

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

discussion is to continue. How can the reactions of general practitioners to this comprehensive statement about the nature of their subject be brought together and used in order to refine future statements about their job, about their patients' needs for care, and about the educational needs of future general practitioners?

A number of starts have been made. The vocational training subcommittee has this year been completely reorganised into a number of small working groups, each of them looking at a particular aspect of vocational training: planning; standards; teaching and content. The standing group on 'content', as its first task, is to attempt to derive a consensus view about diagnosis and treatment in relation to what the book calls area 1, *Health and Diseases*. It is likely that a number of Faculties will be asked to use a variety of methods to examine specific aspects of this part of our work.

At a course on the content of general practice held at college headquarters in March of this year, about 24 general-practitioner teachers used the techniques of group discussion to define the content of their work. They presented clinical problems from their own practices and examined them in relationship to concepts of area 1 *health and diseases* (with a consultant general physician acting as resource man); area 2 *human behaviour* (using a professor of psychology as a resource man) and so on. This technique for deriving a statement about content from an examination of actual clinical work by one's peers may be one of the most important by which the College will be able to construct broadly based and realistic future statements about the content of general practice.

Another example of work in this field is the symposium organised by the Northern Home Counties Faculty which is to be held at Brunel University in June. At this symposium each of the areas of content described in the book *The Future General Practitioner—Learning and Teaching* will be critically examined by a speaker with particular expertise in a given area. Those who attend the conference will be given the opportunity to voice their own criticisms and doubts and each member of the working party which produced the book will have an opportunity to reply briefly, in relation to the chapter for which he had special responsibility.

Since both medical technology and social mores are in constant flux, no statement like this book can be more than an interim bulletin despatched from a group of explorers who are engaged on a fast moving expedition into strange territory. But we are all of us explorers in the same terrain and we must find a way of collecting and filing our separate reports in such a way that the outline of the map becomes clearer to those who will follow us.

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EDUCATION OF NURSES AND HEALTH VISITORS IN GROUP PRACTICE

The paper *Education of nurses and health visitors in group practice* by Dr Charles Hodes M.R.C.G.P., which was published in the July 1972 issue of *The Journal of the Royal College of General Practitioners* has been reprinted in full in *Nursing Times* of 1 February, 1973.

Hodes, C. (1972). *Journal of the Royal College of General Practitioners*, 22, 479-481.