

of conflicts that occur between the community and the hospital.

As with any new scheme or idea, problems are encountered. Assessment of patients by doctors of house officer grade, prescribing by pre-registration doctors and lack of continuity of care for patients are the three problems most often mentioned by those introduced to the idea for the first time. In practice, these and other problems are largely surmountable by the availability of the partners, the house officers' appreciation of their increased responsibility and regular discussion between the partners and house officers.

Those people who have heard about the scheme vary, from those who feel all doctors should rotate to a post in the community to those who feel that any time spent out of a hospital during the pre-registration year is completely unacceptable. At present, my own view lies somewhere in the middle. I do not believe that all house officers would want to spend time in general practice and not all general practices would want house officers. Even if it were possible, such schemes should not be compulsory as their success depends largely on the enthusiasm of the house officers and general practitioners involved. However, there are real benefits for the individual house officers, for the practices and for health care in general. Where the enthusiasm exists the scheme can and does work. The impetus for the establishment of such schemes is likely to have to come from general practitioners themselves.

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Knowledge of health issues among Asian and white schoolchildren in Glasgow

Sir,

Asians (people originating from the Indian subcontinent) in the UK have been shown to have different morbidity and mortality rates to whites.¹⁻⁴ However, comparatively little has been written on health and related issues concerning Asian teenagers.

In 1986 I undertook a self-completion questionnaire survey of 385 13- to 16-year-old schoolchildren at three Glasgow schools to study a number of health and social issues. These included questions about their general practitioner; their own health; and knowledge about two health

campaigns in Glasgow — 'Glasgow 2000' and 'Good hearted Glasgow'. In the sample there were 191 Asian and 194 white schoolchildren, matched by age and sex.

The response rate among Asians was 182 out of 191 (95.3%) and among whites 180 out of 194 (92.8%). The overall response rate was 362 out of 385 (94.0%). The responses were consistent with a preliminary interview study and the administration of questionnaires to schoolchildren in school is a reliable and valid method of data collection.

The response to questions on health and health services are shown in Table 1. Asian schoolchildren were significantly more likely to know their general practitioner and recall his or her name than their white peers were. One explanation is that Asian children are used as interpreters by parents and other relatives in consultations with general practitioners. Certainly the need for professional health interpreters in Glasgow has been documented (Gardee MR, Greater Glasgow Health Board internal communication, November 1986).

Table 1. Percentage responses to questions on health and related issues.

	Asians (n = 182)	White (n = 180)
1. Know own GP	91.1	77.5***
2. Consulted GP in past 2 weeks	17.3	17.9
3. Take regular medication	17.1	13.0
4. Have anxieties about health	21.4	18.1
5. Know about 'Good hearted Glasgow'	4.4	5.1
6. Know about 'Glasgow 2000'	16.1	25.3*
7. Regard NHS as something to be proud of:		
Yes	53.9	40.4*
No	15.0	21.9*
Don't know	31.1	37.6*

n = total number of respondents. *** $P < 0.001$; * $P < 0.05$; Asians versus whites.

Over one in six schoolchildren in both groups had consulted their general practitioner in the two weeks prior to the survey and similar proportions were anxious about their health including worries about weight, height and death. One in six Asians and one in eight whites took prescribed or non-prescribed medications regularly — mostly vitamin pills.

Relatively small numbers of children knew about 'Good hearted Glasgow' because the study was undertaken shortly after its launch in May 1986. Significantly fewer Asian than white

children knew of 'Glasgow 2000' but both proportions were relatively low for a community based smoking prevention campaign then in its third year.

More Asian schoolchildren thought that the NHS was something to be proud of than their white peers did. This may be due to an awareness of the benefits of a state health service fostered by their parents who would be aware of the shortcomings of medical care on the Indian subcontinent.

The information from the survey indicates that race and ethnicity of children should be taken into consideration when providing primary health care and health education.

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Continuing medical education

Sir,

The 1989 spring conference of the Royal College of General Practitioners is to have continuing medical education as its theme. Continuing education is part of a learning experience involving keeping up-to-date with appropriate knowledge and skills and fostering the right attitudes. The focus at present is practice based learning for the entire team and bringing about behavioural change. Drury¹ has remarked on the higher uptake of distance learning, audit within practices and small group activity while Ridsdale² rightly points out that the work of a general practitioner may make continuing learning difficult.

The appointment of course organizers with special responsibility for continuing medical education will facilitate the educational needs of general practitioners particularly those who are isolated. It is encouraging to see the creation of fellowships by the MSD Foundation to develop initiatives, innovative workshops, courses and research in continuing education.

Saville³ has commented that accountability in medical education provides an opportunity for general practitioners to show they can manage their own continuing medical education effectively. The