

recruit patients to the study.'

It seems that the presence of counsellors in general practice may allow for the management of significant numbers of patients with mental health problems at a relatively low cost within the practice, and therefore allows the community mental health team to get on with the central business of managing those with fixed mental illness.

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References

1. Harvey I, Nelson SJ, Lyons RA, *et al.* A randomized controlled trial and economic evaluation of counselling in primary care. *Br J Gen Pract* 1998; **48**: 1043-1048.
2. Baker R, Allen H, Gibson S, *et al.* Evaluation of a primary care counselling service in Dorset. *Br J Gen Pract* 1998; **48**: 1049-1053.
3. Friedli, *et al.* Randomized controlled assessment of non-directive psychotherapy versus routine general practitioner care. *Lancet* 1997; **350**: 1662-1665.
4. Somerset Health Authority. *The cost effectiveness of introducing counselling into the primary care setting in Somerset*. Somerset: Somerset Health Authority, 1996.
5. Gordon PK, Graham C. The impact of primary care counselling on psychiatric symptoms. *J Mental Health* 1996; **5**: 515-523.
6. Campbell R. *Financial Pulse*. 22 October 1995: pp 38-39.

Right From The Start

Sir,

The juxtaposition of the article 'Caring for others: consider the emotional issues'¹ with the *Right From The Start* CD-ROM advert in the December issue of the *Journal* prompted us to write with more details of the *Right From The Start* project, which directly addresses many of the issues raised by Dr Angus.

The *Right From The Start* initiative emerged from a recognition of the widespread unhappiness of parents about the way in which they were told about their child's disability. Poor communication was at the heart of the problem.

Convened by Scope, following the launch of the *Right From The Start* report,² a working group of representatives from the voluntary sector, medical professionals, parents, and people with disabilities drew up a 'template' of good practice. This template focuses on the values that are at the heart of good communication in this difficult situation: respect for

parents, children and childbirth, and positive attitudes to disability.

The *Right From The Start* project recognizes the support professionals need in dealing with their own 'anxieties and vulnerability' if they are to avoid 'denial and avoidance'. The project offers training and discussion opportunities, with parents and disabled people (themselves adequately prepared and supported) playing an active role.

The project has moved on from enjoining better practice to devising action to improve it. A team approach, which should include GPs, is not only advocated, but also demonstrated by the initiative itself. We have been aware throughout of the relevance of the project beyond the specific issue that is our concern. We welcome enquiries about the work that is underway.

The educational initiatives include a video, CD-ROM, good practice guidelines, and regional conferences which will be held throughout 1998.

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References

1. Angus CWG. Caring for others: consider the emotional issues. *Br J Gen Pract* 1997; **47**: 784-785.
2. Leonard A. *Right From The Start*. London: SCOPE, 1994.

Summative assessment

Sir,

We at the Joint Committee are heartened to note the enthusiasm and energy expressed by Dr Cunliffe's letter (*March Journal*). We also note Dr Cunliffe's call for the use of the MRCGP examination as a basic qualification for entry into our discipline in preference to a standard imposed at the other end of the spectrum of ability, represented by summative assessment.

As a regulatory, educational, and standard-setting body, the Joint Committee is as interested as Dr Cunliffe in setting an ever-increasing level of entry into our discipline. The JCPTGP, however, had to work within the confines of legislation and of a professional consensus as to the standards that it is reasonable to impose from time to time.

Before the introduction of summative assessment, there were no standards whatsoever set for entry, and, given the fact that Dr Cunliffe is dismissive of the intellectual challenge set to him/her and colleagues, perhaps it is reasonable to assume that summative assessment is presently pitched at a reasonable level to assess competence. Of course, the MRCGP remains available to Dr Cunliffe and others who wish to demonstrate a higher level of proficiency, and perhaps that is as it should be for the time being.

Many of us in the Joint Committee believe that, eventually, the MRCGP may become a *de facto* requirement for admission into general practice as a principal. That will come about, however, only when general practitioners come routinely to demand this qualification from aspiring partners; this is the situation with other specialties and it would therefore seem inappropriate to introduce legislation only for general practice. In the meantime, the JCPTGP has been pleased to recognize, in principle, that a pass in the MRCGP certainly subsumes and surpasses the standard set by summative assessment.

In general terms, therefore, we have sympathy with Dr Cunliffe's desire for raising standards, we also, however, have a responsibility to introduce change at a rate that is in line with general professional opinion, but always mindful of our responsibility for assuring standards of medical practice for the patients whom we serve.

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Counselling in primary care

Sir,

The paper by Harvey *et al* (*March Journal*) will excite debate in counselling circles for obvious reasons. It seems that only short-term follow-up can be achieved because of loss of subjects with longer follow-up periods. Does this suggest that this group of patients is unduly mobile, or that the farther they are from counselling, the less likely they are to agree to be studied? I would argue that longer-term follow-up is essential so that the likely immediate placebo effects of both interventions, which could be masking a difference, can