

NEWS

Editor: Nicola Roberts

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September council meeting

THE fifth meeting of the 1987/1988 council was held at Princes Gate on Friday, 16 and Saturday, 17 September.

The College standard

The president, Professor Michael Drury, announced that as it was the last meeting of council he would be attending, he wished to present the College with a flag embroidered with the coat of arms. He said that this College standard should be flown on significant College occasions.

The chairman, Professor Denis Pereira Gray, thanked Professor Drury for his gift and on behalf of council paid tribute to his enormous contribution to the work of council and the College during his three years of office.

The standard flew from the flagpole throughout Saturday, 17th September.

The white paper response

Dr Bill Styles, the honorary secretary, reported that the College's response to the government's white paper, *Promoting better health*, had been circulated to faculties and interested organizations. Two topics which were still under consideration were research and education. The intention is for a College strategy to be developed in these areas. Comments from faculties are to be invited and council members were invited to send in their views.

The North East Thames region

Dr Bill Styles reported to council that the College had established a mechanism for



Professor Michael Drury presenting council with the college standard

visits to individual trainers in the region seeking College recognition for their trainees to sit the MRCGP examination.

Churches Council for Health and Healing

Dr Michael Sheldon, the College's representative on the joint working party of the College and the Churches Council for Health and Healing, introduced the working party's final report.

Over a two year period the working party had considered 'whole person medicine', looking at ways in which patients' personal faith could help the healing process and how the clergy and medical profession could work together.

Council agreed that the report should be distributed to faculties and divisions and committees of council for their comments.

Pricing of alcohol

Council considered a motion from the North of England faculty:

'This faculty is concerned about the possible implications to our patients' health of the harmonization of the fiscal frontier controls throughout the European Community in 1992. One prediction is that, as a consequence of reduced indirect taxation, alcohol consumption will rise by 39 per cent and cigarette consumption by 4 per cent. We urge council to consider this issue and take whatever action is deemed appropriate.'

The honorary secretary of council informed the meeting that this was in line with a submission to the European Parliament Economic and Social Committee from the Conference of Medical Royal Colleges expressing concern about the increased availability of alcohol and tobacco which had been endorsed by GPC at its August meeting.

Fetal research

Council considered a letter from the Committee to Review the Guidance on Research Use of Fetuses and Fetal Research inviting College views on the Recommended Code of Practice.

Council felt that this was a complicated issue which required more thorough consideration before replying to the Department of Health, and agreed that the matter should be considered further by the Clinical and Research division and the Committee on Medical Ethics.

Referral system

Council considered a paper written by Dr Marshall Marinker on the referral system. This subject had been referred to council

by GPC after the latter had discussed the consultation paper on restrictive trade practices and correspondence with the Monopolies and Mergers Commission. The issue had also been discussed at the Conference of Royal Colleges.

Dr Marinker's paper set out the arguments for the referral system both from the point of view of patients and the profession as a whole. Council felt that the document should be made widely available to the profession and the general public.

Faculty scholarships

The Services to Members and Faculties division put before council a paper setting out revised suggestions for the operation of faculty fellowships which had originally arisen as a result of a resolution from the Midland faculty at the 1987 spring general meeting.

Council approved the introduction of faculty scholarships with effect from the next financial year. The aim of the scholarships would be 'to encourage local activities, planned and supervised by the faculties, by supporting studies which will improve the quality of care to patients'.

The Mental Health Act and GPs

Council considered a circular from the Department of Health setting out guidance on approval of GPs under Section 12 (2) of the 1983 Mental Health Act together with comments from Dr Robin Steel.

Dr Steel had developed the suggestion in the circular that regional working parties be established with responsibility for appointing GPs under Section 12 (2). Council felt the regional adviser in general practice would be a useful addition to the proposed team.

NHS Health Advisory Service

Council discussed a letter from Professor Philip Seager, director of the Service, inviting the College to comment on ways in which GPs could be more closely involved in Health Advisory Service visits to health districts and in particular in relation to the development of mental health teams and the role of community psychiatric nurses.

Council felt the letter opened up the possibility of a dialogue between the College and the Health Advisory service which should be welcomed.

The next meeting of council will take place on Saturday, 12 November 1988 after the annual general meeting in Kensington Town Hall.

MRCGP update

Feed-back

FROM December 1988 it is hoped that all candidates will receive a record of the marks they obtain in each section of the examination. Until now this information has only been available on request. It is also hoped that each regional adviser will receive a record of the performance of candidates, as a whole, from their particular region on a regular basis immediately after the conclusion of each examination.

Cardio-pulmonary resuscitation

Following a decision taken by council at its meeting on 17 September all candidates taking the MRCGP examination from May 1990 onwards will be required to produce evidence of proficiency in basic cardio-pulmonary resuscitation (CPR). It is anticipated that a standardized assessment form will be given to each candidate who applies to take the examination and this will be completed by an accredited examiner in basic life support. A new manikin is currently being introduced which gives a print out of the examinee's CPR skills and this should become widely available in the coming year. In due course, a list of testing centres will be available to candidates for the examination.

College chaplain

THE Rt Rev George Reindorp has decided to retire from his position as College chaplain. Bishop Reindorp was invited by Lord Hunt in 1963 to accept the post of honorary chaplain. He was later invited by Dame Annis Gillie to write the College Grace:

*God be praised for food and friends
Inspire our skills
Kindle our compassion
Amen*

During the last meeting of council in September, the College's president and the council thanked the Bishop for his spiritual guidance.

The Rt Rev David Bartleet, The Bishop of Tonbridge has accepted the president's invitation to serve as College chaplain.

Caring for the elderly

THE College's Clinical and Research division recently set up a working party to examine the health care of older people in the community. The working party members, Professor Idris Williams (chairman), Dr Charles Freer, Dr Graham Buckley and Mrs Sally Greengross (director of Age Concern), plan to publish their report early next year. The intention is that a wide review of the subject will be presented together with a critical analysis of available care options.

Quality of care is seen as the starting point, and the principles outlined in the College's *Occasional paper No 35, Preventive care of the elderly*, will be important when considering the principles of community care for older people. The opportunity presented by the changing patterns of need in old age will be explored, as will the services old people themselves feel they require from their GP.

The working party will also consider the special position of carers in the community. An initial review of problems encountered when caring for the elderly in

the community has shown that there are many areas of uncertainty: prevention, prescribing, hospital discharge procedures, variation in referrals and the role of routine visiting are but a few examples.

It is clear that there are many different approaches to the care of old people and *Preventive care of the elderly* described interesting new initiatives. There is a likelihood that the working party's report will not be able to list definitive guidelines, but an attempt will be made to outline what is good care whilst accepting the realities of workloads in general practice.

The working party would like to receive as many opinions and comments as possible about what constitutes good care and ways in which this care can be delivered. Of particular interest will be new and successful innovations. It is also hoped that a wide variety of interested organizations will be consulted. Please send comments to: Professor E I Williams, Department of General Practice, Queen's Medical Centre, Clifton Boulevard, Nottingham NG7 2UH. □



1989 GMC elections



THE next meeting of the General Medical Council (GMC) in November will have on its agenda arrangements for the 1989 elections which are scheduled to take place in the summer of next year. As nomination papers will be available in January 1989, perhaps now is the time for GPs interested in participating in the work of the GMC to consider standing for election.

The GMC is divided into four constituencies, England (including the Isle of Man and the Channel Islands), Scotland, Wales and Northern Ireland. Nominees for election to the GMC council must be registered in one of these constituencies and he or she must be formally nominated by six other medical practitioners. Of the 50 elected council members, 30 represent England,

six Scotland, three Wales and two Northern Ireland.

The term of office for elected GMC members is five years with council meetings occurring twice yearly. As is usual with such organizations, much of the GMC's work is handled by committees such as the finance and establishment committee, the committee on standards of professional conduct and on medical ethics, and the health committee. College representatives have contributed extensively to the work of the various committees and have taken opportunities to express College policy. College representatives currently include the president, Professor Michael Drury, Dr Donald Irvine who is chairman of the committee on standards of professional conduct and on medical ethics, and Dr John Fry who is chairman of the GMC's finance and establishment committee. □

Make children a priority



THE British Paediatric Association (BPA) is celebrating its diamond jubilee this year, and to mark the event the BPA is mounting a campaign to increase awareness of the needs of children at home and in the community and of the health services available for children. In particular, the BPA is keen to reach the general public as well as members of the caring professions. The Association hopes to mount an open day in districts around the country to include exhibitions from medical and nursing bodies and relevant local charities. Further information is available from the information

officer at the BPA in London (tel: 01-486 6151). □

The College's Clinical and Research division is hoping to form a joint working party with the BPA and the NSPCC for the development of a clinical information folder on the subject of child abuse.

Blackie memorial lecture

THE Blackie Foundation Trust will be holding its fourth memorial lecture at 5.30pm on Tuesday, 15 November at the College in the presence of HRH The Princess Alice, Duchess of Gloucester.

This year's lecture will be given by Professor Paul Turner of the clinical pharmacology section at St Bartholomew's Hospital. The lecture is entitled 'Is there a bridge between homeopathy and conventional medicine?'. Admission will be by ticket only. These may be obtained from: Dr Anita Davies, Trust Administrator, 101 Harley Street, London W1N 1DF Tel: 01-580-5489. □

National asthma day

A NEW group which was formed earlier this year has been generating interest amongst GPs keen to share ideas on caring for patients suffering from asthma.

The General Practitioners in Asthma Group hopes to improve the care received by people suffering from asthma. So far, 150 GPs from around Great Britain have joined and the group would like to hear from more GPs and trainees. Membership is free.

The group's first national meeting is to be held on Saturday, 26 November 1988 at the Metropole Hotel in the National Exhibition Centre, Birmingham. Registration will take place from 9 am to 10 am and the meeting is expected to finish at about 5 pm. The day will comprise two short lectures given by GPs with a special interest in asthma, and the remainder of the day will include poster sessions, small group discussions and a presentation of work prepared by delegates prior to the meeting.

Anyone interested in joining the group and/or attending the meeting should write to Mr Paul Turner, Prism International, Pinewood Studios, Iver Heath, Bucks (tel: 0753 656707). A report of the meeting will appear in a future issue of *News*. □

Data standards

A COMMITTEE recently set up to help GPs using either the AAH Meditel or Vamp 'no-cost' computer systems is now ready to receive enquiries and complaints from users about standards of data extraction from general practice computer systems.

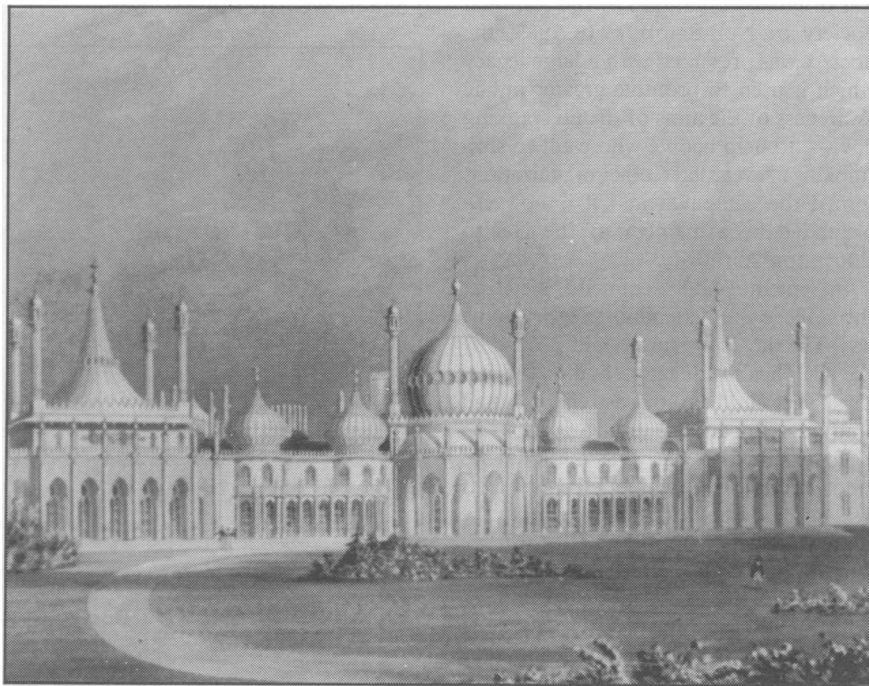
The Committee on Standards of Data Extraction (COSODE) has adopted as its code the *GMSC/RCGP guidelines for extraction and use of data from general practice computer systems by organizations external to the practice*. The committee aims to ensure that contracts with commercial organizations either incorporate the guidelines or are compatible with them.

The committee comprises representatives from nine organizations including the College, the General Medical Services Committee and the DHSS. All correspondence should be addressed to: The secretary, c/o the GMSC, BMA House, Tavistock Square, London WC1H 9JP. □



'Stop! They've got diplomatic immunity...'

Brighton 1989



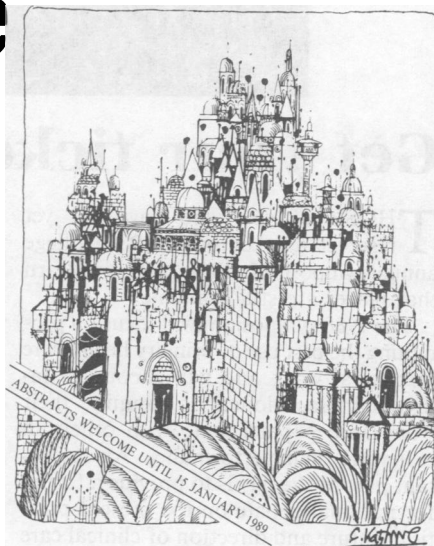
Nash view - east front of the Royal Pavilion

World conference on family medicine

THE World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA) is holding its 12th world conference in Jerusalem from 28 May to 2 June 1989.

The 1989 conference theme is 'Universal issues in family medicine'. Over the course of the meeting, four universal issues will be considered: the patient, the doctor, the family and the practice and the community.

Plenary sessions ask questions such as 'What should we know about our practice population?' and 'Is the family a unit of care?'. □



THE 1989 College spring meeting is being hosted by the South East Thames faculty in Brighton from 7 to 9 April. The following is intended to whet your appetite!

Brighton is an extravaganza of pinnacles, piers and promenades and is an exhilarating town of spectacular contrasts. Interestingly, in the mid-18th century, Dr Richard Russell of Sussex proclaimed the value of sea-bathing and sea-air and earned the town its contemporary nickname of 'Dr Brighton'. Brighton has since become a renowned conference centre and is admirably equipped, academically and socially, for such a role.

The University of Sussex has been chosen as the venue for the spring meeting's academic programme, and Henry Holland's famous Royal Pavilion is to be the setting of a major social event.

In 1989, the faculty will be moving away from the traditional format of past spring meetings. We will be introducing small group discussions and will encourage debate. We also wish to promote individual contributions rather than organizing a programme of formal lecturing. We hope to make the learning process stimulating by encouraging the sharing of ideas, research from GPs and faculties all over the country. An emphasis will be placed upon the need for continuing education of the GP for his own benefit as well as that of his patient.

Friday's session will address the wider social, medical and political issues of our time. This will include a controversial question time about the future of primary health care with a panel including politicians and patients' representatives. On Saturday we try to answer the question 'How are we going about it?', and present local faculty attempts at improving the teaching and learning processes in general practice.

Sunday will follow tradition with the College's official spring general meeting, closing with the William Pickles lecture and lunch.

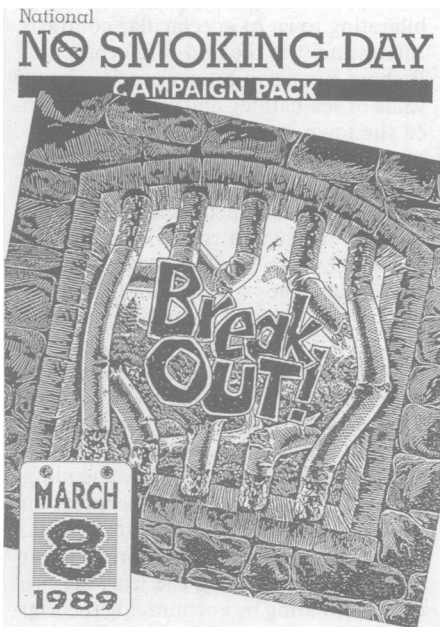
The alternative/social programme will include sightseeing tours of historic places, areas of interest and shopping expeditions. We are also providing an opportunity for discussion, debate and questions with an arranged lecture programme given by guest speakers.

The evening social events will be varied and should appeal to all tastes. They range from a civic reception to be hosted by the mayor at the Corn Exchange and followed by a banquet at the Royal Pavilion, to a more relaxed supper and jazz band at the unusual venue of a steam museum.

The formal programme and booking form will be included in next month's edition of the *Journal*. Please join us at Brighton in April 1989. □

**Yvonne Ankrett
Ian Williams**

An exercise in mass prevention



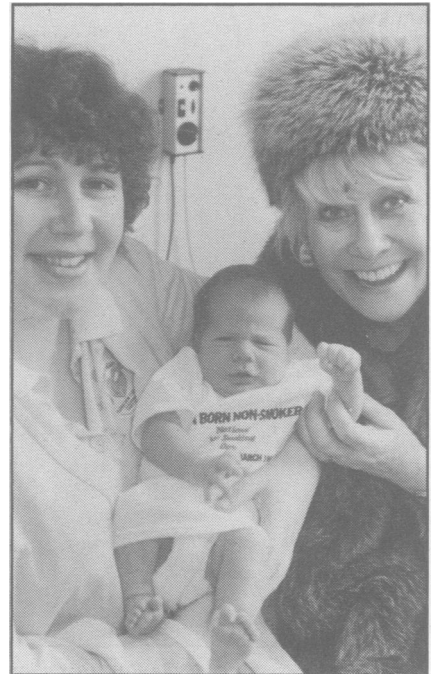
RESULTS from evaluation surveys undertaken by the organizers of last year's national no smoking day indicate that over 2.5 million people participated. Research has also shown that around 50,000 of these people may have stopped smoking for good.

The annual national no smoking day was originally organized by the National Society of Non-Smokers. In 1983, the Society was presented with a large legacy which it used to promote greater public awareness of the aims of the no smoking day — 'to help people who want to stop smoking'. A year later, other organizations joined the campaign and it is now co-ordinated by a member of the Health Education Authority.

In September 1987, council agreed that the College should lend its support to the day. The day is organized and funded by the UK's health education bodies, the major cancer and heart disease charities and smoking education organizations.

To ensure that the 1989 national no smoking day on 8 March is an even bigger success than its predecessors, the organizers need support at a local level. They have produced a campaign pack which provides a guide to the day and advises on how to support smokers wishing to break the habit. The pack contains a host of ideas for activities, background facts, publicity material and general information on how to promote awareness of the day and its objectives. It is available free of charge from: Ms Judith Watt, National No Smoking Day Co-ordinator,

HEA, Hamilton House, Mabledon Place, London WC1 (tel: 01-631 0930). □



The Coronation Street actress, Liz Dawn, at the Pontefract maternity unit on national no smoking day 1988. With her, a 'newly born non-smoker'

Overseas exchange

A GP in Western Australia is looking for someone to swap jobs and homes with for a period of about six months.

Dr Edmund Olszewski works in a two-man practice in the foothills of Perth. The practice is in a rapidly growing area with a young population and has easy access to specialized medical and paramedical facilities. In an average week Dr Olszewski sees about 150 patients.

The exchange would include accommodation and cars. Dr Olszewski lives in the 'hills' area of Perth, about 20 minutes from the city centre. His house has five bedrooms, two bathrooms and is situated in over an acre of land. Dr Olszewski has three young children, and is looking to exchange with a similar family. Further information may be obtained from Dr Olszewski at 5 Maude Place, Lesmurdie 6076, Western Australia. □



Get your tickets...

THOSE of you who have not yet reserved a ticket for the 1988 College annual symposium will be pleased to learn that places are still available.

The 1988 symposium will focus on promoting the best use of primary health care in clinical work and will encourage individual practitioners to examine their work and to participate with others in reviewing their performance. An important part of the day is to provide a forum for national debate on the present position, future and direction of clinical care and assessment in general practice.

Doctor Bob Colville, as chairman of the College's Education division has been invited to prepare the programme for this year's symposium which should reflect a significant part of the college's ongoing commitment to continuing medical education, assessment and peer review: Dr Colville will be writing a report of the day in a future issue of *News*.

The symposium is being held at St Ermins Hotel in Westminster, London on Friday, 11th November. Further information and application forms are available from Kevin Terry at Princes Gate. □

The Jekyll and Hyde myth



A NEW charity has been established to correct the myth surrounding schizophrenia sufferers that they are violent people harbouring 'Jack the Ripper' tendencies. Schizophrenia - A National Emergency (SANE) was set up two years ago to fund research work and to provide services for sufferers.

Current research into schizophrenia indicates that the illness is biochemical or genetic in origin, and may be brought on by stress. Dr Hugh Gurling at the Middlesex Hospital has identified a gene that may cause schizophrenia and similar results have come out of research undertaken by the Clinical Research Centre at Northwick Park, Middlesex.

According to Professor John Wing, director of the social psychiatry unit at the Medical Research Council, schizophrenia destroys more families than any other serious illness in this country today. Not only is it extremely difficult for families to cope with the day-to-day problems of a relation who is suffering the torment of hallucinations, hearing voices and experiencing feelings of persecution, but families may be anxious that they are in some way responsible for that person's condition. The stigma attached to mental illness can thus be compounded by feelings of guilt.

Figures produced by SANE show that schizophrenia affects a large proportion of the country:

- one in every 100 people will be diagnosed as having schizophrenia at some time in their lives
- two out of three of those people will never be free of it
- 250,000 people suffer from schizophrenia in Britain today

In an attempt to increase awareness of the illness, SANE is undertaking a publicity campaign to be launched by 'Walk the world for schizophrenia'. Around 100 walks of five miles each will be taking place throughout the country with the total number of miles walked exceeding the circumference of the world. For further information of this and the work of SANE, please contact: SANE, 5th floor, 120 Regent Street, London W1 (tel: 01-434 0150).



Enuresis project

A national enuresis project based in Bristol has been set up to act as an information and resource centre for parents and professionals. Ms Sue Dobson, the centre's director, explains its aims.

Nocturnal enuresis, or bedwetting, is an embarrassing and stressful problem for almost a quarter of a million children in England and Wales between the ages of six and 16 years. Despite considerable research, there is little agreement on why some children fail to learn bladder control, or once learnt, lose it again.

Something can be done to improve this difficulty. However, many parents are uncertain about where to go for advice or are reluctant to seek help. Professionals (doctors, health visitors, school nurses, psychologists, social workers) are advising on the management of the problem in a variety of ways. However, as many work in isolation, information is often not shared and good practice can pass unnoticed.

The Enuresis Resource and Information Centre (ERIC) hopes to increase public awareness of enuresis and its management, initiate research and improve resources and training for professionals. It also intends to make the help that is

available more accessible to parents. The Children's Society is providing three year's funding for this project, which has been established in association with the Institute of Child Health, Bristol.

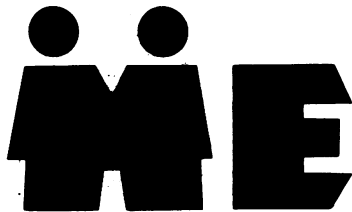
ERIC will be launched nationally during the week 14 to 18 November 1988. This launch is primarily for parents and will publicise:

- a new leaflet on enuresis for parents
- a new booklet for children entitled *Eric's wet to dry bedtime book*
- the treatment facilities database, with details of all enuresis clinics and specialist professionals in England and Wales
- the first edition of a newsletter for parents and children which includes articles written by professionals, a problem page and a 'children's corner'.

During the spring of next year, a new information pack on enuresis will be published intended for use by the professions.

If you would like more information or would like to share your ideas on helping sufferers, please contact at the Enuresis Resource and Information Centre at: 65 St Michael's Hill, Bristol BS2 8DZ (tel: 0272 264920).

The Myalgic Encephalomyelitis Association



MYALGIC encephalomyelitis (ME) or post viral syndrome is a non-specific disorder following a viral illness, the dominant feature being abnormal muscle fatiguability and weakness. There is often generalized malaise, myalgia, gastro-intestinal disturbance and various psychological symptoms including emotional lability and problems in concentration and memory. The illness affects both sexes and all social groups with peak incidence in the age range 30-40.

Recently ME has received wide media coverage and most GPs will have had patients enquiring whether ME could be the cause of their undiagnosed ill health. A consequence of press publicity has been that some people have diagnosed themselves as having ME even before other possible causes of their symptoms are fully excluded. The Myalgic Encephalomyelitis Association recognizes the dangers in this and believes that a diagnosis from an informed doctor is both much safer and more supportive for patient management. With publicity highlighting cases of misdiagnosis or

mismanagement it is hardly surprising that some patients and doctors feel attacked, misunderstood and rather wary of each other.

The feeling within the Association is that it is time to move away from the labelling of sufferers as 'yuppies', 'malingerers' or 'difficult' patients. Equally, the assumption that most doctors are unsympathetic or dismissive of ME is unconstructive and often mistaken. The Association has found that many more doctors now recognize ME as being a genuine and distressing condition.

Both patient and GP may experience difficulties in dealing with ME. From the GP's point of view, diagnosis is complicated where there is a pre-existing medical condition. While there is no laboratory test that proves a patient has ME, it is usually recognized by elimination of other possible causes, the clinical picture and the GP's existing knowledge of the patient. The nature of ME and the absence of curative medical treatment may present the GP with a difficult management problem and may bring an uncomfortable sense of helplessness. The Association believes the role of the doctor is important, particularly in terms of providing reassurance, reliable information on the illness, and supportive treatment.

From the patient's angle, he or she will probably know of the hysteria label once given to ME and will be aware that others in primary health care with affective disorders present with a similar group of

symptoms to his or her own. Their sensitivity to a psychiatric diagnosis may carry over into a reluctance to accept or discuss the psychological components of the illness, even though intellectually the patient may understand the mind/body link in any continuing disease process. Under these circumstances, a GP referral to exclude a psychiatric cause or the prescription of antidepressants or anxiolytics may either be refused or perceived as being a personal weakness.

The Myalgic Encephalomyelitis Association has over 2,500 members and operates on a voluntary basis. Through its local network of self-help groups, the Association hopes to provide support to sufferers, their carers, family and friends. It is keen that GPs should encourage ME patients to get in touch with their local group. □

Andrea Collingridge

Andrea Collingridge is a medical social worker and welfare officer of the Association. She once suffered from ME and says, 'At a time when little was known about ME, my own GP was open minded, listened and reassured me as I learnt to pace my life and manage my illness. My recovery is her achievement as well as my own'. A booklet, *Diagnostic and clinical guidelines for doctors*, is available from the Association, PO Box 8, Stanford-le-Hope, Essex SS17 8EX (tel: 0375 642466).

CLASSIFIED ADVERTISEMENTS

APPOINTMENTS

TRAINEE VACANCY – DEVON

From January/February 1989

Four Doctor practice in new surgery, computerised, full health care team. Practice Leaflet and Annual Report available on request.

C.V. with application to: Dr John Wilson, Wooda Surgery, Clarence Wharf, Bideford, N. Devon EX39 4AU.

GENERAL PRACTITIONER

A vocationally trained general medical practitioner is required, as soon as possible, to join a National Health Service practice in rural Lincolnshire. Commitment to people and a willingness to work will earn excellent professional prospects and a rich quality of life.

Further details from Mr G. Baker, Practice Manager, 74 Tinkle Street, Grimoldby, Louth, Lincolnshire LN11 8TF.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

DIPLOMA IN CHILD HEALTH

The Diploma in Child Health is designed to give recognition of competence in the primary care of children and is particularly suitable for general practitioners and clinical medical officers.

The next examination will be held on Tuesday 31st January 1988. Application forms and the necessary documentation and fees must reach the College by Friday 9th December 1988.

Experience of twelve months in the care of children is recommended before candidates apply to sit the examination.

Further details and an application form may be obtained from:

The Examinations Office
Royal College of Physicians of London
11 St Andrew's Place
Regent's Park
London NW1 4LE.