

At present the Government and the British Medical Association recommend that contraceptive advice for social purposes should remain outside the National Health Service; the professional fee advised by the British Medical Association is 70p for a private prescription of six months' duration.

Growing point

General practitioners are already prescribing the 'pill' for nearly two million women in the United Kingdom. Already, about one in five of all women in the fertile age group is using this method—its popularity is steadily increasing.

Contraceptive care in general and prescribing the 'pill' in particular are growing points in general practice.

REFERENCES

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THE FUTURE GENERAL PRACTITIONER— LEARNING AND TEACHING

AN important new book is published this month. It has been written by a working party consisting of six Fellows of the College, all experienced in teaching general practice. The Chairman was Dr J. P. Horder who during the last decade has been deeply involved in all the College's educational activities and who is at present the chairman of the education committee. The members were Professor P. S. Byrne and Drs P. Freeling, C. M. Harris, D. H. Irvine, and M. Marinker.

The book has been designed specifically for the general-practitioner teacher and adds an entirely new dimension to the literature in this field. It provides for the growing number of teachers a clear framework. It does not seek to specify a syllabus in detail but indicates the starting points from which any course organiser can be happy to proceed.

Some of the best features are the concentration on general principles and the neat way many of these are illustrated by examples. In this way the authors avoid becoming lost in detail and simultaneously have kept down the size of the book.

Obviously the ideas outlined will be studied by the growing number of vocational trainees and it will be interesting to hear what they think of it. It is not, however, a cram book and may well be read by many established specialists in other branches of medicine who are interested in modern ideas in general practice.

The book has, however, a third—and in the long run—an even more important characteristic. It represents one of the most systematic attempts, yet to appear anywhere in the world, to define the content of general practice itself. Such an immense task became inevitable once general practice declared itself a discipline. Teaching in any discipline needs to be related to a defined field.

The production of this kind of book can be seen as a further step in academic development following the foundation of the College in the 1950s, the introduction of an examination for membership in the 1960s, and the recent policy decision that universal vocational training should be mandatory in the 1970s (*see Editorial and Council report*).

It can be predicted now that further developments along these lines will continue in the 1980s.

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*.

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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.