THE OUTPATIENT DEPARTMENT

In 1950, *The Lancet* published a report by an Australian doctor, Joseph S. Collins[1], on the state of general practice. The picture he painted of patients waiting in the street, of consulting rooms without couches and in other ways ill-equipped, appalled those who cared for the future of British medicine. Since then many factors, the foundation of our college amongst others, have brought about a considerable improvement. The searchlight now turns on the hospital outpatient department. The report[2] by the Nuffield Provincial Hospitals Trust recently published is an indictment of the way that the hospital receives its patients. As the surgery is the consulting room of the family doctor so is the outpatient department of the hospital the consulting room of the consultant.

"We frequently found inadequacies of space and furniture which meant two doctors had to use the same room at the same time. There were instances of even greater deficiencies. Very often in order to save time, two couches were placed in the same room. Patients could not see each other but could hear all the details of history and examination. The clinic accommodation was in no case entirely good."

Knowing as we do from our own experience how important proper surroundings are in the examination of sick people the wonder is that so much good work is done by our hospitals. In another section of the report the inadequacies of communication between general practitioner and hospital doctor are brought to the fore.

It is well known that the outpatient department is used more by some doctors than by others. The survey found that on the average 40 to 80 patients per 1,000 per practice list were referred, but some doctors referred over 200 and a few less than 20. Something must be wrong here, but it is difficult to know how this state of affairs can be improved. Bearing in mind that the outpatient department is often a means of securing a second opinion, why do some doctors require to use it so much more often than others? Some, perhaps, are over-worked; some may feel insecure in their diagnostic ability. The College could help in this by including in the refresher courses that it sponsors visits to, and lectures on the proper use of, the outpatient department. The coming of health centres and the holding of specialist sessions in these will, we hope, ease the situation considerably and bring about a greater understanding, by both general practitioners and consultants, of the proper function of the outpatient department.

REFERENCES

1. Collins, J. S. (1950). *Lancet* 1, 555.
2. *Gateway or dividing line?* A study of hospital outpatients in the 1960s. Gordon Forsyth and Robert Logan. Published for the Nuffield Provincial Hospitals Trust by the Oxford University Press. London. 1968. Price 21s. 0d.