of abortion and euthanasia. The conference has been granted Section 63 approval. For full details on fees and accommodation, contact the Conference Secretary, 33 Welford Road, Sutton Coldfield, West Midlands (tel: 021-354 8789). Bookings must be arranged by 17 June.

AIDS counselling

The Royal Free Hospital AIDS Counselling Service is hosting a meeting on Wednesday 28 September 1988 to consider issues raised when counselling patients with AIDS. Topics will include counselling drug users, the 'worried well', haemophiliacs, Blood Transfusion Service and occupational health. The speakers consist of a range of experts who have experience in AIDS counselling in different settings. Further details and an application form may be obtained from the Administrator, District AIDS Counselling Unit, Clinic 8, Royal Free Hospital, Pond Street, London (tel: 01-431 0970). Registration costs £35 and includes lunch and coffee.

Heart care

The Coronary Prevention Group is holding a two day conference at Regent's College, London on 12-13 October 1988 to consider what help and advice should be provided to patients who have recently suffered a heart attack or have had heart surgery. The conference hopes to bring together GPs, self-help group coordinators, cardiologists, patients, coronary care nurses, psychologists, physiotherapists and researchers. For further information, contact the Conference Administrator, The Coronary Prevention Group, 60 Great Ormond Street, London (tel: 01-833 3687). □

College research

THE Clinical and Research Division's Research Committee has recently begun a series of seminars aimed at bringing together GPs and researchers from other disciplines to share different perspectives, experiences and problems encountered in research on common subjects. The seminars are less concerned with the presentation of detailed results of completed research than with the examination of key issues in research priorities, design methods and applications. Attendance is restricted to a maximum of 25 people to enable full participation and discussion.

The theme of each seminar is selected by the Research Committee after considering the importance of the subject, the level of current activity and the scope for multidisciplinary research. Participation is by invitation only and about half of the participants are GPs. Each participant is asked to submit a summary of current research which is circulated before the meeting. The day is devoted to brief presentations which usually raise a few key issues for discussion. A concluding session looks at more general issues of research strategies and priorities.

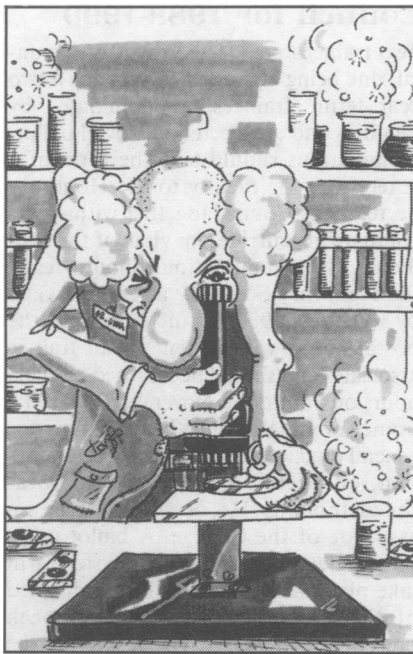
Two research seminars have so far taken place. The first of these was held in November 1987 on chronic illness. The latest was held in April of this year on the interface between hospitals and GPs.

Chronic illness

This Manchester based seminar attracted seven GPs and nine social scientists, all of whom are involved in chronic illness research. The chronic conditions covered in research projects included heart disease, asthma, bronchitis, arthritis, epilepsy, diabetes, ulcerative colitis, multiple sclerosis and Parkinson's disease, and studies included attitudes to the care of chronically ill patients and the experiences and social/psychological consequences of illness and disablement. Methodologies ranged from small-scale qualitative studies based on loosely structured interviews to quantitative descriptions of patterns of care and attempts to quantify patient outcomes.

It was clear that social scientists and GPs adopt different but complementary perspectives and methodologies, and these formed the basis for a continuing dialogue throughout the day. In a concluding discussion, a GP and a social scientist were invited to draw out the themes from their own disciplinary perspective. The GP

identified three key research tasks: the definition of chronic illness, the description of health inputs and the measurement of outcomes of care. The social scientist argued that medical research is primarily concerned with codifying and developing models of causation which provide a basis for prediction. Social scientists seek to understand what is happening and how patients experience illness, disability and interaction with the health care system. It was evident that there was much to be learned from the overlapping concerns of general practice and social science, but that each retains a distinctive contribution to understanding the problem of chronic illness.



The interface between hospitals and GPs

The second seminar, held at Princes Gate, was attended by 12 GPs, eight social scientists, epidemiologists, statisticians and observers from the DHSS. Presentations covered all aspects of the referral process from a variety of perspectives: they ranged from small-scale qualitative studies of decision making and outcomes of the referral decision; large-scale surveys describing patterns of care and patients' experiences; exercises in collecting, analyzing and modelling data on referrals and use of hospitals. A number of researchers were involved in action research designed to explore the potential for utilizing information as a means of improving practice.

The seminar spent some time debating the meaning and value of information on GP referral rates. Researchers urged those using data on rates to exercise extreme caution. Concern over costs of hospital care can lead to an over-emphasis on GPs with high referral rates, and insufficient attention being paid to the problems of under-referral. Research on aspects of communication and decision making seems to offer better long-term prospects for generating results.

There was general agreement that schemes which lessen the divisions between hospital and general practice care offer considerable potential for both improvements in care and more efficient use of resources.

Whilst the presentations at this seminar reflected a healthy multidisciplinary involvement in research in this area, there were some causes for concern. It was evident that the research agenda is strongly influenced by political, economic and administrative considerations. The emphasis on referral rates and variations in rates, reflects a desire to utilize easily obtainable data in order to control costs. Research designed to understand the decision making process, improve communication and develop methods of measuring outcomes, tends to attract fewer resources. The importance of the referral process should ensure a high priority in research funding. This should include fundamental research employing the skills of various disciplines, as well as work that has more obvious immediate applications.

Future plans

The Research Committee hopes to continue to promote further seminars of this type. By their very nature such seminars are selective, both in terms of their subject matter and participants. The limitations of time and resources make it difficult to organize more than two seminars each year. Nevertheless, it is felt that they provide a useful stimulus to the development of multidisciplinary research and communication, and the Committee welcomes suggestions for topics which may be addressed at future seminars. In addition to further research seminars of this type, the Research Committee may consider the possibility of promoting meetings extended to a wider audience to follow-up initial seminars. These would involve the presentation of results and discussion of their implications. □

David Wilkin

Council ballots



Nomination of members to serve on College Council for 1988-1991

AT the College's AGM to be held in the Kensington Town Hall, Kensington, London, on Saturday 12 November 1988, all the faculty representatives and six elected members of Council will retire from office (Ordinance 36).

Any fellow or member of the College may propose another for election to one of the six vacancies among the elected members of Council (Ordinance 37). Forms may be obtained by application to the Honorary Secretary at Princes Gate. Proposals should include details of the sex of the candidate, age, place of work, past offices held in the College, and a statement from each candidate of up to 50 words giving details of what each hopes to achieve through membership of Council. Such proposals, signed by two fellows or members in good standing, must be received by the Honorary Secretary between 14 August and 1 October 1988.

Postal ballot

Voting papers for the postal ballot will be sent to all fellows and members with the agenda for the AGM in October, and must be returned in the prepaid envelope provided by 12.00 hours on Saturday 5 November 1988. A ballot using the single transferable vote system will then take place. Candidates will be informed of ballot results during the week preceding the AGM. The results of the ballot will be declared at the AGM on 12 November 1988 and subsequently will be published in the *College Journal*.

Nomination of trainees to serve on College Council for 1988-1990

Two trainees are elected to sit on Council, one being elected each year for a two year term. Trainees are nominated by faculties and are elected by postal ballot. Nominations should take the form of a letter from the faculty to the Honorary Secretary of Council together with an accompanying curriculum vitae of the candidate. Such nominations should reach the Honorary Secretary at Princes Gate by 1 October 1988. Voting papers for the postal ballot will be sent to all trainee associates and should be returned by 12.00 hours on Saturday 5 November 1988. The trainee nominated must be in training for general practice at the time of the nomination, or recently have completed vocational training. He or she must be an associate of the College. A ballot using the single transferable vote system will take place. Candidates will be informed of the ballot results during the week preceding the AGM. The results of the ballot will be announced at the AGM on Saturday 12 November 1988.

Coronary heart disease

'CORONARY heart disease is the major killer of our time, but it is the premature loss of life from this cause which is our major concern' — the words of Dr Colin Waine, Chairman of the Clinical and Research Division and Editor of the College's clinical information folders at the launch of its latest pack, *Coronary Heart Disease*.

Dr Waine said that today many cases of coronary heart disease should be considered as potentially preventable. He said that 70% of patients see their GP in one year and 90% over a five year period which gave general practice 'wonderful opportunities for promoting prevention'. Although many practices have started to screen patients for the prevention of coronary heart disease, there is a need to concentrate on all known risk factors.

In encouraging practices to get the most from screening patients, Dr Waine said, 'Where practices are screening for only one risk factor, this has been shown to reduce the effectiveness of preventing coronary heart disease. Screening must take into account the other risk factors, such as high blood cholesterol, smoking and family history'. The College's folder looks at all risk factors and attempts to pull them together: smoking, obesity, cholesterol levels, dietary strategies. The folder also looks at the role of leisure centres and offers a bibliography of information on the disease. The folder is available from the Central Sales Office at Princes Gate and costs £6 to members and £7 to non-members (Barclaycard and Visa accepted).

● At the same launch event, The Flora Project for Heart Disease Prevention also announced a new resource and information programme for primary health care, *Cholesterol Counselling Programme* which will complement College efforts in the area of coronary heart disease prevention.

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