The book is reviewed in this *Journal* and follows *The Future General Practitioner: Report from General Practice No.* 14 which is still available (Royal College of General Practitioners, 1971).

All in all we believe that this is the most important book on general practice in the last ten years.

REFERENCES

Royal College of General Practitioners (1971). *The Future General Practitioner, Part one: Report from General Practice No. 14.* London: *Journal of the Royal College of General Practitioners.*

Royal College of General Practitioners (1972). *The Future General Practitioner—Learning and Teaching.* London: *British Medical Journal.*

A STEP FORWARD

THE report produced jointly by the Royal College of Physicians and the Royal College of General Practitioners on the general practitioner in the hospital is enclosed with this *Journal.* It is a useful working document which elaborates on a number of well-established principles and introduces ideas of a more controversial nature.

Few will disagree with the conclusion that access to laboratory and radiological services should continue to improve or that electrocardiography should become a basic tool of general practice. How far this aim is wholly realisable is, however, another matter. For example, many family doctors are still without access to contrast-media radiology; the proposal that the range of diagnostic radiology available to general practitioners should be agreed locally could leave many of them permanently at a disadvantage.

Nevertheless, these difficulties must be seen against the clear recommendation that the level of service provided by the hospitals should be based on the total community rather than on the hospital population, a principle which, if followed, should make local negotiation a more favourable possibility.

The allocation of general-practitioner beds, particularly medical beds, is always the thorniest of questions in any general practitioner/hospital relationship. The report considers the two distinctive factors separately, namely district general hospital and cottage hospital beds, but implies a more certain link than has hitherto existed between the two. Given the increasing tendency to very specialized medical units in general hospitals, it is hard for general-practitioner beds to be used effectively. However, the value of special general-practitioner units within district general hospitals is obviously worth further experiment.

The recommendations on cottage and other smaller hospitals are more important. The working party foresees an expanding role for the small neighbourhood hospital, particularly for the care of those patients who would normally be looked after at home in favourable circumstances.

Commenting on the widely varying medical standards which have been observed in hospitals, the report proposes innovations which would introduce the concept of audit, thus raising the general level of medical care. Enthusiastic general practitioners would probably welcome such measures, provided that they were applied to all units of the hospital and not just to family doctors. Discussion 'across the board' has been shown to work in some units in which generalists and specialists share common facilities. Audits are worth discussion in the context of medical beds particularly if they can help reverse the closure of small hospitals.

Other matters of a more speculative nature such as the concept of a 'division of general practice' in some hospitals, and the idea of an honorary hospital contract in the district general hospital are interesting.

It is encouraging to see these two Colleges working together and seeking common ground; the amount of agreement is a helpful pointer for the future.