

to place the needs of patients before those of profession or specialty. The Department of Health and Social Security is providing courses for officers and others likely to be directly involved in management. As a recent ECN shows, family doctors who see themselves taking an active part are encouraged to join so that they can make an effective contribution from the beginning.

Thirdly, there is the role of College Faculties in the reorganised NHS. The scope for participation in medical education is already well known. More exciting are the new opportunities to use college experience particularly in practice organisation and the collection of data, to mould local services to local needs. For example, the design of many new health centres could be made less obviously obsolescent; authorities which are niggardly with diagnostic services to the patients of general practitioners could be shown the way by inter-area comparisons; more energetic efforts could be directed to improving nursing and health visitor attachments where these are inadequate; and the contribution of family doctors to services such as contraception, school children, the elderly and the handicapped could be determined from a factual rather than an emotive base. Since the College is not directly represented in statutory or professional advisory machinery, it is essential that Faculties vigorously encourage college members to put themselves up for local elections to professional committees, so that the college viewpoint can be given a proper hearing and pressed home.

Finally, will it all work? Critics and sceptics abound. But the time for wistful glances back to the tripartite system is over. The prescription for success lies less in the new structure itself than in the attitude health professionals, particularly doctors, adopt. An open mind, constructive criticism and enthusiastic involvement must surely underpin our approach.

THE BIRMINGHAM RESEARCH UNIT

FOR anyone to do with the College the word Birmingham has a special meaning. Since 1953 Dr Robin Pinsent has provided space in his own home for all or part of the research headquarters of the College. From that office he called the first meeting of the new Research Committee of the Foundation Council, of which he was—naturally—both Chairman and Honorary Secretary. In that office was produced the very first publication of the new College, namely *Research Newsletter No. 1*, typed and duplicated for limited circulation to those who had volunteered to join the research register of the College.

Two years later, when the pressure of new work had almost reached breaking point for one man, the load was shared and younger shoulders were found locally, willing to take over the secretarial duties of the Research Committee. Dr Donald Crombie soon showed us that he too was an initiator. From then on, these two acted as catalysts on each other and, indeed, also on an ever-increasing number of correspondents and visitors, seeking to learn the new mystique of research in general practice. For them and for others eventually the College's Advisory Service was set up by Birmingham in 1960, funded initially by the Nuffield Provincial Hospitals Trust, and housed in one room leased from the Birmingham Regional Hospital Board. After that experimental three-year period and much heart-burning, Birmingham was fully established in 1963 as the General Practice Research Unit of the College with a longer and more secure outlook, supported by a grant from the Ministry of Health.

From the beginning, the Birmingham team had been exploring the application

of computers for handling morbidity and other data from general practice. They had provided the initial drive and shared the detailed planning for the first national morbidity survey, carried out jointly with the General Register Office in 1955. From a nucleus of the same enthusiastic observers, the newly formed Records and Statistics Unit in Birmingham continued to collect the basic data from which it constructed and published the first *Weekly summary of morbidity in general practice*; these are now sent regularly to World Health Organisation and public health services at home and overseas.

The College's ability to make these unique contributions to epidemiological research is derived from the skill and energy with which Dr Pinsent and Dr Crombie were able to weld together a team of general practitioners, willing and able to keep records in a standard fashion about every single patient contact they made, and to convert this primary and strictly confidential clinical information into numerical secondary non-confidential tables, which could be collected and analysed centrally.

An essential preliminary to these national or continuing morbidity surveys was an agreed list of common diagnostic terms to be used by the participants and an agreed manner in which these terms could be expressed in numbers. Birmingham drew up the first classification table dealing with causes of consultation rather than causes of death. As interest was awakened in Australia and New Zealand, Canada, the United States and elsewhere, Birmingham initiated steps to achieve international comparability of morbidity data recording in general practice. This was taken further during the fifth world conference in Melbourne last October, when an international working party was set up for this purpose.

Not only the diagnostic labels used by the general practitioners in their published papers needed to be codified; comparability of results would be greatly enhanced if the meaning of all the terms, definitions and procedures used by such authors could be standardised. To this end a revised edition of a Glossary has been drawn up by the Birmingham office and is published as a supplement to this issue of the *Journal*. In this issue also are published three articles on the work carried out through the Birmingham Unit.

No such structure as the college research organisation could have been built except on secure administrative/secretarial foundations. These were created by Mrs Wynne Rollason for the Research Committee of Council and by Mrs Pat Jones and her staff for the Records and Research Advisory Service. All those at home or abroad who have ever benefitted from the knowledge and advice of the Birmingham team owe these ladies a debt of gratitude which would be hard to repay but which deserves to be publicly acknowledged.

THE CONTENT OF GENERAL PRACTICE

THE intention of the College in commissioning the book *The Future General Practitioner—Learning and Teaching* was to provide the growing number of teachers in general practice with a framework within which to consider the syllabus of vocational training, and the problems of learning and teaching. It was clear from the start of this enterprise that the book was intended as a document for discussion and happily the discussion has already begun in the many thoughtful editorials and book reviews which have appeared in the medical press.

One of the most important matters which the College must now decide is how the