

larger areas. Concentration of families on one site causes many of the problems which beset families in temporary accommodation, such as gaining access to general practitioners and schooling. There are now only occasional problems with gaining general practitioner cover.

Many of the aims of the agencies involved, such as the development of self-contained temporary accommodation and one health visitor per 50 families, have been achieved. Needless to say the ultimate aim is to see the provision of sufficient housing to eliminate the problem altogether.

ANN JACKSON

South Manchester Health Authority  
Community Health Services  
25 Palatine Road  
Withington  
Manchester M20 9LH

### General practitioners: prevention of HIV disease/ AIDS

Sir,

Discussion has taken place in this *Journal* regarding primary care provision for patients with human immunodeficiency virus (HIV) infection and the acquired immune deficiency syndrome (AIDS). Many practices will now have both patients who are infected and patients who are ill. Clearly demands made on general practitioners will progressively increase and it is therefore timely that the reactions and attitudes within primary care have been documented in the *British Medical Journal* of 20 February.

In 1981 this department sought advice from the Joint Committee on Post-graduate Training for General Practice in developing educational objectives in the area of AIDS/HIV infection for future general practitioners undergoing full time senior house officer appointments within genitourinary medicine. At that time the RCGP acknowledged the opportunities for prevention that such experience might afford to the future general practitioner.

We have now updated the educational content of our post and our objectives with regard to HIV disease are summarized below.

#### A. Epidemiology

1. Knowledge and awareness of the problem both nationally and locally.
2. Ability to use both national and international data and knowledge to contribute locally towards the prevention of HIV disease, making use of the 'lag period' before increased spread of infec-

tion from intensely affected areas (like London) occurs.

3. Understanding of the value of epidemiological data assimilated by the local specialist unit relating to extension of the HIV epidemic. Ability to utilize such data to plan and modify primary care services.

#### B. Aspects of health education

4. Competence in providing a multi-directional health education approach to HIV disease based on a comprehensive understanding of modes of virus transmission; with adaptation for individual practice populations.

5. Confidence and competence in promoting safe sexual practices in combination with encouragement to risk groups to re-evaluate their approach to personal relationships.

6. Ability to participate in meetings and talks organized with public groups to promote knowledge and preventive aspects of HIV disease.

#### C. Aspects of counselling

7. Confidence in guiding and supporting individual patients requesting the HIV antibody test.

8. Competence in counselling patients and their partners worried about HIV disease.

9. Competence in counselling patients and their partners known to be infected with HIV.

#### D. Clinical caring in HIV disease

10. Experience in all aspects of clinical, psychological and social management of individuals who are HIV antibody positive. Understanding and experience of those aspects of terminal care which pose particular difficulties in relation to HIV disease.

11. Ability to provide support and to make available services for the partners and relatives of antibody positive individuals.

12. Familiarization with the in-ward management of patients with AIDS or HIV disease. Experience of the 'hands-on' approach to caring.

#### E. General practice preparation and organization

13. Confidence (based on experience) to guide and support all members of a primary health care team in adjusting to the increasing demands for their skills as the HIV epidemic progresses.

14. Understanding of fears, anxieties and stresses experienced by health care professionals (and their families) working with patients suffering from HIV disease. (Ability to provide internal support within the practice team.)

15. Ability to promote and maintain the highest levels of confidentiality within the primary health care team as the foundation for successful general practice care for HIV disease.

It is our belief that as the HIV problem expands and as a greater understanding with regard to heterosexual transmission is achieved, there may be potential for greater training of future general practitioners within genitourinary medicine, possibly as an elective option. In addition to HIV prevention, there exists a clearly demonstrated potential to prevent tubal occlusive infertility,<sup>1</sup> and to move from the prevention of cervical cancer to the prevention of cervical pre-cancer.<sup>2</sup>

Milne and Keen<sup>3</sup> emphasize the preventive potential available to general practitioners who see two-thirds of the population each year. Closer collaboration and increased understanding between primary care and genitourinary medicine may enhance this potential. In addition, attention may be afforded to the 'absent' one-third where risk factors are identified.

We would welcome any comment, or addition to our objectives from your correspondents.

T.R. MOSS

P.M. NATHAN

Department of Genitourinary Medicine  
Doncaster Royal Infirmary  
Armthorpe Road  
Doncaster DN2 5LT

#### References

1. Moss TR, Steptoe PC, Osborne J, *et al.* Is the incidence of ectopic pregnancy rising? *Br Med J* 1985; **291**: 1119-1120.
2. Campion MJ, Singer A, Mitchell HS. Complacency in diagnosis of cervical cancer. *Br Med J* 1987; **294**: 1337-1339.
3. Milne RIG, Keen SM. Are general practitioners ready to prevent the spread of HIV? *Br Med J* 1988; **296**: 533-535.

### AIDS and general practice

Sir,

I welcome the College working party report on the acquired immune deficiency syndrome (AIDS) (*May Journal*, p.219) as it highlights many broad issues. However, I would like to focus on some specific problems relating to long term care, and make some suggestions as to how these may be overcome.

*District policies.* The size of the problem and the resources available to deal with it will vary between districts. There is, therefore, an urgent need to develop district policies which clarify important issues, such as:

- roles and responsibilities of different professionals in hospital, general practice and the community;