EDITORIALS

Clinical work in general practice

THE evolution of general practice as an independent discipline occurred only during the last 25 years. It can be dated conveniently from the early 1950s or, more simply, from the foundation of an independent College of General Practitioners in Britain.

Since that time, four broad trends have emerged each of which have affected the other in a variety of ways.

Content of general practice

The first step was for the new discipline to analyse the content of its work systematically. Since it was struggling to achieve a separate identity in the 1950s, it was inevitable that attention would focus first on those aspects which made general practice different from, rather than similar to, hospital work. By a fortunate historical accident Balint's (1957) pioneering work at the Tavistock clinic can now be seen as a systematic study of the doctor/patient relationship in general practice. This indeed was what was, and is, most special about general practice and was the logical first topic.

Practice organization

On an entirely different front came the so-called organizational revolution of general practice, which was pioneered in the 1950s and followed in the aftermath of the highly critical Collings report (1950). This had the beneficial effect of stimulating practitioners to look at the problems, to meet to discuss solutions, and to work together to implement them. The Practice Organization Committee of the College pioneered a whole string of changes, notably the concept of the team and the introduction of appointment systems and business procedures to general medical practice. In the 15 years between 1955 and 1970 more organizational changes occurred in general medical practice in Britain than in the whole of the previous 150 years put together.

By the end of the 1960s, the revolution of practice organization was running out of steam, although great hurdles remained to be overcome. Increasingly the problems were more the generalization of the excellent rather than the radical pioneering of fundamentally new ideas.

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Education

Meanwhile, from the mid-1960s onwards the cutting edge of the development of the discipline increasingly came to lie in education rather than practice organization. Pressure to introduce general practice to the medical schools led to the opening of the first university departments of general practice in the middle 1960s. The College's evidence to the Royal Commission on Medical Education (1966) foreshadowed and recommended the introduction of vocational training, and in the 10 years 1966 to 1976 what had merely been the dream of a tiny minority became public policy approved by an Act of Parliament. Rarely in the history of medicine was so much achieved so quickly against such odds.

Now a new parallel is emerging. The position in education at the end of the 1970s parallels the position in practice organization at the end of the 1960s. Once again the challenge seems to be that of generalizing the best of current good practice, rather than introducing entirely new forms of training for general practice.

Research in general practice

Meanwhile the fourth great activity in general practice, research, has continued slowly but impressively. From a limited base in the early 1950s the quality of research work, the scale of its operation, and indeed the size of its supporting grants have risen progressively. However, what has not been overcome satisfactorily are the problems of encouraging large numbers of general practitioners to undertake high quality research in their own practices or in association with similar groups in the neighbourhood.

Clinical work in general practice

These four great themes of development in general practice during the last 30 years have occurred in relative isolation. Where does general practice go now? What is the main challenge of the next 25 years?

One interesting possibility is that general practitioners can now begin to study much more intensively than ever before the clinical problems presented to them in their day-to-day work. Certainly there is plenty of evidence

that clinical standards in general practice are not satisfactory, and plenty of evidence of unmet needs (Committee on Child Health Services, 1976). If general practitioners are now to begin to research these needs and to test the idea of clinical standards in practice and then to teach them, all the threads of development could become woven together quite quickly. The spirit of enquiry and the need to examine clinical care involves research methods. The problem of working out clinical standards and evaluating whether or not they have been achieved is one form of medical education which is ripe for study now. The essence of good general practice is to ensure a practice organization which provides a personal and continuing doctor/patient relationship.

Furthermore greater attention to main line clinical medicine might be a way of making common cause with consultants in many specialties.

Could it be that these four great, but apparently separate, threads in the development of general practice can now be linked together at last? Could it be that general practice is now ready for a major new development which will integrate each of these four traditions into a new and unified whole?

We believe that the cutting edge of our discipline will lie increasingly in clinical medicine in the community. Furthermore a pattern is emerging which involves general practitioners reporting honestly both on what they hope to do and what they actually do in the consulting room.

Role of the Journal

One of the most encouraging recent trends has been not just the number of articles this *Journal* has been receiving, written singly or jointly by vocational trainees, but the nature of the subjects chosen. Trainees, perhaps proportionally more than their trainers, are writing about their work in general practice. Here indeed is a happy trend which we warmly welcome and hope to encourage. A growing number of prizes and awards available to trainees, including the RCGP Astra award, should aid this process.

We publish in this issue today a series of articles about clinical work in British general practice. The topics will be familiar to all since they occur regularly in surgery after surgery. Vaginal discharge in general practice is considered in two different ways by Hull, who grapples with consensus care (p. 714), and Wright and Palmer who highlight the limitations of clinical examination without investigation (p.719). Turner, following Apley's classic study in 1975, examines the problem of abdominal pain in children (p.728), and the early diagnosis of neoplastic disease, which will always remain one of the great challenges for primary care, is the subject of Jenkins' paper today (p.723).

As for the future, one of the greatest challenges of all for the primary health care teams will be the prevention of ischaemic heart disease, which accounts for about a third of all British male deaths, and Stuart Brown today reports a coronary screening programme in general practice (p.734), while Jolleys reports as a vocational trainee on the investigation of patients in one general practice with indigestion (p.746). Finally, Hall describes some unusual problems which arose from practising single-handed in a remote rural village in winter (p.742), and Presley reports several cases of Bell's palsy in members of the same family (p.751).

All these practitioners and trainees are writing about day-to-day clinical work in their own practices. We welcome this development and hope that future articles will increasingly reflect this new and exciting trend.

References

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Balint, M. (1957). *The Doctor, His Patient and the Illness.* London: Pitman.

College of General Practitioners (1966). *Evidence to the Royal Commission on Medical Education.* Reports from General Practice No. V. London: Council of the College of General Practitioners.

Committee on Child Health Services (1976). *Fit for the Future.* London: HMSO.

The working of the National Health Service

For the most part the aims of re-organization [of the National Health Service] have not been achieved three or four years after it, and where they have been achieved it has been costly in terms of additional work, uncertainty, and frustration . . . . . . It may be that some of the aims are only superficially compatible.

THE Royal Commission on the NHS is to be congratulated on publishing a Research Paper on *The Working of the National Health Service.* This is the first time that the reorganized British NHS has been put under the microscope and this 236-page booklet describes a series of detailed examinations carried out with different authorities within the NHS and a number of decisions taken within the new administrative framework, including, for example, studies of decisions to close hospitals.

The tone is frank, the evidence clear, and the conclusions reasonable, and on the whole this booklet does not hesitate to speak out where it feels it necessary.

Among its conclusions are that the central depart-