centres, and an increase in staff to eliminate the need for nurses to answer the telephone was clearly not justified by the number of calls nor realistic in the present economic climate.

The development of a private viewdata system potentially places poisons information in every hospital, health centre, or surgery around the clock without having to finance the number of staff to provide an independent telephone answering service of the current type or compromising the confidentiality of information given by manufacturers. Unlike PRESTEL, there are no charges for information viewed or computer time. Standard telephone charges are the only costs additional to the initial outlay for equipment and connections. Obviously not every doctor will feel the expenditure on a special television set justified, and the present service will always be necessary, although we hope on a much reduced scale. Viewdata, however, is at an early stage of development and is almost certain to become much more widely used for medical purposes. Some pharmaceutical companies already have information (including data sheets) about their products available on PRESTEL. Viewdata could also be used to provide drug information services and local information including the staffing and timing of clinics, availability of laboratory services, and latest circulars on specific topics and a variety of others.

The considerable difficulties entailed in comprehensively updating the extensive information on poisons already held was also a potent stimulus for the development of a computer-based system. All British poisons information services use paper or card filing systems for storing and retrieving information. In the United States a computer-generated microfiche system, Poisindex, is widely used[4-6] but would probably not be practicable in Britain because of the number, variety, and casual involvement of some of the people answering inquiries. A more recent development is an audio cassette tape system[7] whereby a doctor contacting the poisons centre has the appropriate cassette of information played to him over the telephone. Obviously, this is less than ideal, since he is not in a position to dictate the rate at which the information is given and will not be able to go back to check details without requesting replay of the whole cassette. These problems do not exist with a viewdata system.

The colour and ease of use of viewdata should prove attractive to frequent users of poisons information services, and we believe that it could relieve many of the problems facing not only the Scottish, but all centres in the United Kingdom.

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Doctors who wish access to the viewdata poisons information service should contact ATP.

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Letters to a Young Doctor

More about general practice

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Not everybody will necessarily conform fully with the requirements of the regulations for becoming a principal in general practice. For some doctors the Joint Committee on Postgraduate Training for General Practice (JCPTGP) might recognise what is called "equivalent experience." It is *essential to consult the regional adviser* in general practice about this. In advising you he will have to consider the total pattern of your previous experience, wherever it may have been and in whatever subjects. Therefore, help him by writing out your full curriculum vitae before you go to see him. He can then help you by suggesting where your previous experience may be deficient for these purposes or help you to arrange your submission to the JCPTGP. If you send your curriculum vitae to him before your visit with a letter saying what you want him to do, he will be able to give it consideration before your interview, which may be helpful to both of you.

Naturally, quite a few graduates do not decide to take up general practice until a year or two or more after full registration. They may have become disillusioned by hospital medicine or its career prospects, or they may have developed a positive interest in general practice which they did not realise they had. It will be seen that previous hospital experience may count towards obtaining the certificate of prescribed experience if it has been in one of the "compulsory" subjects. Again, there is no sensible alternative but to *consult the regional adviser*. Provide him with a curriculum vitae. He must see the total pattern of your career so that he can advise you properly. You might have

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to undertake further hospital work, which may mean becoming a senior house officer after you have been a registrar, but it should then be possible to preserve your salary at the level of registrar or even senior registrar while you are being retrained for general practice.

Other graduates prefer not to train on a formal vocational training scheme of three years. They are entitled to construct their own programmes, which must be in accord with the regulations. All posts taken in general practice and in hospitals must be educationally approved. Not all hospital posts are approved for general practice training. If you take a hospital post you must make sure that it is approved for your purposes. In any case you should *consult the regional adviser*. He knows about the training practices and which hospital posts in his region are approved for general practice trainees. He can help you to find a training practice and the appropriate hospital jobs. He will need to have your certificates of satisfactory completion of jobs, and that is another reason for seeing him and keeping in contact with him and his office. It does not matter if your posts are not all in the same region, but you will need help from the regional adviser to maintain contact with his opposite numbers elsewhere. All the advisers know one another, and they can help to smooth your path if you move about much.

In the three-year vocational training schemes day-release courses are usually run for the trainees. These are well worth attending, for they supplement the practical experience with theoretical considerations and give some time for thought and discussion about the nature of general practice with experienced preceptors. Even if you pursue your own programme you can benefit from these courses. You can learn about them from the regional adviser. Some regions run these courses only for trainees who are spending the year in general practice. Some regions have obtained day-release for trainees who are in hospital posts so that they remain in touch with general practice. Consultants who have GP trainees working with them are usually well aware of their needs and, subject to the exigencies of the service, will often release junior doctors to attend educational activities likely to be of value to them. The trainee should approach his own consultant about such matters.

Jobs

There are still openings for a career in general practice, even for relatively late entrants. There is a tendency to favour slightly doctors whose intention has always been to enter general practice. This is not perhaps surprising, since it shows a firm motivation. In general practice there is now a proper emphasis on vocation for the job. There must always be slight doubt about the person who seems to have failed in a hospital career and then thinks of turning to general practice as some sort of soft option—which it is not, whatever it may have been in the past.

The reason for the continuing expansion in general practice is mainly that there is a backlog to make up for as it has been understaffed. Moreover, it is thought that the list size should now be reduced from its present figure of over 2000 patients per principal to something of the order of 1700. It is believed that this will improve the quality of care, as it will probably allow the doctor more time to spend with each patient and to analyse the problems of the practice.

If you enter general practice you may decide to obtain the membership of the Royal College of General Practitioners (MRCGP). This is not essential for entry to general practice as a principal, however. The ticket for that is the certificate of prescribed or equivalent experience given by the JCPTGP. Nevertheless, I believe that it is sound advice to suggest that you should take the MRCGP examination. General practice is now a specialty in its own right—it is not just for those who have fallen off the consultant ladder. Every other specialty marks completion of the first phase of education with a diploma signifying academic achievement. It is probably historically inevitable that general practice will ultimately go the same way as the other specialties. It would therefore seem sensible to get in on the ground floor so as not to be disappointed later, if events should move that way. Moreover, it is valuable to you and to others to show that you have achieved a certain academic and professional standard. There can be no doubt about this if you can put MRCGP after your name.

The best time to take any examination is immediately after completing training, when all matters remain fresh in your head. Leaving the examination till later increases the effort you will have to put in to learning, and success may be harder to gain. A further point is that more and more trainees are taking and passing the examination. Later in your career you may wish to become a trainer, and it is possible that in a few years only GPs with the MRCGP will be chosen to be trainers. Trainees who know they are going to take the MRCGP examination will wish to know that their teachers have passed it. This is the case in hospitals where graduates may be hard to attract to junior posts if a large proportion of the staff of the department where they wish to work do not have higher diplomas.

In the next few articles I shall discuss other careers—such as basic medical science and community and occupational medicine.

Clinical pointer: Hypertension—have doctors neglected themselves?

Doctors are as prone to most illness as others, but they are more susceptible to stress illnesses such as alcoholism and suicide. They often neglect their own health as well as that of their families. Since the joint working party of the Royal College of Physicians of London and the British Cardiac Society recommended that the blood pressure of every adult should be recorded whenever they visit a doctor[1] more interest has been taken in screening the population for hypertension. The evidence now seems clear that treating even mild hypertension increases longevity and reduces morbidity.[2] In the Frenchay health district 1982 has been chosen as the "year for blood pressure checks." We wanted to find out whether our general practitioner and hospital doctors are screening themselves as well as their patients.

A questionnaire was sent to all 97 GPs and 88 hospital consultants and senior registrars in the Frenchay health district; the response rate was 78% in both groups. Of the 145 doctors who replied 35 (24%) had had their blood pressure measured within the last 12 months and 94 (65%) between one and 10 years' ago. Ten (14%) hospital doctors and six (8%) GPs had either never had their blood pressure measured or had not had it measured in the last 10 years. The main reasons were uninterest in 11, four had forgotten, and one had been too busy. Yet while the GPs in this group were neglecting themselves five out of six were screening their patients for hypertension. Of 129 doctors whose blood pressure had been measured within the last 10 years 37% had screened themselves, 26% had had it measured for life insurance, and 28% were screened before employment, during ill health or during pregnancy. Four per cent measured it when checking their sphygomanometers, while 2% were already on treatment for hypertension. Of all the doctors' spouses 76% had had their blood pressure measured in the last 10 years, of whom 38% had been screened because of pregnancy. Although 61 (80%) of the GPs who responded were screening their patients for hypertension 13 (17%) had not had their blood pressure measured, nor that of their spouses, in the last five years. We wish to encourage all doctors to review their blood pressure from time to time for their own sake.—ANNE HOLLMAN, senior house officer, and C J BURNS-COX, consultant physician, Bristol.

[1] Joint Working Party of the Royal College of Physicians of London and the British Cardiac Society. Prevention of coronary heart diseases. *J R Coll Physicians Lond* 1976;**10**:3.

[2] Australian Therapeutic Trial in Mild Hypertension. *Lancet* 1980;i:1261.