

Eighty-three per cent of all patients saw their general practitioner at least once every three months, and 47 per cent saw him monthly.

The authors conclude that the general practitioner manages the majority of patients without hospital referral, and that the results of treatment as indicated by the most recent blood pressure reading is similar for patients managed by general practitioners and hospitals. They quote the editorial in this *Journal* (1976) which recommended six routine tests for all hypertensive patients and a target of diastolic pressure of less than 100 mm with a follow-up at least every three months. Their figures show that these criteria were rarely met. Does this mean that our objectives were wrong, over-ambitious, or that systematic follow-up care in the practices is not yet appropriately organized?

Saving Health Service resources

An interesting conclusion can be drawn from these papers. Hart in his classic Butterworth Gold Medal Essay (1975), published in this *Journal*, considered that three separate blood pressure readings were essential before the diagnosis of hypertension could be confirmed. He showed that a single reading leads to a misleadingly high prevalence. Yet in this series treatment was started in over a third of patients on a basis of only one blood pressure reading; hence Parkin and colleagues conclude: "It seems probable that a proportion of patients currently taking anti-hypertensive drugs need not be doing so."

Similarly, at a time when the cost to the National Health Service of each attendance at a hospital out-patients is about £12, it looks as if many patients are being referred to hospital unnecessarily and some retained there for long-term follow-up who could be equally well looked after by their own general practitioner.

At a time when cash limits are being imposed on health service authorities throughout the United Kingdom, here is one obvious saving. If general practitioners could be encouraged through education to accept the responsibility for the proper investigation and systematic follow-up of chronic conditions such as hyper-

tension, worthwhile savings for the National Health Service would be achieved at greater, not less, convenience for the patient.

Medical audit

These two studies taken together represent an important new development in the care of hypertension in the community.

The first highlights the variety and range of opinions currently held in general practice. It identifies the absence of a consensus and hence underlines the need for further research and education. In some ways it is reminiscent of Howie's (1972) earlier study, also from Scotland, which similarly highlighted the lack of consensus about diagnostic criteria. Only when general practitioners get together and collaborate with experts in the appropriate subjects can they begin to agree rational standards of good care and so make further progress.

The second study is one form of clinical audit. The general practitioners participating are to be congratulated on opening their records to external scrutiny and allowing their management, referral patterns, and quality of care to be monitored.

Although this was undoubtedly a self-selected group, on the whole the results are encouraging. They confirm that hypertension is a condition that is well capable of systematic control within general practice and that standards of care achieved are at least as good as those of patients supervised by hospitals.

Hypertension is in many ways a classic model of a chronic disease, which represents a considerable clinical challenge for general practitioners.

References

- Hart, J. Tudor (1975). The management of high blood pressure in general practice. Butterworth Gold Medal Essay 1974. *Journal of the Royal College of General Practitioners*, 26, 160-192.
- Howie, J. G. R. (1972). Diagnosis—the Achilles heel? *Journal of the Royal College of General Practitioners*, 22, 310-315.
- Journal of the Royal College of General Practitioners* (1976). Looking after patients with high blood pressure. Editorial, 26, 235-236.

College Appeal 1980

VERY rarely does a professional body in any discipline have sufficient funds to carry out all the projects and bring to fruition all the ideas which it wishes to pursue. Our College is no exception; indeed, founded as we were in the post-war era of Britain's declining economic fortunes, we have not had the

advantage of accruing funds in the hey-day of Victorian prosperity and its accompanying generosity.

Naturally we are grateful to the many friends in industry and commerce who have helped us in the past. Grateful too for the efforts of our own membership, many of whom have given unsparingly of their time and

money to establish the College. With over 9,000 fellows, members, and associates, we are now an increasingly influential voice in medicine, consulted widely in all important developments affecting not only general practice but also the patients for whom we care.

The time has come to build up our resources to give us the independence to pursue our own policies. No-one knows what the 1980s will bring, but one thing is certain—we will need self-sufficiency if we are to expand during the next decade. Recurrent crises in world affairs will mean that governments everywhere will be forced to retrench. The College must acquire a firm financial base from which to operate.

In particular, we need to expand our research effort, to reinforce its infrastructure and to train the next generation of research workers in general practice. There is enormous potential in research in general practice which as yet has hardly been tapped. We are just beginning to see advice and information flowing from the College's own research. The safety of prescribing oral contraceptives is one such example (RCGP, 1974).

Based on such research, we need to develop standards for clinical care in general practice. We need to look at the quality of our work. The College needs to expand its means of providing information—the Central Infor-

mation Service, the Library, and the continuing process of learning.

We are charged by our Charter "to encourage, foster and maintain the highest possible standards in general medical practice". Not, it may be noted, only amongst our membership, but in the whole of general practice. This we are beginning to do. We provide advice from our Research Units to all; we contribute from our own resources to the Joint Committee on Postgraduate Training for General Practice and provide its secretariat; we staff and resource the Central Information Service for all in general practice to use; and we have the only Library in this country which is devoted entirely to general practice.

All this costs money, and more money is needed if we are to expand our work. Therefore, starting this October, we are appealing to industry and commerce for £1 million. We may well need more, but such a sum will give the College financial independence and enable it to fulfil the duty it has towards improving general practice.

Reference

Royal College of General Practitioners (1974). *Oral Contraceptives and Health*. London: Pitman Medical.

A System of Training for General Practice—second edition

THE occasional paper series was introduced in 1976 as a way of maintaining separate *Journal* publications whilst meeting the challenge of escalating costs of both paper and postage.

Unlike the older *Journal* supplements, occasional papers are not sent free of charge to all readers, but sold directly from 14 Princes Gate. The editorial process and standards are exactly the same as the supplements but production costs are greatly reduced through smaller print-runs and saving in postage.

Since this new series was introduced, occasional papers have been published on a variety of topics. The eighth and most recent was *Patients and their Doctors 1977* which appeared in March this year.

In analysing the eight titles, some trends become immediately apparent. The commonest single topic is education, with number two, *Opportunity to Learn*, four, *A System of Training for General Practice*, and six, *Some Aims for Training in General Practice*, all being about education and all attracting considerable interest. Numbers two and four have already sold out.

We publish today for the first time a second edition of an occasional paper. This reproduces the text of the first edition of D. J. Pereira Gray's description of the principles and approach to vocational training by the Department of General Practice in the University of Exeter, which remains the only university department of its kind outside an undergraduate medical school.

This second edition also contains 15 appendices which give facts and figures about vocational training in the Exeter area. These include one of the most comprehensive reading lists for general practice so far published, a description of the characteristics of the trainers in East Devon, and topics suitable for a planned three-year curriculum for vocational trainees. The appendices seek to show how the principles outlined in the body of the paper can be applied in practice.

A System of Training for General Practice, second edition (1979), Occasional Paper 4, is available now from 14 Princes Gate, Hyde Park, London SW7 1PU, price £3 including postage.