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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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-

ments of Government "do not appear to be certain as to whether they should manage the field authorities, or monitor them, or simply hold the ring within which the real decision making in the field can struggle on", and, in a striking sentence, "It is doubtful whether it is ever possible to get decisions both right and acceptable, if indeed there is ever a right decision". This team does not hesitate to criticize the structure of the new NHS and records the "widespread feeling that there are too many administrative levels within the service". The recommendation, however, is not that there should be another national reorganization but that each region and area should "review its structure with a view to simplification". The team draws the distinction between what it calls "structural", that is, changes in the organizational structure, and "behavioural", by which it means a different code of behaviour of existing structures.

One of the main conclusions of the research team is that the management system is "top heavy and over elaborate" and that "within the present structure it is unlikely that decision making can be efficient". It is even less likely that morale can be high. They record "a great deal of anger and frustration on what many regard as a seriously over elaborate system of government, administration, and decision making" but note that the "people we met were committed, able, and concerned".

However, one of the most central and crucial issues of the whole document arises from the statement that "the National Health Service reflects movements of social change". It goes on: "Uncertainties too stem from change in the political and social climate of the National Health Service. Emerging professions and trade unions are challenging the traditional statuses, a process which to some extent gained encouragement from the reorganized structures. Many feel that values of service have been eroded by self-interest." The NHS is going through an extremely difficult period.

The critical issue, which has not yet been resolved, arises from the fact that the NHS, one of the biggest organizations in the British Isles, must inevitably reflect the society which created it and which it serves. This society has conflicting aims, one of which is undoubtedly a determined emphasis to improve participation and representation of all those involved in organizations big or small. Against this, however, are the undoubted needs of authorities and managers to take decisions which often involve quite painful choices.

It is gradually becoming clear that big organizations cannot easily serve in a satisfactory way the twin objectives of true participation and consultation with everyone concerned and reasonably swift and efficient decision taking within a limited time. The problem for society, and therefore the problem for the NHS, is how it is ever going to be possible for those involved in the NHS to serve these two masters at once.

Reference

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General practitioner problems (UK)

Is a referral letter part of a doctor's 'medical records'? The regulations require general practitioners to keep adequate records of their patients' illnesses and treatment on forms supplied for the purpose by the family practitioner committee (FPC). In dismissing an appeal against an FPC's decision not to investigate a complaint, the Secretary of State's decision was that a referral letter could not be regarded as part of the medical records governed by the terms of service:

"The Secretary of State's legal advice, which he accepts, is that a doctor's referral letter would not, by its nature, be a record that the doctor would keep and would not be on the prescribed form for records; hence it cannot be regarded as a record which a doctor is required to keep, and is thus not governed by the terms of service. That letter is not therefore a matter which can be considered by the service committee.

As far as your more general complaints about medical records are concerned, the Secretary of State wishes me to explain that, although such records are materially his property, the opinions expressed therein must be regarded as the property of the doctors concerned and subject to the strict rules of confidentiality imposed by medical ethics. The inclusion of information in the records, or its subsequent amendment or removal, are matters entirely for the doctor's discretion and decision in accordance with his responsibility for the medical care of the patient. A patient has no right to knowledge of the contents of her medical record. However, if she believes or suspects that her record contains incorrect information it is open to her to discuss the matter with her doctor in the context of the professional relationship between doctor and patient."

The member stated that none of the patient's records or letters had been removed or altered in any way, and that his notes and letters had been, without exception, accurate and relevant. He had discussed them with his patient and her husband, but they had remained convinced of inaccuracies and even alleged deliberate falsification of medical notes and letters and collusion between the general practitioner and the hospital.

Reference

Medical Defence Union (1978). *Annual Report.* London: MDU.