Editorials

REFORM OF THE HEALTH SERVICES

THE Minister's 'green paper' on the future organization of the health and welfare services was published at the end of July. Perhaps it was because of its rather unfortunate timing, at the beginning of the holiday season, that this important document has received very little comment in the medical journals. Leading articles in the *British Medical Journal* and *The Lancet* gave it only luke-warm approval. The important admission in the 'green paper' is that the tripartite structure of the health service is cumbersome and expensive. This has been recognized by all who have a knowledge of the workings of the service. The difficulties and the apparent absurdities of its organization are most evident to the humbler users. The nurses and social workers who are quite irrationally departmentalized, the doctors in the field whose difficulties lie in finding and deciphering the sign posts, and the patient who is sometimes mystified at the multitude of helpers that may descend on him after a spell in hospital which may have taken months to achieve, all can give testimony to the need.

Great credit is due to all who surmounting so many hinderances have made the services work smoothly. The treasury and therefore the taxpayer has probably been the greatest sufferer. Twenty years is a long time and the practice of medicine has changed and so have the social habits of the people.

Criticism of the tripartite organization has in the past been countered, first, by the 'vested' interests of the local authorities who are proud of the developments in the services they provide for their constituents; secondly by the hospital management committees who, though their powers are strictly limited, have over 20 years built up a sense of proprietorship which, though commendable, is a hindrance to reform; and thirdly by executive councils that have developed a committee cohesion which is hard to shake.

Fear of central autocracy, on the one hand, and of petty local-authority bureaucracy on the other has been the barrier to construc-

tive thought on the framing of a new compact structure upon the administrative foundations of the health service. Moreover, the interests of the users and the providers of the services have to be met, and a nice balance in administration maintained between the professional and the lay people. Difficulties will arise. We can look forward to long hours of discussion in committees, conferences and working parties. As *The Lancet* says "the price of democracy is eternal committee work". The danger of these eternal discussions is that the subject becomes stale and is talked out. The hazard of too rapidly giving effect to fresh schemes is even more dangerous. We hope that the Minister, after receiving all the relevant advice, will be encouraged to start a pilot scheme in a relatively self-contained area of the country. Devon and Cornwall, East Anglia or Wales might be suitable. Only then can the advantages and disadvantages of any new administrative machinery be properly studied.

GENERAL PRACTITIONER AND UNIVERSITY

Interim report of a study group of the Netherlands Society of General Practitioners, 1968

With regard to vocational training for general practice the Netherlands Society is aiming at the same goal as is the College in this country, and it is interesting to glimpse one of the many different roads to Rome.

This report suggests that basic medical training should be reduced to six years, and that all students during this time should receive some short training in general practice. The licentiate examination would be taken at the end of this period, and those wishing to undertake general practice would then undergo a year's vocational training which would comprise a hospital internship followed by a general-practice attachment to an approved teacher, both to be accompanied by theoretical courses in the special aspects of domiciliary medicine. It is recommended that this year should not be under the aegis of the university faculties, but should be supervized by a new Institute of General Practice, the representative of which would be a general practitioner with professorial status who would teach his subject to *all* undergraduate students in medical school, but who would spend some time each year in the actual practice of his speciality outside the hospital. At the end of this period the intern would be enrolled in a register of general practitioners.

It will be seen that there is very little difference between us in the methods to be used in training the generalist, but vast difference in the length of time thought to be necessary. By our standards, theirs is a short-cut to Rome, indeed.