not prevented swarms of bright young Welsh graduates from going elsewhere, particularly to London, for further training or employment; nor has it succeeded in seeding the general practices in Wales with fresh supplies of Welsh doctors. Dr Jones would obviously like to direct labour, but I am afraid that shutting down medical schools in London will not help to staff other parts of our islands.

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Management teams and teamwork

SIR,—With reference to the briefing contribution on district management teams (7 June, p 1388), while I agreed with many of the comments made by the author I regret that the opportunity was not taken to discuss possible future action based on the author's perceptive analysis of the present position.

The lesson that should have been learnt from our 1974 experience is that forming multidisciplinary teams without taking cognisance of the skills relevant to teamwork leads to a number of major problems that interfere with team effectiveness. In the management of health services reduced team effectiveness is likely to affect the provision of services appropriate to the needs of the consumer.

Our experience of working with district management teams on a team training and development programme during the past three and a half years has indicated strongly to us that all the disciplines involved in management teams lack team skills at a variety of levels, doctor members being no exception. Unfortunately, in 1974 an assumption was made that effective teams happen naturally and that human beings possess the necessary innate skills to become effective team members. There is, however, a large body of knowledge indicating a number of skills that are essential to team effectiveness; these may come naturally to a few, but most people require education and training in order to acquire the requisite level for effective teamwork.

The imminent restructuring of the present Health Service has given us a second chance to tackle the problem of teamwork and to ensure that all those who find themselves as members of management teams have had ample opportunity to acquire skills relevant to working in teams. At present the signs are that little attention is being given to this aspect of health service management, although in terms of effective resource utilisation it is likely that investment in team development at an early stage in the new structure will potentiate the effectiveness of health service management in its widest sense.

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Community medicine: a sense of direction

SIR,—The knowledge, skills, and attitudes the Scottish group (10 May, p 1193) considers the trainee community physician should achieve are general except for one—namely, “the capacity to work with multiple goals within a

complex system directed towards the integration of health care services.” All the other attributes listed are increasingly being acquired by specialists in other fields, albeit in a modified or limited form. If this one attribute, linked as it is to one political view, is the distinguishing feature of the community physician, then the odds are that community physicians are being trained for redundancy.

However, if the feature that distinguishes community physicians from other medical specialists is, as stated in the group's working definition, “to maintain and improve the health of the community,” the specialty will not stand to rise or fall on political whim and, more importantly, it will allow the community physician to retain the necessary independence of thought to monitor the effect of an integrated or other service on the community, and make recommendations accordingly.

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SIR,—Regarding the article by Drs K M Parry and Helen E Zealley on community medicine (10 May, p 1193), it does seem a little early for them to rewrite the Gilloran Report on community medicine in Scotland, which was published in 1973. The report prepared by Dr Gilloran and his working party described in much more detail the role of community medicine and the practical applications of the specialty in Scotland.

I disagree profoundly with the comment by Drs Parry and Zealley that community physicians were ill prepared for the tasks thrust on them after NHS reorganisation, the fact being that the new management arrangements did not allow community physicians with previously total involvement in community health services or hospital management to use their expertise in the advancement of health provision.

The final part of their article, regarding attitudes, is so basic that it would embrace the attitudes of any doctor in the Health Service. The real need of a community physician is to have powers of decision similar to those of clinical consultants, and to be able to implement schemes for health improvement which have been through all the various consultative processes.

H B BROWN

Dumfries

Earlier help for sick doctors

SIR,—There has been considerable publicity recently in the medical press concerning the new Health Committee of the General Medical Council, which will be formed in November of this year to arraign doctors who are ill and who because they are ill—perhaps from alcoholism or drugs, or less reprehensively from organic illness such as senile dementia—have failed in their responsibility to their patients. Because this committee has been formed the profession should not believe the problem has been solved. There are two principle causes for anxiety.

Firstly and necessarily, the committee is a disciplinary body and, while clearly it is better that an ill doctor should appear in private before a body which recognises that the problem is fundamentally one of illness and

not of misbehaviour, its terms of reference are still those of a court of law and appearance before it will be a late event in a long and sorry story. Furthermore, what it will be able to offer to the doctor will depend on the attitude and actions of the profession itself.

If these difficult problems are to be handled effectively the need has to be recognised for the help at a much earlier stage and before the ultimate sanction of the Health Committee is involved. Experience both in this country and in America has shown that doctors as a group, less commonly as individuals, fail in their responsibility to their less fortunate colleagues. The mechanism both for general practitioners and for doctors working in the hospital service, the latter euphemistically known as the “Three Wise Men” procedure, does not provide early and effective help to a doctor who is ill. I believe that this will be achieved only if the profession creates a personal health care system for doctors and their families which encourages the early treatment of all illness and without this the new Health Committee will be severely restricted in what it can do.

Those of us who have experienced the consequences of illness have not been able to ignore the problems. The same unfortunately cannot be said of the profession. It is wrong that the responsibility should be placed either on the employer, in this case the Department of Health and Social Security, or the General Medical Council, the other body responsible to the public for the standards of medical care and behaviour. The obligation clearly lies on the profession as a whole and I would hope that, whatever has happened in the past, at least there will be proper discussion, which may lead to the development of practical measures of help.

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Tertiles and thirds

SIR,—The paper by Dr A L Cochrane and others (3 May, p 1131) includes the latest instance of a misuse of words that is becoming all too common. They divide a sample into three equal parts and call the parts “tertiles.” They are not tertiles but thirds; the tertiles are the dividing lines between them. Thus:

- 1 median divides into 2 halves
- 2 tertiles divides into 3 thirds
- 3 quartiles divides into 4 quarters
- 4 quintiles divides into 5 fifths, etc.

May I ask for all referees and editorial staff to look out for misuse of these words (for which the general term is quantile) and to try to stop the misuse before it has spread so far that it is too late to retrieve the situation?

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Correction

Hypokalaemia and diuretics

We regret that in the letter by R C Hamdy *et al* (10 May, p 1187) the signature of one of the authors was given as Norman instead of Nalin Perera.