

education for social workers during their training, as there appeared to be a deficiency in this respect.

DR SHEILA DRONFIELD, York, described her experience with domiciliary service in family planning. The aims were exactly the same as for all family planning, but the service was geared to help those often most in need, mothers who for a variety of reasons were unable to attend the family planning clinic. Dr Dronfield listed some of the common causes for this and gave illustrated examples:

1. The mothers were most commonly members of problem families.
2. Potential problem families.
3. Very young couples.
4. Others with a variety of psychiatric and social problems.

Such patients were referred from many sources, health visitors, midwives and social workers in various fields. Dr Dronfield initially assessed such referrals, but a nurse was involved in the follow-up. The doctor was not infrequently involved in other situations affecting the family. In listing the causes of possible failure, Dr Dronfield highlighted the early or unexpected release from prison of the husband. In discussion, the possibility of fitting an IUCD in the home was mentioned, but Dr Dronfield felt that too often the adverse home circumstances meant that the environment was quite unsuitable for this.

DR NORAH WATTIE, chairman of the Scottish Council of Health Education, discussed the importance of education and family planning. Midwives were potential educators, and the FPA and CMB had a part to play in this aspect of their training. She made a plea for further research into community attitudes to psychosexual problems, and felt that the local authority through the health visitor could make a contribution towards this. Developing the theme of lay education in regard to family planning and sex, Dr Wattie felt that the school offered the best neutral background where sex education could be seen in the perspective of the whole range of education. She appealed to local authorities to support the idea that primary school children should come to secondary schools already instructed in basic sex anatomy and physiology. This was a job best done by the primary school teacher, for which she should receive some training. Secondary schools should be encouraged to follow on this. There was a need for a proper curriculum to be developed and a panel of speakers should be available in each local authority area. Family planning could then be seen in perspective of education and Dr Wattie briefly outlined her technique for this teaching. In discussion, tribute was paid to Dr Wattie's sterling service to health education and there was general agreement with the points she had advocated.

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## RESEARCH REPORT

### *The Research Advisory Service 1963—1967\**

INFORMED ADVICE ON RESEARCH in general practice was not easy to obtain in 1952 when the College of General Practitioners was founded. One of the main objectives, therefore, of the College's early research committees, both centrally and in the regional faculties, was to provide or obtain for members of the College and others investigating problems in general practice the opinion and advice of those with special experience in research.

From 1954 onwards the Research Committee of Council was privileged to receive help from a growing Research Advisory Panel of consultants and specialists in medicine and other sciences. At a meeting of members of the Research Advisory Panel with the Research Committee of Council at College headquarters in 1961, the conclusion was reached that a whole-time medical appointment should be created in the research organization of the College to supervise and co-ordinate the growing volume of enquiries and increasing number of investigations with which the College was concerned.

The Council of the College accepted the wisdom of this advice from its Research Advisory

\*A Report by the Council of the Royal College of General Practitioners to The Nuffield Provincial Hospitals Trust.

Panel, but its limited financial means precluded it from acting on that advice during the next few years. An approach was made to the Nuffield Provincial Hospitals Trust which accepted modified proposals.

The Research Advisory Service operated by the Research Committee of Council was founded in 1963 on a three-year grant from the Nuffield Provincial Hospitals Trust which enabled the College to appoint a research adviser. It was intended that he should be a doctor in general practice who, by the employment of an assistant, would be released part-time to consider research problems submitted to the College and advise those who propose them. Dr R. J. F. H. Pinsent was appointed Research Adviser on 1 June 1963 and by careful husbandry on the part of the Research Foundation his grant support was continued until 30 June 1967.

#### *Functions of the service*

The Research Advisory Service which was introduced with Nuffield help was not only an experiment in communication, creating a two-way channel through which problems could reach the Research Committee and the experience of its members could be conveyed to the enquirer, but in addition the service was given the task of assisting general practitioners and others with research, its planning, formulation and evaluation. The service relied on the group experience of all members of the research committee rather than that of any one member, and drew heavily on the resources of the Records Unit for specialized advice in the design and statistical field. This pattern of operation was unconventional, originating as it did from the reluctance of members of the early Research Committee of Council to arrogate to themselves special knowledge which they, as amateurs in a specialized field, felt that they did not possess.

From its inception the Research Advisory Service worked in close association with the Records and Statistics Unit and sought to provide a source of informed advice and a service to practitioners and other workers with research problems in the field of general practice. These activities included discussion of the aims and objectives of research studies, consideration of methods appropriate to the achievement of these aims, the design of suitable records and methods for their use in practice, the preparation of tabulations and their interpretation, and the preparation of conclusions for publication. There was also reference to other appropriate sources of advice, whether clinical, organizational or specialized. Advice on costing of the various processes included in a research project was frequently given. The service was also involved in the design and testing of new record systems for clinical, epidemiological and organizational research in general practice. Contact was maintained with others whose work actively, or potentially, coincided with its own. These contacts might be with an individual, an outside body or a parallel committee of the College.

Those seeking the help of the service included doctors in general practice and other branches of medicine in this country and overseas. Research workers in branches of science allied to medicine also made use of it. The service was consulted by other bodies engaged in research, some outside the College as well as the research committees of the 25 faculties of the College itself, both at home and overseas.

#### *The operation of the service*

The Research Advisory Service was operated first from a one-room office at the research adviser's house and later from two rooms at his practice centre in Birmingham. The conduct of the service fell into two phases. In the first phase Dr Philip Carter joined the practice as assistant, releasing the research adviser from routine duties and enabling him to travel to visit general practitioners and discuss their problems in their practice context. This was valuable experience for the research adviser and appreciated by the practitioners who were visited.

On Dr Carter's departure to independent practice on 18 December 1965 there followed an interval in which no assistant could be obtained. The service was continued but enquirers could no longer be visited so readily. Much was done by correspondence and a procedure devised whereby those submitting projects were invited to Birmingham for discussions. These normally took place at the Records and Statistics Unit where Dr D. L. Crombie and the staff of the unit could join in. These meetings soon became a regular feature, continuing after Dr Michael Whitfield joined the research adviser's practice on 1 April 1966 as research assistant.

The interim period when the service lacked reinforcement enabled its operation to be pro-

longed for an extra year during which the value of the service as a means of teaching was recognized. Dr Whitfield was involved in the day-to-day problems of the Research Advisory Service as well as those of the research adviser's practice, and was before long given responsibility for the consideration and oversight of certain projects on his own. Dr Whitfield remained with the practice until the expiry of the grant in June 1967.

Prior to the award of the grant the procedures at the research adviser's office in Birmingham were not designed with a view to an analysis of the activities undertaken. This analysis has, however, been completed for the whole period. The analysis, now in card index form, is the basis for a register of work done, which will be carried on in future. There are records relating to 379 items of advisory activity. Each consists of the date, the identity of the enquirer and a description of the problem and action taken. Some of these items represented no more than a single exchange of letters but for others a continuing correspondence was extensive enough to warrant the opening of a working file and the involvement of other workers both within and beyond the College. In some instances the proposer was visited at his place of practice.

The items of activity, brief or protracted, fell under four headings as shown in table I.

It will be seen that the largest group consisted of correspondence on miscellaneous subjects. These were of a clinical, technical, epidemiological, sociological or administrative nature. Advice was sought not only by general practitioners but also by academic research workers, pathologists, medical officers of health, industrial medical officers and hospital consultants. The subjects varied from general queries concerning the principles of general-practitioner research to ultra-specific studies concerned with particular diseases, symptoms or subjects.

The next main group was that in which the proposer had submitted proposals for a research project which had been developed in some detail. There were 106 items under this heading. Items in this group were more likely to involve a continued correspondence with or without a visit by the research adviser or a visit by the proposer to Birmingham for discussions. Activities under this heading were carried out by the research adviser without formal involvement of the Research Committee of Council.

The third group contained 88 items of activity in which the matters concerned have been developed to an even higher degree and a protocol was available for circulation to members of the Research Committee of Council for consolidation of comment. Though the precise sequence of actions varied from instance to instance it was then customary for the applicant to receive an unedited consolidation of the comments contributed by as many members of the Research Committee of Council as had views to express on the subject. Five of these enquiries were from overseas.

The last group concerned matters which reached the Research Advisory Service through the Records and Statistics Unit. These items, numbering 63, were largely concerned with the techniques of research recording in practice, some of which were of a routine character and dealt with by the staff of the unit. A number of problems submitted were, however, in the form of proposals for specific studies and required correspondence with or without a meeting at the office of the unit.

Whether a problem reached the Research Advisory Service directly or through the office of the Records Unit, the unit was often closely involved in consideration of the problem and in the formulation of the advice later given to the proposer. The part played by the director and staff of the unit is inadequately reflected by the activities described in this last category alone. The work of the Records Unit and the Research Advisory Service was in such close association that it was clear that neither could maintain a separate identity.

The source of enquiries was by no means limited to general practice. The following sources

TABLE I  
ITEMS OF ACTIVITY RESEARCH ADVISORY SERVICE  
1963-1967

	<i>Items</i>
Advice on individual projects . . . .	106
Advice on projects supported by circulation and preparation of consolidated comment . . . . .	88
Miscellaneous enquiries and correspondence . . . . .	122
Enquiries and matters arising from Records Unit . . . . .	63
	379

contributed between them 58 of the problems received (table II).

The operation of the service enabled the research adviser to play a greater part in the planning of studies initiated by the Records and Statistics Unit, and in their execution, than would otherwise have been possible. These included studies of fundamental principles applied in medical practice, including those of the diagnostic process and the enumeration of diagnostic data in presymptomatic and symptomatic levels. The association between data relating to morbidity and data concerning features of the environment was also studied. Among other

TABLE II

<i>Universities and research institutions</i>		<i>Non-hospital doctors</i>	
University professors and lecturers ..	9	Medical officers of health .. ..	2
Other research institutions .. ..	8	Industrial medical officer .. ..	1
	17	Senior administrative M.O. .. ..	1
		University M.O. .. ..	1
		Insurance company M.O. .. ..	1
		Drug house M.O. .. ..	1
		Ministry of Health .. ..	1
			8
<i>Hospital specialists</i>		<i>Non-medical enquirers</i>	
Psychiatrists .. .. .	5	Private individuals .. .. .	3
Orthopaedic surgeons .. .. .	2	Economists .. .. .	2
Dermatologists .. .. .	2	Nutritionists .. .. .	2
Physicians .. .. .	2	Hospital administrator .. .. .	1
Surgeons .. .. .	2	Hospital matron .. .. .	1
Neurologists .. .. .	2	Social scientist .. .. .	1
Pathologists .. .. .	2	Pharmacologist .. .. .	1
Obstetrician .. .. .	1	Unspecified .. .. .	1
Geriatrician .. .. .	1		
Anaesthetist .. .. .	1		
Unspecified .. .. .	1		
	21		12

subjects on which advice has been given were an investigation into the medical care of the aged, a study of the effect of labour on blood pressure and an enuresis study. Other urinary and urethral investigations were assisted, as was a chronic bronchitis study, a practice study of oral contraceptive usage and investigations into the reasons for late bookings of obstetric care, the relationship between breast feeding and infection, and the design of a regional study of the extent to which steroids were administered. More recent problems included studies of obesity, myocardial infarction, the treatment of hypertension and the use of the availability of library facilities.

Advice and help in the planning and analysis of results was given in a number of enquiries and projects which were developed to an advanced level. A list of some of these follows. (Fully twice as many proposals were received and considered at an earlier and less defined stage of their development: proposals of this character have not been listed).

- South-east England Faculty hernia study
- A diagnostic Work Study Index
- Drug effectiveness in asthma
- A comparison of rheumatic illness in two winters
- Morbidity over several years among patients at a residential school
- Incidence of psychiatric illness
- Live and stillbirth rates
- Streptococcal sore throats and tonsillitis
- Analyses of disease index material for individual observers
- South-west England and South Wales practice work-load studies
- Studies of the use of nursing skills in general practice
- A study of patient attendances in general practice
- Further studies on environmental influences on morbidity in Tamar Valley and Peak District
- Lead in privet
- Trace elements in soil
- Planning of recording systems for individuals and group practices

A surname study in Devon, Ireland and Newfoundland  
 A study of the incidence of coronary disease  
 Prospective oral contraceptive pilot study  
 Computer diagnosis  
 Incidence of poisoning  
 Incidence of asthma in past five years  
 Colour coding  
 A paediatric record card

The development of records systems and their application in practice was continued in association with the Records and Statistics Unit. Some of these methods, including the Diagnostic Index ('E' Book) and 'S' Cards for collection of computer-compatible data reached a point at which their wide use could be advised on a world scale. Among retrospective studies was an investigation of the incidence of thrombo-embolic disorders in women taking oral contraceptives. The main findings of this study have been published in the *College Journal* (1967, 13, 267). A report was also included in a preliminary communication by the Medical Research Council Working Party in the *British Medical Journal* (1967, 1, 355). The research adviser also took part in the planning of the prospective study now in progress from the College's special unit in Manchester.

A series of conferences on 'Information systems for medical care' have been planned. The first was held in 1966 in Birmingham, attended by members of the College and others with first-hand experience of the operation of practice systems. In the papers presented the authors discussed the scope of record systems for medical care and the application of methods devised by the College in Stoke-on-Trent.

The second conference, held at the College on 10 June 1967 was attended by over 70 experts in data processing in many medical and non-medical fields. This meeting had two main objectives; an exchange of information about projects in being or in plan, using modern methods of data handling for general-practice records; and the setting up of a joint working party to establish standardized methods, codes and classifications for such studies. A demonstration of methods of data collection for computer analysis devised and used by the College, was presented.

Since 1965 record was kept of visitors to the Records and Statistics Unit for discussion with the honorary director and the research adviser and is illustrated in table III.

Visitors from overseas included doctors and scientists from Australia, Belgium, Canada, Czechoslovakia, Denmark, Finland, France, Holland, Israel, Jugoslavia, Monaco, New Zealand, Nigeria, South Africa and the United States.

### Discussion

It was an unfortunate circumstance that the period covered by the service coincided with a crisis of unrest experienced by general practitioners in this country. The fact that these years were so fruitful and productive of projects, in spite of other preoccupations, is a tribute to the general practitioners involved.

A service which received on average one new enquiry, problem or reference on each day may be said to have revealed a need. The level of sophistication of the problems put up varied considerably, some being of superficial character while others contained the seeds of a large-scale study. The interest shown by visitors from overseas in the planning and operation of the service indicated that the need was by no means restricted to this country.

Meeting the demands which came from an increased awareness of the existence of the service was by no means easy. Difficulties arose from the position of the research adviser as an active practitioner in the N.H.S., which the provision of medical assistance (when it could be obtained) could not be completely obviated. The work-load increased as the service became better known, and the division of the adviser's loyalties between the service and his practice was not without adverse effect upon both. Such a situation could be avoided by making any future

TABLE III

Year	United Kingdom	Overseas
1965.. ..	43	11
1966.. ..	63	9
To June 1967	25	10

appointment whole-time, as originally suggested at the 1961 meeting of our Research Advisory Panel. Part-time and short-time appointments cannot give security of tenure to an individual with the necessary experience of research and general practice.

#### The future

The ending of the Nuffield grant has not and will not diminish the flow of requests for help still being received by the College and interim plans have been made to meet present demands. A first step has been the fusion of the Research Advisory Service with the Records and Statistics Unit to form the Records and Research Advisory Service which has carried on the work on a voluntary basis.

The success of the Nuffield support is best demonstrated in that the function and tradition built up by the experimental Research Advisory Service has been crystallized into the General Practice Research Unit of the Royal College which has been set up and will be financed, in the first instance for seven years, by a Ministry of Health Research Grant.

### POSTGRADUATE NEWS

#### COURSES ARRANGED BY UNIVERSITIES

##### The Queen's University of Belfast

*The following intensive courses of one week's duration are being organized:*

- April 28- General, Altnagelvin Hospital,  
May 2 Londonderry.  
May 5-9 *Psychiatry*, Purdysburn Hospital,  
nr Belfast.  
12-16 *General*, Waveney Hospital, Ballymena.  
19-23 *General*, Lurgan and Portadown  
Hospital, Lurgan.  
26-30 *General*, Belfast City Hospital,  
Belfast.

*The following clinical attachments are also being arranged:*

- Jan. 13- *Obstetrics and gynaecology*. Daisy  
June 27 Hill Hospital, Newry.  
Jan. 6-  
March 14 *Combined clinical attachments*.  
and Royal Victoria Hospital and  
April 14- Belfast City Hospital.  
May 23  
May 26- *Clinical attachments*, Altnagelvin  
June 27 Hospital, Londonderry.

Details available from *Director of Postgraduate Medical Education, 87 Lisburn Road, Belfast, BT9 7AE.*

##### University of Birmingham

###### *Refresher course for general practitioners*

An intensive refresher course for general practitioners will be held under Section 63 provisions from 7-11 July at the Warwickshire Postgraduate Medical Centre, Coventry. Married and single residential accommodation is available

and a social programme will be arranged for the ladies if sufficient applications are made.

Applications to *Dr R. E. Smith, Warwickshire Postgraduate Medical Centre, Coventry and Warwickshire Hospital, Stoney Stanton Road, Coventry, CV1 4FH.*

##### University of Bristol

###### *Refresher courses for general practitioners*

###### *One week courses*

- March 3-7 *General medicine*, Exeter.  
April 21-25 *General*, Truro.  
May 12-16 *General*, Bristol.  
June 9-13 *Paediatrics*, Exeter.  
*General*, Plymouth.

###### *Weekend courses*

- Feb. 21-23 *Medical and social aspects of controlling conception*, Taunton.  
Feb. 28- *Paediatrics*, Bristol.  
March 2  
March 28-30 *Paediatrics and child psychiatry*, Cheltenham.  
May 17-18 *Trainer general practitioner course*, Exeter.

###### *Obstetric experience for general practitioners*

The University of Bristol is not sponsoring any formal courses in obstetrics in 1969. General practitioners may, however, obtain refresher experience in obstetrics at a selected maternity unit in one of the following ways:

1. Unpaid locum posts for two weeks while the house officer is on leave.
  2. Individual attachment of one or two weeks.
- Interested practitioners should approach the senior consultant in charge of the unit of his choice.