report a controlled study of geriatric screening and surveillance in general practice itself.

Donabedian, in his recent Ward Darley Lecture (1979), has classified patient care into two domains, technical and interpersonal, and suggests that quality includes the benefits and risks of both. Medical audit will always be a problem because it implies a formal examination of a process that is inevitably difficult and complex. Nevertheless, the threads are becoming clear and the principles more commonly agreed. External audit by non-doctors is vigorously resisted and generally thought to be diminishing rather than enhancing for a profession. External audit by other colleagues is hotly disputed but becoming more accepted both in the United Kingdom and Canada. Self-audit by individual doctors or practices is now increasingly welcomed and needs to be encouraged.

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Education in the Northern Region

The College believes that medical education needs radical reshaping to place much greater emphasis on continuing education and medical audit.

Royal College of General Practitioners (1977).

FORMAL postgraduate education for the established general practitioner has been provided, with varying degrees of success (RCGP, 1977), for almost 15 years. Its natal handicap was the absence of a clearly articulated statement of the nature of general practice itself, so that it has not been surprising that, in the main, hospital doctors have decided the content, organized, and taught family doctors.

Clinical tutors have sought advice from general practitioners and encouraged them to contribute: they have been baffled by the lack of response and concerned about the waning interest. General practitioners have struggled to compete with consultants by giving lectures, and have been discomfited by their own inability to communicate in this traditional way, perhaps not realizing that there was a more basic discontent—the method was inimicable to their own interest.

Clinical isolation cannot be dispelled simply by assembling with others to listen to a lecture, however well produced by however eminent a doctor. How often has it been said that "the best part of the meeting was the talk over a drink or a meal"! Any direct relevance to the everyday work of the general practitioner occurred almost by chance and when the shoring provided by the attachment of attendance at Section 63 courses to eligibility for seniority payments was removed, the edifice which remained has creaked and almost crumbled. The returns made by postgraduate committees to the Department of Health and Social Security show a declining attendance rate and study of the content of programmes shows it to have changed but little.

However, this instability may be most opportune, for other important changes have taken place in general practice which should provide circumstances ideal for new initiatives. Vocational training has bloomed with remarkable rapidity. The harnessing of this prodigious enterprise in so short a time will be seen as one of the outstanding medical events of this decade, and it reflects with great credit on the College. The effect on the individual doctor is difficult to assess—those who have tried to assess it rate it doubtful (Thomas, 1978)—but there is no denying the changes which have been wrought in the providers of this educational experience (a better concept than training) and in their practices; they record, meet, discuss, read, teach, and innovate on an unprecedented scale. Its advance has uncovered a previously unexposed enthusiasm of practising family doctors to teach not only their juniors but themselves and, crucially, by critical scrutiny of the records of their own patients in their own practices. Surely some of this must have been absorbed by the transitory trainee?

The survey by Reedy and colleagues, published this month as *Occasional Paper 9,* suggests that it may have been, judged by the ex-trainee principals' expressed preferences for group work and clinical attachments. In addition, ". . . mature general practitioners . . . are seen by younger general practitioners as a legitimate source of information . . ." These signs alone should alert us to a new challenge in continuing education.

It was early awareness of this task that stimulated the North of England Faculty of the College to enquire into the state of postgraduate education in the Northern Region: a questionnaire was sent to clinical tutors following which the ready help of the Medical Care Research Unit was sought to procure detailed information of the interests and attitudes of a random sample of general practitioners. The outstanding response rate of those questioned demonstrated their interest, encouraged the Faculty, and co-incidentally indicated their confidence in Dr Reedy and the Unit. The important conclusions of this report have endorsed the impression of changes produced by vocational training and have served to heighten the Faculty's anxiety about its own organizational inadequacy to cope with a new approach to continuing education. Not for the first

time help has been sought from the Postgraduate Institute of the University of Newcastle-upon-Tyne, where, in the General Practice Advisory Committee both College and non-College representatives are able to debate these issues. Is not this a proper model for the College: research, thoughtful analysis, problem definition, and the pursuit of solutions through other (National Health Service) funded activities?

We publish today Reedy's well written report. It is based on a secure method and provides no easy answers—its preparation has been its greatest reward to the North of England Faculty, but to others it at least provides encouragement to look ahead, to contribute, to establish new links with old colleagues, to support younger ones, and above all to experiment. Small group teaching is only one method of education, whether of self or others; there will always be a place for the didactic lecture, bedside discussion, and any number of others but the potency of the well-led group is evident.

Another debate is developing its momentum, presaged by the clear separation of continuing education and medical audit in the College's (1977) Evidence to the Royal Commission. Audit is understood by many to convey control and conformity, the antitheses of freedom and experimentation enshrined in a liberal education, and if this is so, postgraduate education should not be corsetted by the methodology of audit. It would be a dangerous policy to champion audit before a proper consideration of the educational aims of continuing education. Reedy's report could help us on our way to a co-operative effort to make fresh provision for education firmly related to patient care. Are the faculties capable of giving a lead?

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Addendum

General Practitioners and Postgraduate Education in the Northern Region, Occasional Paper 9, is available now, price £3 including postage, from 14 Princes Gate, Hyde Park, London SW7 1PU.