be addressed. Although these are not strictly medical problems, the general practitioner may be the first person approached by the family and he or she must be able to identify sources of support for the family. Care for children with HIV infection must therefore be coordinated and comprehensive, and must consider the needs of the entire family.

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Assessment in general practice

GENERAL practice was the first major branch of clinical medicine to apply theory and principles to the organization of postgraduate medical education and a professional approach to education.

In the 1960s and 1970s general practice was greatly influenced by educationalists and many of the major texts of that era bear the stamp of educational theory. The educational paradigm was simplified by Pereira Gray[1] in 1977 in what he called the 'training triangle', which consisted of three points: aims, methods and assessment. He showed that assessment was not an optional extra but, as reported by the Merrison Committee,[2] 'an integral part of the educational process'.

As postgraduate medical education in general practice evolved it fell neatly into two parts — vocational training for the early postgraduate years and continuing medical education for those established in their career posts.

Aims

In the 1970s the main emphasis in education was on objectives. Most of the royal colleges, and in particular the Australian, Canadian and British colleges, produced lists of targets for medical education in one form or other. In the UK this phase was most clearly seen in *The future general practitioner*[3] and *Occasional paper 6*[4] which brought together educational objectives for child care, geriatrics and psychiatry for general practitioner trainees.

Methods

In the 1980s the emphasis has switched to the various methods of organizing education for general practice. The small group has come into its own, the place of the lecture has been radically reviewed, the literature has expanded rapidly and the technology of educational method has advanced from the early use of audiotapes[5] to an increasing use of video recordings.

The latest addition to the educational method has been the innovation of distance learning through the Scottish continuing learning in practice project (CLIPP) initiative, and the Centre for Medical Education at Dundee is now in touch with about 10 000 general practitioners. The Royal College of General Practitioners has been at the heart of all these developments in method and has contributed notably to many of them.

Assessment

The third point of the educational triangle, assessment, has so far commanded less attention than aims and methods. However, in many ways it is the hardest to tackle.

The College first tackled assessment in 1968 when, through its new examination, it tested the body of knowledge thought to be suitable for entry to membership of the College. Since then, the examination, which began with a mere handful of candidates, has developed steadily, in some years attracting as many as 2000 candidates.

Meanwhile, a second important method of assessment emerged from the Department of General Practice at the University of Manchester, under the leadership of Professor Pat Byrne.[6] This was a system of rating scales which, even a decade later, has no serious rival; certainly there is no system that is used more widely across the British Isles. Nevertheless, the early Manchester rating scales were felt to be in need of improvement and for some years a broadly based working party has been revising and refining them in order to make them a more precise tool for trainers in general practice. The report of this work, *Rating scales for vocational training in general practice 1988, Occasional paper 40,* which again comes from Manchester, includes 23 scales on 10-point ratings with a large number of more detailed subsidiary scales which will enable trainers and course organizers to make more precise judgements about the competence of trainees and their progress during training. The areas of competence range from factual knowledge to various skills, including both consulting and clinical skills. The rating scales provide a new level of sophistication in assessment and their pilot use has proved satisfactory.

There is no conflict between the use of rating scales and the MRCGP examination. The rating scales are a form of continuing assessment which ideally should be fed back to the learner to aid progress during the course, whereas the MRCGP examination represents the end-point assessment of vocational training and is quite rightly carried out by an external body on as objective a basis as possible.

Continuing medical education

From vocational training the College is slowly but inevitably moving towards the even larger challenge of continuing medical education for established principals. How this should be tackled is not entirely clear but it surely has to involve some form of objective assessment based on performance in the practice itself.

The lead was taken in 1973 by the new system of trainer selection in the UK. Regional general practice committees in every

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Impaired renal function–may require a lower maintenance dose. 'Zestril' is dialysable.

Elderly patients–no change from standard recommendations.

Contraindications: Pregnancy–stop therapy if suspected. Hypersensitivity to 'Zestril'. **Precautions:** Assessment of renal function is recommended.

Renal insufficiency; renovascular hypertension; surgery/anaesthesia.

Combination with antihypertensives may increase hypotensive effect. Sometimes increased blood urea and creatinine and/or cases of renal insufficiency if given with diuretics. Minimises thiazide-induced hypokalaemia and hyperuricaemia. Potassium supplements or potassium-sparing diuretics not recommended. Indomethacin may reduce hypotensive effect. Possible reduced response in black patients. Use with caution in breastfeeding mothers. Do not use in aortic stenosis or outflow tract obstruction or cor pulmonale. **Side effects:** Dizziness, headache, diarrhoea, fatigue, cough. Less frequently, nausea, rash, palpitation, chest pain and asthenia.

Rarely angioneurotic oedema and other hypersensitivity reactions; renal failure; symptomatic hypotension (especially if volume-depleted); severe hypotension (more likely if severe heart failure). **Product licence numbers and basic NHS costs:** 'Zestril' 2.5mg (29/0208) 28 tablets, £7.84. 5mg (29/0204) 28 tablets, £9.83. 10mg (29/0205) 28 tablets, £12.13. 20mg (29/0206) 28 tablets, £20.96. 'Zestril' is a trademark.

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region were charged with the task of selecting trainers for a limited period not exceeding five years. By the early 1980s Schofield and Hasler[7] and Pereira Gray[8] were reporting measurable progress in the selection system and some quite elaborate documents have since been produced.[9]

By 1985 Baker[10] showed that the system of trainer selection was working, at least in some regions, and that principals in approved training practices carried out more medical audit, preventive medicine, teamwork and in-practice evaluation than controls from the same region.

Against this background there has been a need for a detailed review of the principles and practice of assessment and quality with particular reference to practice visits and practice assessment. Baker visited the doyen of quality, Professor Avedis Donabedian, at Ann Arbor, Michigan, USA and in *Practice assessment and quality of care, Occasional paper 39,* he provides an extensive review of the literature and offers useful background information against which some of the important organizational developments described above can be understood.

Progress in general practice inevitably demands a marriage between theory and practice and the logic of some of the College's recent moves is underpinned by the theoretical analysis provided in this occasional paper.

Conclusion

The fundamental object of the College, enshrined in the Royal Charter, is to 'encourage, foster and maintain the highest possible standards of general medical practice'. For the first 30 years of its existence the College worked largely by encouraging and fostering. The maintenance of standards by assessment, particularly among established principals, is likely to be harder but the task provides a challenge which should attract both the interest and involvement of all members of the College during the years ahead.

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Practice assessment and the quality of care, Occasional paper 39 and *Rating scales for vocational training in general practice 1988, Occasional paper 40* are available from the Central Sales Office, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, at a price of £5.00 each, including postage. Cheques should be made payable to RCGP Enterprises Ltd. Access and Visa are welcome.