

principals can be helped and encouraged to maintain their standards. Here, rather than through further tinkering with vocational training, lies the real challenge for the 1980s. Trainers, by demonstrating their willingness to examine their own work in order to become better teachers, have got us off to a good start on the

still long and difficult road towards better clinical standards.

### Reference

*National Health Service (Vocational Training) Regulations (1979)*. Statutory Instrument No. 1644. NHS Act 1977, Sections 30, 31, and 32. London: HMSO.

## Patient participation in general practice

THE decade of the 1970s has marked an important interesting new development in the relationship between patients and their doctors.

The first patient participation group was probably that of Dr Peter Pritchard in Oxfordshire in 1972, with the Aberdare group led by Dr Alistair Wilson following in 1973, and the Bristol group initiated by Dr T. F. Paine at the Whiteladies Health Centre in 1974.

The first references in this *Journal* came with the editorial "Patient Power" (January, 1974), a concept which Pritchard (1979) has recently discussed. Paine (1974) and then Wilson (1975) reported the developments in their own practices, while Cull and Bird (1974) described a similar development in Birmingham. There are now at least 20 groups throughout the country, and a National Association for Patient Participation in General Practice was initiated at Oxford in 1978 and also reported in this *Journal* (1978).

There is increasing awareness of the potential of patient participation groups: Sir George Godber has accepted the Presidency of the National Association, and the Department of Health and Social Security is now making a £2,000 a year grant over a two-year period.

Although there are considerable variations in the styles and priorities of these different groups, a number of common themes have emerged, notably the wish to give patients more of a say in their own practices, a desire to promote health education, a systematic attempt to provide voluntary services in the local com-

munity, and finally an informal mechanism examining complaints and grievances.

Today in this *Journal* we publish for the first time an article by two patients involved in one such association (Dakin and Milligan, p. 133).

It remains to be seen how far and fast patient participation groups will spread. While there will always be room for variety, the general principle is most attractive. Excessive doctor power like excessive patient power can mar good relationships, and patient participation and patient associations can be seen as a rational extension of the counselling concept in general practice consultations.

Any development which aids partnership between patient and doctor is worthy of the greatest encouragement.

### References

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## Sri Lankan Family Physician

THE appearance of *Sri Lankan Family Physician*, official publication of the College of General Practitioners of Sri Lanka, marks a further step in the development of one of our sister Colleges. Conceived exactly 10 years ago, the College was finally established in 1974 (after passage of a parliamentary private member's bill) with a constitution closely modelled on that of the Royal College of General Practitioners. In 1977 it became a member of a regional group linking the Colleges of Australia, New Zealand, Malaysia, Singapore, Hong Kong, and the Philippines Academy. In 1978 it was admitted as a full member of WONCA.

During its first years the Sri Lankan College relied on a series of newsletters to keep its members in touch and informed of current developments in their discipline. Its new *Journal* is edited by a Colombo general prac-

itioner, Dr Dennis Aloysius, and the first issue carries news and articles on a wide range of topics, including a comparison of general practice in Sri Lanka and the UK by Dr Leela De A. Karunaratne, who trained in this country and obtained her membership of the Royal College of General Practitioners by examination.

The *Journal* also publishes a survey of the characteristics and work patterns of 132 general practitioners. This is of especial importance now because of likely developments in undergraduate medical education and postgraduate training for general practice in Sri Lanka, with which the College will be closely involved. Its *Journal* could well play a key role in stimulating further studies into the day-to-day work of Sri Lankan general practitioners that would eventually form a basis for undergraduate and postgraduate teaching programmes.