are the group most likely to benefit from doctors having easier access to their medical records.

RICHARD D. COLEMAN

Cowl House
Bransdale, Fadmoor
York YO6 6JW

Can general practitioners counsel?

Sir,

Dr Shepherd's spirited response (Letters, July *Journal,* p.304) to our discussion paper demands a reply. Our emphasis on the distinction between counselling and counselling skills was not meant to avoid the issue of whether 'talking therapies' constitute effective modes of treatment, nor to ignore the importance of evaluating their cost effectiveness. Counselling is not self evidently beneficial and while there is more than anecdotal evidence to support the effectiveness of counselling in general practice[1] I agree that there is a need for further research and evaluation.

While counsellors may have a vested interest in perceiving their work to be effective I must take issue with Dr Shepherd's suggestion that the harmful or negative effects of counselling may be recognized more reluctantly by counsellors than by general practitioners, who are legally responsible for the counsellors to be trained and supervised in their work. Training enables counsellors to assess which patients may benefit from the particular help the counsellor has to offer; supervision by a disinterested party helps to promote effective counselling and to protect against damaging consequences. A major reason for our distinguishing between counselling and the use of counselling skills was to protest against 'counselling' taking place without adequate safeguards in the form of training and supervision.

Counselling has become a trendy panacea: if someone is present at a disaster, is depressed, or is having problems at work then someone else (no matter who) should 'counsel' him or her. In our paper we aimed to emphasize that counselling is a helping process underpinned by the core skills of listening, empathizing and reflecting, and that it is a process not to be undertaken lightly and without training. It is undoubtedly a process which would benefit from further research and debate.

NANCY ROWLAND

Centre for Health Economics
University of York, York YO1 5DD

Reference

1. Martin E. Counsellors in general practice. *Br Med J* 1988; **297**: 637-638.

Sir,

The point made by Dr Cocksedge questioning the feasibility of prolonged counselling by general practitioners (Letters, August *Journal,* p.347) raises important issues regarding what our branch of the profession should really be concerned with. It reflects the teaching of Michael Balint who urged us to try to tune in to all our patients, not just the favoured few selected for classical psychotherapy.[1,2] Being all things to all men and women is hardly possible, but aiming for it may widen our responsiveness to patients who are seeking our help.

We are gradually moving towards patient-centred medicine, realizing that our patients are greater than the sum of their medical parts. We are no longer obsessed with just making people better; caring seems as important as curing. Somehow we have to integrate all these positive qualities: to combine being a competent body technician with being a guide, philosopher and friend.

JACK NORELL

50 Nottingham Terrace
Regents Park, London NW1 2QD

References

1. Balint M. *The Doctor, his patient and the illness.* London: Pitman Medical, 1957.
2. Balint E, Norell J. *Six minutes for the patient.* London: Tavistock Publications, 1973.

Fellowship by assessment

Sir,

Most members are uninterested in the internal politics of the College but we ought to take an interest when the future of the College is affected, for example by the changes now being proposed for fellowship.

Fellowship was created without too much thought for its function within the College and, as numbers grew, this lack of clarity led to discrepancies in the way different faculties interpreted its purpose. The confidentiality required in the preparation and assessment of proposals for fellowship led to rumours of favouritism and nepotism. The variation in the proportion of fellows in different faculties — 2.1% to 12.8% in 1974; 6.4% to 18.3% in 1987 — did nothing to dispel doubt about the value of the fellowship. Reform was required and in due course the committee on fellowship agreed certain recommendations. However, as a result of internal politics these recommendations have been marginalized in favour of a fellowship by assessment, the nature of which is as yet undefined.

We should pause now, however, and consider whether to strengthen the committee on fellowship, reform a fellowship by distinction, and maintain a standing committee independent of the general purposes committee in the College's constitution, or allow the present move towards fellowship by assessment.

The latter option will lead the College to disaster. By purporting to define the best in general practice, we would be sucked further into the political situation in the National Health Service. Each centrally agreed criterion on which a fellowship by assessment would be awarded will become an issue over which the next battle for remuneration will be fought — not by us but by the General Medical Services Committee. This would be despite the argument that 'many criteria are simply based on consensus and the number of conditions for which explicit criteria of good care exist are limited' (August *Journal,* p.309).

The former option is infinitely preferable. The committee on fellowship should oversee, on behalf of council a decentralized faculty-based operation which seeks to establish the general practice needs of the faculty area, and which 'distinguishes' members whose particular skills or efforts are outstanding in meeting them. The use of a changing faculty fellowship committee and the participation of the nominee in completing the proposal form would safeguard against favouritism and nepotism. The strategy avoids the elitist tag attached to imposition of arbitrary standards and allows adaptation by the College in the face of a changing political, legal, economic and social environment.

Fellowship by distinction or by assessment is an important issue for the future of the College. It should be debated within faculties, within council, and at the College annual general meeting.

GORDON GASKELL

28 Woodlands Grove
Edinburgh EH15 3PP

Mispirnt

Sir,

I have enjoyed reading the correspondence about chronic fatigue syndrome. My imagination was particularly stimulated by what I take to be a misprint in Dr Gude's letter (May *Journal,* p.213). His first sentence mentions a viscious circle of inactivity.

He probably meant vicious, but perhaps on reflection viscous is the more evocative reading.

T.G. HEYES

Darton Health Centre
Church Street
Darton, Barnsley S75 5HQ