

NEWS

Editor: Nicola Roberts

Contents

Council	333
Council; Honours; Research fellowships	334
The National Forum for Coronary Heart Disease	335
Asthma and general practice	336
Medical care of the homeless; Summer soiree; Tigray	337
Training receptionists	338
Course material review	339
Obituary; Cervical screening; Diary dates	340

Council

At the recent meeting of the College's Council held at Princes Gate on Friday, 10 and Saturday, 11 June, the following matters were discussed.

The North East Thames Region

Council considered a report from GPC which it had requested at its March meeting, when it had decided to support the JCPTGP. Council then debated a motion from the two faculties in the region, North East London and Essex, which criticized the action taken by GPC. The motion asked that it be rescinded: this was lost by 42 votes to six with four abstentions.

Council carefully considered the problem of the standards in some training practices in the North East Thames region. Council first recognized that the responsibility for the selection and re-selection of GP trainers lies with regional general practice sub-committees which appoint and re-appoint all GP trainers. Secondly Council confirmed that the College as an independent body had the right to decide eligibility for entry to its own examination. Thirdly there was no suggestion, nor had there ever been, that the clinical competence of doctors in the North East Thames region was in question, the withdrawal of recognition referred to training standards only.

Council heard from its representatives in the faculties in the region and from its representatives on relevant committees. Council endorsed the decision to withdraw College recognition from training practices for the purposes of the MRCGP examination in the North East Thames region. While regretting the need for the decision, the College had acted to further its prime object as stated in the Royal Charter 'to encourage, foster and maintain the highest possible standards in general medical practice'.

Following the debate, representatives of council are meeting representatives of the North East London and Essex faculties so that the College can explore ways of

assisting its members on the relevant regional general practice sub-committee.

Council emphasized the positive features of the way in which the withdrawal of College recognition had been arranged.

Firstly, it was important to publicize widely the fact that all doctors who supply written evidence that they had completed the general practice element of a three year vocational training programme on or before 30 April 1991 will remain eligible to sit the examination. Doctors who complete the general practice element of self-constructed schemes on or before 31 January 1990 also will be eligible to sit the examination. The hospital component of training in this region is not affected.

Secondly, the College has offered to visit individual training practices, whether or not trainers are members of the College. This is a new service for trainers in the North East Thames region and makes it possible for those practices which meet the national minimum standards to have their trainees admitted to the MRCGP examination beyond the dates set out above. This offer has been available since April 1988 and provides a solution to the problem of falling applications to training practices and vocational training schemes. Council wishes this offer to be widely publicized so that trainers in this region who have satisfactory standards can be recognized by the College.

Fellowship by assessment

Council considered a paper which set out the principles by which fellowship by assessment could be introduced into the College. Dr Peter Hill, deputy vice-chairman and chairman of the fellowship working group, said that the group envisaged that fellowship by assessment would operate on a system of peer review triggered by self-nomination. Criteria for fellowship by assessment would be rigorously tested in pilot schemes before being implemented generally and would have a strong clinical basis. It was hoped to involve patients in the process of determining and setting standards for

fellowship. Faculties would play a crucial role in the process. Fellowship would continue to be awarded as it is now by the College in General Meeting.

Council approved the report and asked the working group to consider further practical aspects such as finance and organization. Another report will be taken to Council at a later stage.

Size of Council

Council considered a paper on faculty representation on Council which it had requested resulting from the creation of the two new, relatively small faculties, North Wales and Humberside, and the disparity between faculty size and representation on Council which this had highlighted.

Three options were presented to Council:

- maintaining the status quo;
- proportional representation;
- regional representation.

In discussion, Council members felt that it was important to separate the function of the faculties from the issue of representation. The size of Council needed to be looked at in the light of a changing health service and a growing College. A key issue was whether or not each faculty should have a representative on Council. Council agreed that the paper should be sent to the faculties for further discussion.

SGM resolution

Council considered the East Anglia faculty's resolution which had been referred from the Cheltenham SGM: 'That Council members should hereafter receive reimbursement, at the usual College rate, of all locum expenses which are reasonably incurred as a result of undertaking authorized College activities, other than Council meetings, and that Council should produce guidelines to implement such policy as of the next financial year'.

The East Anglia faculty representative on Council, Dr Philip Evans, explained that the aim of the resolution was to reimburse Council members for attendance at

meetings of committees and working parties of Council during weekdays. Council felt there were important general principles that needed clarifying, including an idea of the cost to the College. Council agreed that the East Anglia faculty should draft a paper for the GPC on the principles involved and that the Finance Committee should then consider costs. The matter would be brought back to a future meeting of Council.

Alcohol

Two matters concerning College policy on alcohol were put before Council:

Random breath testing of drivers

In response to a letter from Dr James Dunbar (East of Scotland faculty) drawing Council's attention to the initiative of the Royal College of Psychiatrists in favour of random testing of drivers, Council agreed to support the introduction of random breath testing.

Pricing of alcohol

Council considered a paper by Dr Jeremy Grimshaw, trainee representative on Council, discussing the links between consumption of alcohol and price. Council agreed to express support for the concept of fiscal measures aimed at reducing the consumption of alcohol.

Midwives and GPs

Council discussed the relationship between midwives and GPs. The following was approved:

The College recognizes that midwives have a unique range of knowledge and skills and should be regarded as independent practitioners, as should health visitors and community nurses, and believes that the most effective care for patients is provided when independent practitioners work together as a team, uniting their skills for the greater benefit of the patient. The College believes that when a group of professionals pool their skills, the benefits to the patient are greater than when these same individuals work in isolation. The College believes that maternity services of the highest standard should be available to every woman in the UK who requires them. The particular contribution which the midwife can make to securing this goal is acknowledged and welcomed.

However, the College is concerned about the apparent aim expressed by the Royal College of Midwives to take over normal antenatal and postnatal care.

This concern in no way reflects any criticism of the knowledge and skills of the midwife, nor is it to do with territorial boundaries. It is about the most effective

way of delivering care to pregnant and postnatal women.

Effective antenatal and postnatal care demands an extensive knowledge of each patient — a detailed knowledge of their family history, past medical history and social background. This is available to the GP whilst some, but by no means all, is available to the midwife. Indeed, the GP may have provided the pregnant mother with advice prior to conception and with advice about family planning, and may well have an extensive knowledge of her family and her husband. Such knowledge could be highly relevant to the care of both mother and baby, and it is likely that the GP will continue to care for the mother, baby and family long after the midwife has ceased to be in contact.

As many as a third of the population have had the same GP for 15 years, whilst the average period of registration with a GP is nine years.

The aim of the College is to encourage, foster and promote the highest possible standards of patient care. This applies to the care of the pregnant and postnatal woman as much as it does to any other branch of patient care.

The College believes that the highest possible standards of care for pregnant and postnatal women are achieved when midwives and doctors work together as a team, both inside and outside hospital.

The College cannot support any initiative which excludes the GP from the earliest possible contact with a pregnant mother and from her continuing care, both throughout pregnancy and after delivery.

Annual symposium 1988

Dr Bob Colville, the chairman of the Education Division, announced that the 1988 Annual Symposium would be held on Friday, 11 November at St Ermines Hotel, Westminster. Further details will appear in a later edition of the *College Journal*.

The next meeting of Council will be held at Princes Gate on Friday and Saturday, 16/17 September 1988. □

The Queen's Birthday Honours

THE College would like to extend its congratulations to the following five members who were named in this year's Birthday Honours List: Professor B. Jarman OBE (North West London); Dr J. Riddell OBE (West of Scotland); Dr W. McKerrell MBE (West of Scotland); Dr A. Murphy MBE (Vale of Trent); Dr J. Noble MBE (North of England). □

Training fellowships

TWO training fellowships are now available for College principals. Applications are invited for these Astra and Shell research fellowships, which will allow doctors to undertake research in general practice for a period of up to two years. The fellowships are designed to allow young principals to learn about research methods and design relevant to general practice and to pursue an original line of enquiry. Applicants will be expected to have a formal link with a university department of general practice, RCGP research unit or department of postgraduate medicine. Remuneration will allow a doctor to spend up to four sessions per week on a research project, but flexibility will be allowed in terms of allocation of time for individual research work.

Applications should include an outline of the proposed research and details of the relationship with the supporting academic unit, together with confirmation of the arrangement from the head of the academic unit involved.

Application forms may be obtained from the Clinical and Research Division at Princes Gate, to whom applications and CVs should be submitted by 16 September 1988. Further information can be obtained from Professor John Bain, Aldermoor Health Centre, Aldermoor Close, Southampton SO1 6ST (tel: 0703 783111). □

Working parents

A NEW charity, the Working Mothers Association (WMA) has recently been set up to provide a nationally available information and advice service for working parents. With the assistance of its 100 local support groups, the WMA teaches parents to cope with the difficult balancing act of combining work and raising a family. It helps parents to overcome feelings of guilt and stress sometimes associated with working and caring for children.

The WMA is keen that GPs encountering parents with such problems should refer them to their local WMA support group. Further information and copies of information leaflets may be obtained from the WMA at 23 Webbs Road, London SW11 6RU (tel: 01-228 3757). □

The National Forum for Coronary Heart Disease



Lord Rea, vice-chairman, National Forum for Coronary Heart Disease

NORTHERN Ireland and Scotland have the doubtful distinction of leading the world in mortality from coronary heart disease (CHD), with England and Wales not far behind. The UK has not so far achieved the major fall in deaths from CHD experienced by some countries with a history of high mortality rates (USA, Finland and Australia).

In 1983 a steering committee sponsored by several organizations including the DHSS, the Health Education Council, the Coronary Prevention Group and the College, held a workshop in Canterbury to consider practical ways of rapidly implementing in the UK recommendations proposed by the World Health Organization (WHO) on CHD prevention. The National Forum for Coronary Heart Disease Prevention was set up after the Canterbury conference to encourage a co-ordinated approach to prevention activities in the UK. It has 30 member organizations including both statutory and voluntary agencies, academic and medical professional bodies and other key organizations concerned with the prevention of the disease.

The College, as a founder member of the Forum, is represented on the full committee and the executive committee. Dr Julian Tudor Hart (South West Wales faculty) is the current College representative on both committees.

The Forum plays an important role in offering expert advice to the government,

and is presently involved with the Look After Your Heart campaign. A function considered to be of particular importance by the Forum is the encouragement of co-operation between all professionals involved with CHD: cardiologists, GPs, nurses, health visitors, voluntary organizations, trades unions and the media.

In its recent report, *Coronary heart disease prevention: action in the UK 1984-1987*, the Forum reports that 260 GPs in 84 Oxfordshire general practices are now screening for coronary risk factors. The Forum welcomes the trend in recent years towards anticipatory care in general practice, and recognizes the vital role that primary care teams have to play in the reduction of CHD. The Prevention of Heart Attack and Stroke Project in Oxford for the training of nurse facilitators has also helped to improve preventive care. Fifty nurse facilitators have now been appointed in various parts of the countryside, and are funded by DHAs or FPCs.

However, progress is at best patchy, and is least good in areas with the highest prevalence of CHD and greatest pressure on resources. Dietary and nutritional programmes are particularly under-developed, partly attributable to a dearth of community dietitians. As screening for lipids in general practice becomes more widespread, this will be an area which will need special attention, along with increased training (or retraining) and support for all types of staff.

The Forum's report, which is an up-to-date national guide to the state of CHD and prevention activities in the UK, is a factual compendium which reviews what is being done and where the deficiencies lie. It highlights four current issues of particular concern to the Forum:

- The continued dependence on voluntary agreements with the tobacco industry and suggestions that tax changes in the EEC might lower the UK price of cigarettes.
- The absence of health education and home economics as foundation subjects in the proposed core curriculum and the apparent down-grading of physical education in schools.
- The paucity of practical help given to lower income groups to achieve healthier lifestyles.
- The inadequacy of food labelling. □

Lord Rea

Coronary heart disease prevention: action in the UK 1984-1987 is available from the Forum at the Royal College of Physicians, 11 St Andrew's Place, London NW1 4LE. It costs £4.95 plus 90p postage and packing.

Coronary heart disease, the RCGP clinical information folder, is available from the Central Sales Office at Princes Gate. The price is £6.00 to members and £7.00 to non-members.

Asthma and general practice



'In spite of the many advances in its treatment, asthma remains significantly under-diagnosed. Perhaps the answer lies in better education, not only of the public, but of the professionals.'

(Dr Colin Waine, Chairman, Clinical and Research Division.)

It is likely that a GP with a list size of 2,500 will have around 125 'current' asthmatic patients to care for. To create greater awareness of the management of this disease within general practice, the authors of the College's *Asthma* clinical information folder held a multi-disciplinary study day at Princes Gate to consider the diagnosis, management and audit of the disease.

Dr Sean Hilton, a GP in Kingston upon Thames and senior lecturer at St George's Hospital Medical School, stressed the importance of rapid and accurate diagnosis of an asthmatic condition. He said that GPs should keep asthma to the forefront when dealing with respiratory symptoms, and a patient's history should be considered. 'A history of any serious respiratory illness in childhood should raise our suspicion in adults'.

Failure to appreciate the severity of an asthmatic condition, inadequate clinical management and problems in contacting appropriate medical aid are all problems

to be addressed, according to Dr Donald Lane, a consultant chest physician at the Osler Chest Unit at the Churchill Hospital, Oxford.

Dr Lane said that GPs should carry nebulizers to treat acute, severe asthma in domiciliary practice. He said that in some areas ambulance crews were being trained to use nebulizers for treating acute 999 calls to asthma patients. He believed there were some cases where nebulizers should be carried by patients prone to severe asthmatic attacks, particularly as services may sometimes be delayed in reaching them. Dr Lane stressed that nebulizers should not be the only form of treatment offered to patients. He said it was important to teach patients skills to enable them to control their condition.

Under-diagnosis, under-treatment, lack of patient education and poor follow-up are the legacy of general practice management of asthma, according to Dr Robert Pearson, a GP and medical tutor at the Asthma Society Training Centre, Stratford upon Avon. He said that much morbidity and mortality exists because of a lack of audit and assessment of quality of care. Dr Pearson said it was important to know what to provide, to whom, when and how, and to record information on identified asthmatics in a register designated for this purpose. He said, 'The route to improvement lies in organized care, personally tailored treatment, follow-up and constant

review and assessment. The essence is to continuously audit the care of each patient'.

Family education in the form of practical guidance was suggested as an area for improvement. Mrs Greta Barnes, a practice nurse in Stratford upon Avon and course director at the Asthma Society Training Centre, said appropriately trained nurses were in a good position to teach asthmatics and families about asthma care. She felt patients often found nurses more accessible than doctors as they had fewer demands on their time.

Mrs Barnes said that before encouraging nurse involvement in the care of asthmatics, it was important for the practice to discuss the pros and cons of a nurse-run asthma clinic, the capability of the nurse and future training needs, the motivation of the nurse and available time and resources. If the asthma clinic was to be a success, the nurse should enjoy working with all age groups and be a good communicator. It was essential for the nurse to have access to the doctor for advice. Mrs Barnes said, 'specially trained nurses can play a major and developing role in the management of asthma in the community. The teamwork approach can create more available practice time and could substantially improve the care of asthmatics in this country'.

The Asthma Society Training Centre

A three day course for practice nurses, including a half-day session for the GP, is available at the Asthma Society Training Centre. Further information may be obtained from the course director at Scholars Lane, Stratford upon Avon, Warwickshire CV37 6HE.

College information folder

The RCGP clinical information folder, *Asthma*, is available from the Central Sales Office at Princes Gate. It contains a clinical booklet, examples of a patient-held record card, a flow chart on management and normal peak-flow meter charts for children and adults. It costs £9.00 to members and £10.00 to non-members (Access and Visa accepted). ☐

Nicola Roberts

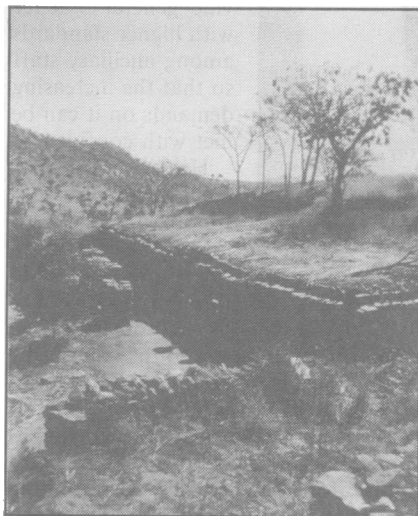
Summer soiree

ON Thursday, 16 June the College played host at the biennial soiree of the joint Medical Royal Colleges. This was held at the Royal Academy of Arts in Piccadilly. Around 800 members and their guests enjoyed an evening viewing of the Academy's summer exhibition over wine and a buffet supper. Guests were welcomed by the president of the College, Professor Michael Drury, and the chairman of the Conference of Royal Medical Colleges, Mr Ian Todd. □

GPs needed for Tigray

THE Relief Society of Tigray (REST) Health Action Group are urgently seeking GPs with surgical experience to work in urban hospitals in Tigray, Northern Ethiopia.

These hospitals are treating casualties of war, and also patients suffering from a wide range of conditions resulting from a lack of public health facilities, drought and famine. There will be a total of three teams sent into the field, including anaesthetists, midwives and nurses with tropical diseases training. The first team will leave on Monday, 11 July 1988 and will remain in the field for three to four months.



Air fares, accommodation, comprehensive insurance, equipment and a personal end of term allowance will be provided, as will a full briefing and option to attend a refugee health care course.

If you are interested in taking up this challenge please contact: Carmel Dolan, REST UK, 27 Beresford Road, London N5 5HS (tel: 01-733 2041). □

Homeless people

A STUDY day on the medical care of homeless people was held at the College on Tuesday, 10 May 1988. The meeting had been arranged by a steering group on which the College was represented, together with the Medical Campaign Project, The National Association of Voluntary Hostels and the Bethany Hostel for Homeless Families. Financial support had been provided by the DHSS and the Kings Fund.

The day began with a series of papers presented by people working with the homeless, and by GPs providing care for them. Models of care were presented from Oxford, Pimlico, Bayswater, the Wytham Hall Project in Paddington, a DHSS scheme in the East End of London, the Bridge Street Project in Newcastle and the Grassmarket Project in Edinburgh. In the afternoon, small groups discussed issues raised by the morning speakers.

The goal for the day was to identify obstacles encountered in providing medical care for homeless people and to share ideas for overcoming these. The intention was to hear about good ideas in practice from around the country. Many points emerged during the day's work, including:

- Medical care offered to homeless people should be of equal quality to that provided to the rest of the population.

- The term 'homeless' implies an homogeneous group of people. This is not so, and the needs of the single homeless living in hostels or in lodging houses will be different, for example, from those of the single homeless living rough on park benches.

- Access to medical care is a major problem and one factor which has a contributory affect is the attitude of doctors and practice receptionist staff, who see the homeless as no-hopers with self-inflicted problems. The homeless themselves have difficulty in conforming to the organization of practices, and often do not understand systems such as an appointments register.

- Speakers indicated that the organization of general practice can be adapted to care for the homeless. However, alternative models of care have had to be developed in some parts of the country: the DHSS has a salaried doctor working in an experimental project in the East End of London; the Grassmarket Project in Edinburgh has a doctor who provides primary medical care by attending a series of hostels for the homeless.

- Homeless families are in a 'catch 22' situation. Problems with accommodation

not only present difficulties in gaining access to medical care. Often, moving boroughs to take up allocated accommodation presents problems in keeping employment in the borough of origin, and in educating children.

To help deal with these problems, participants identified the following areas for improvement:

- a) The establishment of a national network for exchanging information and to promote education for all involved in caring for homeless people.
- b) Student nurses and doctors should obtain experience in caring for homeless people during their basic education if appropriate attitudes are to be encouraged.
- c) Receptionists need training to teach them about the problems of homelessness and how they could be overcome.
- d) More multi-disciplinary training on this topic is needed.
- e) The patient registration system should be reviewed to present less of an obstacle to the homeless in obtaining access to medical care.
- f) Better record systems should be developed, and possibly patients should hold summaries of their medical care, since many homeless people move around a great deal and consult a range of doctors and other professionals.
- g) There is a need for a government initiative directed to the care of homeless people.
- h) The dental care of homeless people is poor and better treatment should be available.
- i) Where local experimental arrangements are set up and demonstrated to be working well, continuity of funding should be ensured.
- j) There should be better liaison at a local level between all who provide care for the homeless. The appointment of a local person with responsibility for co-ordinating services for homeless people could be an important way forward. He/she should have responsibility for publishing a document that informs doctors and other workers about local services and facilities for homeless people. Joint funding (DHA and local authority) could help initiate such appointments.
- k) There is a need for better quality hostel worker training. □

Bill Styles

- At its June meeting, the General Purposes Committee set up a task-force to progress this initiative.

Training receptionists

THE College is currently addressing a problem which has afflicted primary care in this country since the introduction of group practices. Jokes about the 'dragon' in the surgery almost rival mother-in-law jokes, but often the reason why receptionists have been criticized is because they have not been taught how to do the job better. Antagonism and inefficiency at reception can lead to problems in the consultation but ironically, practice receptionists are almost the only members of the health care team for whom some kind of formal training is not available.

The clear need for effective, uniform standards of basic training in reception work was identified in 1984 in the report of the Joint Committee for Receptionists' Continuing Education. This body represents the Association of Medical Secretaries, Practice Administrators and Receptionists (AMSPAR), the RCGP, the General Medical Services Committee (GMS) of the BMA, the Association of Health Centre and Practice Administrators (AHCPA) and the Society of Family Practitioner Committees. In 1986, a series of intensive, in-service training courses were introduced throughout the West Midlands and these were immediately successful. So much so that they spread to Sheffield, Merseyside, South Wales and Edinburgh, and later to Belfast, Newcastle, Leeds and

Glasgow, and many were repeated. These were the 'Ms Piggy' courses which became the test bed for a refined and validated Practice Receptionist Programme (PRP).

In 1987 the team behind 'Ms Piggy' felt that they had developed a package whose benefits should be made more widely available. A publisher was found to provide the training material and the central administration. The RCGP was invited to consider the project, and has since established an editorial board to advise on its direction. The Joint Committee for Receptionists' Continuing Education has recognized that the PRP meets the aspirations of its 1984 report and provides par-

ticipants with certificates. For the first time, receptionists already in service can obtain a qualification that is respected and recognized throughout the country and which acknowledges a uniform level of competence in basic knowledge, skills and attitudes.

The PRP consists of 15 hours of intensive training, usually in six evening sessions, together with many hours of homework. Courses are organized by GPs, practice managers and sometimes by colleges of further education. Each session has a speaker, who may be a doctor, psychologist, FPC administrator, practice manager or pharmacist, and each has a syllabus for their module to ensure uniformity. Participants are given a PRP text-

advisors in general practice and administrators of FPCs and health boards were asked to recruit course organizers and, as a result, PRP courses were held in about 120 locations this Spring. The programme is thus already beginning to fulfil one of its aims — to make training available to receptionists wherever it is needed.

The programme has met with great enthusiasm both by those who want to attend courses and by those who have offered to help run them. At the beginning of December, for example, Essex FPC issued a circular to doctors in order to measure the degree of interest in the PRP, and by Christmas had received 200 applications. As a result, the FPC itself is

running 10 PRP courses around the county. That pattern is being repeated across the country.

What of the future? The College's editorial board is already working on a more advanced course to be made available in 1989. It seems likely that this proven concept will be developed further into administration and management, to provide general practice with higher standards among ancillary staff so that the increasing demands on it can be met with confidence.

However, the immediate need is not simply to take advantage of the basic training now available through the PRP, but to demonstrate the

College's commitment to the concept by ensuring that courses are established locally. Both AMSPAR and AHCPA are advocating an active role to their membership but, as a member of the Joint Committee for Receptionists' Continuing Education, both the College centrally and the faculties have an important part to play.

Further information about the Practice Receptionist Programme and locations of existing courses may be obtained from Radcliffe Medical Press Ltd, 27 Park End Street, Oxford OX1 1HU. Telephone (0865) 790696. □

Michael Drury

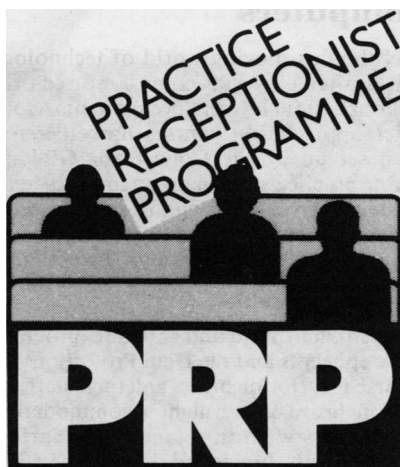


Professor Michael Drury and his receptionists

book, an extensive set of course notes, five homework assignments and, on satisfactory completion of the course, their certificate. There is also an excellent training video designed to provoke discussion on matters of communication and confidentiality.

The PRP was launched in November 1987 and immediately caught the imagination of the national press and radio. It also received extensive coverage in the medical press and during the three months that followed more than 2000 receptionists were sufficiently motivated to write for information about courses in their area. Faculty secretaries of the College, regional

Course material review



Course notes

EACH participant is given a ring binder containing a summary of the contents of each session, a note pad and their homework. A suggested reading list is included at the front of the leaflets within the binder. This list is fairly comprehensive, and while some articles may be held within the receptionist's practice library, it may be necessary to ask the assistance of the practice to obtain publications or photocopied material. The content of the exercises include four core topics which are part of every PRP course. Two out of four other topics may be chosen by the course organizer. The notes are fairly comprehensive and are handed out at the end of each meeting:

NHS

The objective of studying this area is to outline the role of the GP within the NHS. The meeting is unlikely to touch on anything other than on major issues because of limitations on time. The course notes expand on the NHS and its financing. They explain how the practice is paid, and give advice on the completion and submission of claim forms. The course organizer is at liberty to set a small task for homework, or arrange some group work during the session.

Record keeping

The importance of records is outlined, and receptionists are encouraged to become familiar with the record system, and to develop patients' files and registers. Preparatory work for the next meeting is handed out at the end of the evening.

Communication

This important area discusses various ways the receptionist is expected to communicate within the practice. It stresses the need for receptionists to understand both verbal and written methods, and

summarizes a list of potential pitfalls. A small exercise is set for homework, while group work is encouraged if there is enough time.

Ethics and etiquette

The four cornerstones chosen are confidentiality, integrity, confidence and trust. The exercise should reinforce the awareness of the professional role of a doctor's receptionist. The exercise teases out more difficult concepts such as the right to treatment and maintaining confidentiality. A candidate will be expected again to have done some preparatory work, and will be given a short exercise for homework.

Two of the following are selected to complete the subjects covered by the course:

● Prescribing

The exercise discusses the role of the pharmacist, comments on the components of a prescription and discusses repeat prescribing. Course notes explain special types of prescriptions. The preparatory work and homework concentrate on repeat prescribing systems.

● Health team

The receptionist is invited to consider the role of various members of the practice team. Potential problems and management procedures are discussed and the exercise encourages group participation.

● Preventive medicine

General practice is increasingly becoming involved in promoting good health, screening and encouraging patients where appropriate to change their behaviour. The receptionist is invited to complete homework on health promotion prior to the meeting, as well as to complete a multiple choice question.

● Computers

The course notes discuss basic terminology and outline how a computer works. The notes also outline the most obvious and common uses for computers, the advantages of repeat prescribing, screening and recall, listing diagnoses and morbidity. Receptionists are invited to discuss the disadvantages of computerization within a practice.

The video

The video has been designed in two sections: communications and ethics and etiquette. The main purpose of the video is

to encourage discussion. The video can be shown without a break and then be discussed. Alternatively the group may choose to freeze the dialogue at the end of each scene.

The section on communication deals with telephone difficulties. It also looks at problems arising out of poor communication at the reception counter. The section on ethics and etiquette verges on being provocative but attempts to demonstrate the difficult challenges general practice has to face.

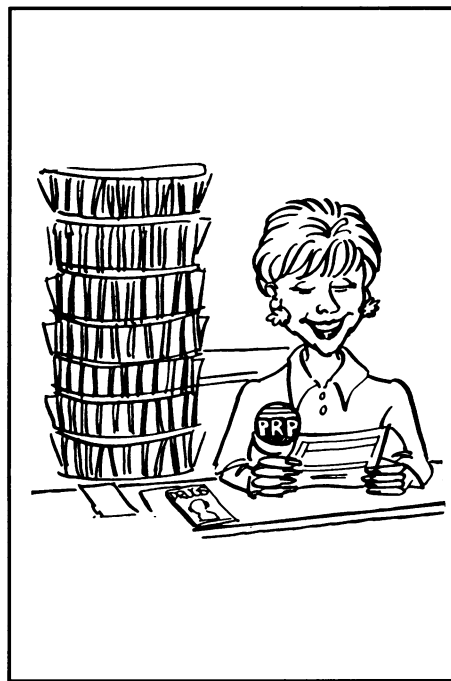
The book

Every entrant to the PRP receives a book written by the College president, Professor Michael Drury. The book is written to complement course material, and may be used for future reference. The text is accompanied by a number of sketches which should allow the reader time to pause and contemplate. A number of questions are posed which again challenge the reader to stop and think. The book includes chapters on patients and feelings, age/sex registers and effective change.

Cost

The fee for the six session course is £69.00 (including VAT). This fee includes all tuition, the textbook, course notes, homework and video, as well as a buffet supper each evening. FPCs will reimburse 70% of course fees. □

David Murfin



Obituary

MARTYNE MANNE BERBER
FRCGP

The death of Martyne Manne Berber on 5 June 1988 has removed from the Irish medical scene a friend and colleague who will be deeply missed.

Manne, as he was universally known, graduated from the University of Dublin in 1952, and began his life in general practice in Churchtown, Dublin in 1955.

Manne was particularly interested in teaching at both under- and postgraduate levels. He was a clinical teacher in general practice and a director of training for the Dublin region of the Irish Institute of General Practice. His ability in this field was evidenced by an invitation to become a visiting assistant professor at the Department of Family Medicine in the University of Western Ontario. He served on numerous committees in both London and Dublin, and had been provost of the East of Ireland faculty and chairman of Irish Council. He was also a ministerial appointee to both the Medical Council and the Postgraduate Medical and Dental Board.

When the Irish College of General Practitioners was being established, Manne played a full part in its foundation and development. At the time of his death, he was vice-president — an honour which would have been followed, I am sure, by many more.

But our loss of a good friend and devoted doctor is small compared to that of his family. Let us hope that the thought that he will not be forgotten will be some comfort to them in their great and premature loss. □

John Fleetwood

Cervical Screening

KERRY, a woman taking part in a 15 minute video, *Cervical screening: the facts*, said 'I must be the only person to win a prize for my cervix. Pity it wasn't an Oscar'.

The video recently won a bronze award in a BMA film and video competition. It was made by Dr Ann McPherson, a GP in Oxford (Thames Valley faculty), and Dr Christine Havelock, a cytologist. It was supported by the Imperial Cancer Research Fund.

The video is specifically aimed at GPs and the practice team and covers the epidemiology and aetiologies of cervical cancer, and looks at ways of improving screening in general practice. Dr McPherson said, 'It's all very well for the DHSS to tell us to get on and do it, but there's no money. What is needed is help in the actual nitty gritty organization and training, as well as better funding'. The video, which is also useful for trainers as a trigger for discussion with trainees, is available from the Department of Medical Illustrations, John Radcliffe Hospital, Headington, Oxford. It costs £29.95 (plus VAT). It may also be hired from Plymouth Films, 33 New Street, Barbican, Plymouth PL1 2NA (tel: 0752 267711) for £5.50. □

● Dr McPherson's book, *The diary of a teenage health freak*, has proved a best seller with teenagers. It is written in the form of a diary of a 14 year old boy who delights in discovering medical facts. It is published by Oxford University Press and costs £2.50. □

Diary dates

Computers

IN the fast moving world of technology, it is often easy to become confused or to feel out of touch with developments. Computer appreciation courses have therefore been set up by the College for GPs and senior practice staff in an attempt to create awareness of current changes in the computer field and also to look at the use of computers in practice settings. Two full days are spent considering, amongst other things, the purchase of a computer, implementing a system, hardware and software, programming concepts and the Data Protection Act. Course fees (for members and their staff) are £175 inclusive of overnight accommodation, or £150 without accommodation. Refreshments, lunch and dinner are included in this fee. The course is zero rated under Section 63. Available dates this year are: 9-10 September, 7-8 October and 4-5 November. Further details are available from the Information Technology department at Princes Gate.

Holiday exchange

Anyone interested in sending their children to Holland as the guests of a GP family in Wierden should read on.

Dr Kees Boot would be happy to have one or more children living with his family as part of an exchange package. Dr Boot's 15 year old daughter and her girlfriend are keen to stay with an English family for their summer holidays, preferably in London or the south coast of England. Their holiday period runs from mid-July to the end of August. Contact Dr Boot at Plantsoenlaan 3, 7642 ED Wierden, The Netherlands (tel: 010 31-05496 75069). □

THE BRITISH POSTGRADUATE MEDICAL FEDERATION

The British Postgraduate Medical Federation has now published its programme of courses for general practitioners for the period September to December 1988. These programmes will be distributed automatically to general practitioners in the National Health Service in the four Thames Regional Health Authorities through their local Family Practitioner Committee.

Any other general practitioners wishing to receive a copy of this programme should forward a stamped addressed envelope, size not less than 9" x 7" to:

The General Practitioners Department
British Postgraduate Medical Federation
Regional Dean's Office
33 Millman Street
London WC1N 3EJ

TRAINING IN ERICKSONIAN HYPNOSIS AND NLP

AN INTENSIVE SIX WEEKEND DIPLOMA COURSE

Date: 3rd of September - 11th of December

Location: St Peters Hospital, Shaftesbury Avenue, London

- Learn Indirect Hypnotic Induction Techniques.
- Learn the latest NLP Communication and Therapeutic Skills.
- Learn Indirect Suggestion.
- Learn Anchoring, Eye Accessing, Sub-modalities etc.
- Learn to work with difficult patients.
- Learn to elicit Hypnotic Phenomena.
- Learn Rapport Building Skills.
- Learn fast and effective hypnotic techniques for helping patients.

This is a skill based course and emphasis is placed on the students' ability to use the skills in general practice. Each student receives a set of six manuals on Ericksonian Hypnosis and NLP.

For a full detailed brochure of this course and others write to: British Hypnosis Research, 37 Eaton Place, Brighton, Sussex BN2 1EG. Tel: (0273) 23467.

EXCHANGE WANTED

AUSTRALIA/ENGLAND

GP in Byron Bay, Northern New South Wales, Australia, wishes to exchange home and practice for same in or around Oxfordshire, Gloucestershire or Warwickshire for 3-6 months period in 1989. For further information contact Lesley Scott — Telephone 0608-810056.