Editorials

LEGISLATION AT LAST

THE National Health Service (Vocational Training) Bill is going through Parliament. If it becomes law, as it should, it will be another milestone in the development of general practice.

The purpose of this Bill is to require doctors to have acquired " prescribed medical experience " before being allowed to provide general medical services as principals in the National Health Service. In other words, the Medical Practices Committee in England and Wales, and its equivalent in Scotland, will have the duty to refuse applications from medical practitioners seeking inclusion on the list of an area health authority, unless these doctors have the required experience or exemption from it.

The interpretation of " required experience " must necessarily be flexible. It will comprise the conventional combination of experience in hospital and general practice now included in three-year vocational training programmes. However, it will also embrace previous relevant hospital experience for doctors constructing their own rotation. There will be a right of appeal through a machinery to be set up by the Secretaries of State.

The rights of established principals who have not been trained will be protected even if they choose to move from one part of the country to another after the new law becomes effective. And especially important for women doctors, there is provision to allow the prescribed experience to be gained through extended part-time appointments, if this is more convenient.

Who will issue certificates? This has not yet been agreed, but clearly the Joint Committee on Postgraduate Training must have a substantial claim since it is the only educational body in general practice which is broadly representative of all general practitioners yet independent of government. The organisation finally chosen will be asked to issue to applicants either a " certificate of prescribed experience " or a " certificate of equivalent experience " for presentation to the Medical Practices Committee or its counterpart in Scotland.

The Bill will create a precedent in British medicine since it formally places a constraint upon a doctor's right to practise in the National Health Service which goes beyond the traditional minimum requirement of being a fully registered medical practitioner. Thus it has been important for the Department of Health and Social Security, the Royal College of General Practitioners and the General Medical Services Committee, to ensure that in framing the Bill its scope is limited to describing experience, and is not concerned with the assessment of individuals taking training.

This does not mean that the performance of doctors completing vocational training in future will be ignored. On the contrary, the College will continue to pursue its stated policy of identifying those doctors who choose to have their knowledge and skills assessed and who can show as a consequence that these meet a nationally agreed standard (Royal College of General Practitioners, 1974).

Fortunately many, though not all, young doctors want this. The large increase in the number of applications for the examination for membership of the Royal College of General Practitioners (M.R.C.G.P.) this summer is one encouraging reminder that young doctors do care about standards, a point of view likely to be shared increasingly by

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established principals who are looking for partners, and by regional postgraduate committees appointing trainers in general practice.

It is an open secret that some regional advisers and trainers look forward without enthusiasm to coping in future with the minority of entrants to general practice who show no interest in preparing themselves properly for their career. These after all are the people who have made mandatory training a necessity in the first place. Their arrival in training will make it all the more vital to ensure that standards of training, particularly in teaching practices, are high. Trainee doctors who do not want to learn or to make good use of their experience will need tighter supervision than the strongly motivated trainees now undergoing training by choice rather than compulsion. The work of the Joint Committee on Postgraduate Training, concerned as it is with setting standards for the quality of training programmes, will acquire a new significance.

The Vocational Training Bill should go a long way towards showing young doctors, the public at large, and our colleagues in other branches of medicine, that general practice is serious in its determination to improve its own standards. It will lay a more secure foundation of required experience from which to identify those doctors completing training who choose to show that they have achieved the standards of excellence the College seeks to promote in clinical practice.

REFFRENCE

National Health Service (Vocational Training) Bill. London: H.M.S.O.

Royal College of General Practitioners (1974). *Evidence of the College to the Committee of Inquiry into the Regulation of the Medical Profession. Journal of the Royal College of General Practitioners*, **24**, 59–74.

NUMBER OF HEALTH CENTRES

THE revolution in the organisation of general practice which began in the 1950s and reached its full momentum in the 1960s had three main features: the acquisition of proper premises, staff, and equipment. In particular, this was the time when general practitioners began to move out of their homes into purpose-built premises whether privately or local authority owned.

Health centres, which had been an ideal of the Dawson Committee in 1920 had hardly been introduced at all in the 1940s, and only began to appear in the late 1960s. There were, for example, fewer than 100 health centres in Great Britain as late as 1968, whereas by 1974 this number had suddenly jumped to 600.

Health centres are, of course, by no means the only form of purpose-built premises, and are not even the commonest. Many general practitioners have themselves either built or converted private premises most successfully, often using loans from the General Practice Finance Corporation.

Nevertheless, the number of health centres and their geographical distribution are important, both nationally as an indication of the extent of the commitment by the National Health Service to primary medical care, and regionally as a yardstick by which different regions can be compared.

Lord Wells-Pestell (1976) recently provided in the House of Lords figures showing the number of general practitioners in each regional health authority in England and Wales who worked from health centres. Of the total 24,255 of practitioners in Great