

Royal College of General Practitioners in helping researchers and the manner in which the RCGP's Scientific Foundation Board has hitherto functioned. The past shortcomings of the College in this respect area, I think, generally acknowledged and, commendably, there is now a debate on how to improve the situation. The shortcomings of the Scientific Foundation Board are less widely recognized.

First, the reader should be aware that in respect of my own research I was given a grant of £409 in 1989 but I have been twice refused an extension in 1990. When I enquired about the reasons three were offered: there was a shortage of funds; the Foundation existed to 'prime pumps'; and it was perhaps desirable to give priority to younger applicants. There is, I submit, no shortage of funds available to the Scientific Foundation Board. Perusal of the College's annual report of 1989 indicates that four grants were for £10 000 or more and that much of the available money is being used to support underfunded departments of general practice. In particular in 1989 the Foundation gave £28 276 to two readers in the department of general practice of a London teaching hospital and in 1988 £6335 to a reader at a provincial one. However worthwhile this funding I think that it does not make the best use of the Foundation's funds.

Secondly, I know of no published evidence that the Foundation ever audits its decisions. This could be done by determining the proportion of grants which result in a publication in a refereed journal and counting the citation scores in the *Science citation index*. I know of one grant given in 1989 where the subsequent paper has been rejected by this *Journal*. Is there any evidence that the Foundation is getting a worthwhile return for its large investments?

Thirdly, the Foundation provides a point of contact with research enthusiasts in British general practice and its primary role should be an educational one. I never see it, in its present form, fulfilling this role. I think the Scientific Foundation Board would function better if it were replaced by a small research secretariat with a primary educational role and a secondary one of disbursing grants. A paid part-time epidemiologist of proven competence and authority should, as secretary, receive and screen all applications, enter into an educational dialogue with the applicant, follow up referees and assess the final modified application. The secretariat, composed of the secretary and two advisers, not associated with an academic unit, should then meet every two months, rather than every six months, to consider grants. There should also be a policy against

giving grants to academic units. Grants should be for the support of unattached individual researchers with funding on an annual basis and never exceeding £1000. The prospect of both money and expert advice might encourage trainees contemplating a project to apply. Gradually the educational benefit of such a system would seep into the very fabric of general practice and, as a proportion of trainers became more knowledgeable, the benefits would spread downwards.

The capitation method of paying doctors is idiosyncratic but does allow research possibilities denied to those who are paid by other methods. Our present contract may not be sustainable and time and space to do research may be short and vulnerable to future political changes. There should be a greater sense of urgency.

A M W PORTER

Redcrest
Health Rise, Camberley
Surrey GU15 2ER

Doctors with parkinsons disease

Sir,

Patients with parkinsons disease may suffer from uncertainty about the likely effects of the illness on their lives and, more specifically, their working lives. To help remedy this, a collection of 43 short autobiographies has recently been published by the Parkinsons Disease Society, under the title *Parkinsons disease and employment*.

Although a broad range of occupations was represented, no accounts by medically qualified patients were available. Since there are clearly many ways in which the experiences of 'doctor-patients' are likely to be particularly valuable, I am appealing to medically qualified patients suffering from parkinsons disease to send me short accounts of their illness. Anonymity of the contributors is ensured in any publication resulting from this project.

As a guide, it would be helpful if the account did not exceed three sides of A4 paper (about 1000 words). The following information would be useful:

1. Type of medical work: general practitioner, hospital, academic, other.
2. Chronology: age, age at onset of parkinsons disease, age at retirement.
3. Symptoms and diagnosis: self, general practitioner, consultant, other.
4. Treatment:
 - a. Medication and side-effects,
 - b. Surgery: thalamotomy, neuronal implant.

c. Rehabilitation, physiotherapy, speech therapy, conductive education, music therapy, other.

5. Interest in investigation of parkinsons disease: study of the literature, participation in clinical trials.
6. Effects of parkinsons disease on working life and relationship with patients: erosion of authority, increased sympathy for, and understanding of, patients' problems.
7. Effect of working conditions on ability to control parkinsons disease: stress.
8. Effects of illness on personal relationships: friends, family.

Finally, please send your contribution to me at the address given below. Copies of *Parkinsons disease and employment* can be obtained from The Welfare Department, Parkinsons Disease Society, 36 Portland Place, London WIN 3DG.

JOHN WILLIAMS

6 Grove Park
Redland
Bristol BS6 6PP

Perfectly simple audits

Sir,

I wonder if general practitioners are being discouraged from carrying out audits by the proliferation of frightfully clever audits (FCAs) which are appearing in the medical press?

During last winter's snows my wife and I were worried about isolated elderly women and wondered how many of them could be contacted by telephone. We found that only 15% of women over the age of 80 years in the practice had telephone numbers noted in their medical records, and we felt that 80% would be an acceptable minimum. Searching the telephone book and checking other records enabled us to increase the number to 85%. We rang the secretary of the parish council with the names of those who had no one recorded as living at the same address and for whom we could find no telephone number and she sent round volunteers to see if they were in need of help.

This seems to me to have all the characteristics of a complete and productive audit. May I suggest that the *Journal* publish a series of PSAs (perfectly simple audits) to counteract the usual diet of FCAs?

COLIN SMITH

The Marshlands Medical Practice
Higham Surgery
Higham, Rochester
Kent ME3 7BD