problem children as a patient, perhaps presenting with hyperactivity, inability to sleep, or plain bloody-mindedness. The headquarters are at 1 South Audley Street, London W1 (telephone: 01-499 1188).

F G HERMAN

Bickley, Kent

"Curing" minor illness in general practice

SIR,—Dr G N Marsh's article (12 November, p 1267) leaves me confused as to his aims.

If he is attempting to reduce the work of the primary health care team, then why has "the health visitor's role . . . increased dramatically" and the "nurse care of minor illness" been "fortified"? It appears that the patient merely consults a different person. I would be interested to see the change in number of contacts between patients and health care team between January 1976 and January 1978. If his object was to reduce the cost of prescribing, then this is easily accomplished by saying "no." (Eventually of course patient-doctor consultation rate would fall to the acceptable zero!)

I fail to see how a "return to the old virtues of self-reliance and independence" can result in the doctor seeing "more serious illnesses and more patients" (*italics added*). I do see, quite often, self-reliance producing more serious illnesses.

I hope that the end result of the new approach to primary health care will not be a system of specialist nurses being administered by doctors.

PETER CATLIN

Yorkley, Glos

Primary care in Kenya

SIR,—As I have been involved in primary medical care in Kenya for just under 15 years now, perhaps I might clarify some points in the article by Dr T D V Swinscow (21 May, p 1337), which has just reached us.

Initially medical assistants were purpose-trained by the colonial government, which was unwilling to send nursing sisters into the bush. This training was stopped before independence, when it was hoped that enough doctors would work in rural areas. When free outpatient treatment was introduced in 1965 more clinical workers were urgently required and an upgrading course for enrolled nurses was started.

A new three-year registered clinical officer course for school-leavers with good school certificate passes was started in 1969 in Machakos and moved to Nakuru in 1972. This school has had an intake of 558 students, of whom 256 have qualified, 251 are in training, and 51 have left training for various reasons. The only further training our graduates can get are clinical officer specialist courses in ENT, eyes, anaesthetics, or paediatrics. They can become doctors only if they get relevant "A"-level passes and complete a normal university course and this is very frustrating for them. They can never run non-Government clinics unless they work with a qualified doctor.

Additionally, our volunteer medical workers include doctors from Holland, Peace Corps workers from USA, and a variety of others from other sources. Missionary hospitals do not account for 40% of the medical work in Kenya and the Flying Doctor Service mainly

helps with surgery in the remote areas. The article could, so far as I am aware, be read to apply to Tanzania simply by substituting the home of their training school at Moshi for Nakuru.

We would be delighted to have help in upgrading some of our excellent clinical officers and would be happy to have a visit from any of your readers who find themselves in Nakuru, but at the moment we are a little doubtful about the accuracy of other *BMJ* comment.

J M GRAY

Medical Training Centre Extension,
Nakuru, Kenya

Changing the FRCS exam

SIR,—I write to support Mr Peter F Jones's excellent letter regarding the proposed changes in the Edinburgh FRCS examination (29 October, p 1145). I can, however, assure him that although a good deal of pressure for these changes may be coming from some specialties, this certainly does not apply to urology. A small working party of Fellows engaged in the practice of urology met earlier this year to discuss the proposals and rejected them entirely in so far as the training requirements of urological surgeons were concerned. At present no candidate for a senior registrar post in urology would be accepted without possession of a fellowship as evidence of his basic general surgical training, and the proposed expanded part 1 FRCS would not be an adequate substitute at this stage. Furthermore, the introduction of a so-called "specialist" FRCS diploma, implying yet a further examination at two or more years after attaining the status of senior registrar, seemed to us totally unrealistic and undesirable. The present system of accreditation run by the Joint Committees for Higher Surgical Training would appear to provide the best basis for assessing and maintaining the standards of higher training in the surgical specialties and should be encouraged.

I do not wish to recount all our other objections but would reassure any potential consultant urologists of the future that it is not (yet) the wish of their seniors to put a further examination in the route to their chosen career.

A G GRAHAM

Department of Urology,
Western Infirmary,
Glasgow

Training in accident and emergency medicine

SIR,—Now that yet another investigation into accident and emergency departments has started (5 November, p 1235) it is to be hoped that the conclusions reached will be practical and acceptable to the profession as a whole. In the past there has been a lot of talk about the staffing of accident and emergency departments. Only the most prejudiced individuals would probably now argue with the concept of sensibly sized departments run by consultants with suitable training in the specialty. Through the Joint Committees on Higher Medical and Surgical Training the establishment of senior registrar posts to provide this training is now well advanced. At a lower level the finding of senior house officers will be made easier by the rationalisation of the number of such depart-

ments and the inclusion of such posts in various rotations, including vocational training for general practice.

The real problem for the future will be in finding staff to provide intermediate cover between the senior house officers and the consultants. Only a minority of departments will ever have the facilities to justify the presence of senior registrars. Unfortunately too many people look to the staffing concepts in other specialties to solve the problems of the accident and emergency department and wish to appoint more and more registrars. Few such registrars could have a long-term career in accident and emergency medicine.

Accident and emergency medicine has two major differences from most other specialties. Firstly, the varying work load is spread over a large part of the day and does not conform to normal working hours, which means that intermediate-grade staff should always be present in the department, rather than on call. Secondly, there is a very limited need for the on-going care of inpatients, so that the employment of doctors on a limited sessional basis is practical. Rather than discussing registrars, the employment on long-term contracts of doctors on a multisession basis (say, minimum of five sessions per doctor) to work in the department throughout most of the 24-hour period should be considered. These doctors would have the interest and experience to advise the more junior doctors and take part in postgraduate activities and yet have job security which could be adapted to their personal and domestic requirements. Such a grade does not exist, as the hospital practitioner grade is too restricted, while clinical assistants do not have long-term contracts recognising their increasing expertise.

S M LORD

Accident and Emergency
Department,
Walton Hospital,
Liverpool

The medical manpower debate

SIR,—I write concerning Scrutator's comments on the recent debate in Council on medical manpower (22 October, p 1095). Dr David Guèret Wardle's remark was incorrect and I do not know the source of his information. In 1977, this medical school made the transition from two six-monthly graduations per annum to one annual graduation. This transition necessitated finding house jobs in August/September 1977 for about 100 new graduates plus 50 others who needed a second preregistration post, having graduated in November 1976 (a total of over 150). There was never any question that there would be enough house jobs for them all "in UCH or associated hospitals," and all concerned knew this. Some found posts on their own initiative. An assurance was given that suitable house jobs would be found elsewhere for the remainder.

When the lists for "UCH and associated hospitals" were published early in July about 30 new graduates were still in need of a post for August 1977; of these, 23 had posts for February 1978. Within the next two weeks suitable posts were found for 20 new graduates and by the beginning of August we had placed all those who were available for interview and whose choice of job was not restricted by tight geographical constraints.

It is unfortunate that inaccurate information