

# *Editorials*

## FOUNDATIONS FOR RESEARCH

When the College of General Practitioners was founded in 1952 a research committee was set up almost at once, since members of the steering committee had appreciated that opportunities existed for the conduct of research in general practice. The precedents were few,—an attempted introduction of group studies in the 80's, the work of individual doctors of the calibre of Snow, Mackenzie and Pickles, and an occasional contemporary paper or letter to a medical journal. Such straws in the wind gave no inkling of the upsurge of interest and work that was to follow in the next few years.

At first it was hoped to conduct group studies on a limited scale, with a few observers working on subjects which interested them in their practices, but the growth of the research register soon showed that more ambitious and elaborate investigations were possible, provided techniques could be devised which could be used accurately under the conditions of general practice. The planning of investigations rather than the recruitment of volunteers became the main responsibility of the research committee.

These early studies of the extent and distribution of morbidity, of the influence of therapy on the complication rate of measles and the epidemiology of hitherto unnamed fevers cleared much ground, showing that there were ways in which general practitioners could make unique contributions to scientific knowledge. The question came to be asked: "Can this study be carried out as well, or better, in any other field of practice? ", and the answer—unexpectedly often—was "No". Sometimes methods of research devised for hospital conditions seemed applicable in general practice but more often it was found that the principles of observational research had to be considered afresh and applied to each new problem as it arose.

Experience was gained gradually, with willing help from colleagues in many fields of science and medicine, both in the design of investigations of different kinds and in the co-ordination of the work of the large number of widely dispersed volunteers. The research committee itself grew in size and, since distance precluded frequent meetings, methods of postal discussion were devised so that it might remain in continuous working session. This done, a realistic appraisal of the College's opportunities was possible and the committee set itself to consider what kind of organization would

best enable general practitioners to develop research in their own field. The foundations for future research by the College had to be laid.

It was realized by a small planning committee that there was a point beyond which general-practitioner research could not go, if it depended entirely on the goodwill of volunteer workers who would undertake both the planning and conduct of research as a sparetime hobby. This committee proposed that a Research Foundation be set up to develop more fully the varied activities already undertaken by the research committee of Council. The establishment of this foundation was approved in principle by Council in March, and work continues on its detailed function and relationship to the research committee itself.

When the research register was opened the interests of those joining it were classified, and were later found to fall into a limited number of main groups. From these groups derive the four main units which, it is suggested, will comprise the research foundation in its initial form.

The research advisory unit will handle the advisory service now carried on by the research committee in which suggested investigations are considered in draft form. From increasing experience it is often possible to advise on plans made by practitioners or others whose work may lead them into the wide field of practice. Guidance may be given on design of questionnaires, and projects may be brought to the notice of members of the Research Register by means of its restricted circular *Between Ourselves*. The unit will maintain its register of work carried out in general practice throughout the Commonwealth, and the full development of a journals monitoring and abstracting service may become practicable.

The statistical unit is already in being, in a simple form, for a grant from the Nuffield Provincial Hospitals Trust has enabled it to begin limited function from the Department of Medical Statistics in Birmingham University. This unit will ultimately provide not only technical advice on the statistical analysis of material collected in general practice but also analytical capacity using modern punch-card and other techniques, for individual research workers wherever they may be. In addition the unit will, through the eyes of its observer-network, maintain a continued watch on community morbidity. Work already done on the classification of disease and means of recording will be developed as rapidly as circumstances permit.

The epidemiology unit is already well developed and techniques which it has devised for the study of epidemiology in its broadest

sense have already proved their worth. These techniques can be applied in new ways and to different conditions. In this country, as well as in the Commonwealth, this work will be developed in conjunction with workers in preventive medicine. Close liaison will be essential, also, with workers in pathological laboratories particularly those concerned with virus studies. The task of matching identifiable symptom-presentations to actual viruses will be largely undertaken by this unit.

The therapeutic research unit will develop further a process of "facilitation" of the work of others. This catalytic activity may be considerably extended if plans for the therapeutic unit are implemented. Much remains to be learned of the performance of therapeutic agents, both old and new, in the field of general practice in which many of them find their greatest range of use. Clinical trials techniques devised in hospital may not be appropriate in general practice and here new methods must be worked out, with the help of many colleagues.

These are, then, the corner-stones of the Research Foundation. Other units may perhaps be added in the future, but we must always be aware of the circumstances in which they were conceived. In less than ten years, during which a financially insecure profession was adjusting itself to a National Health Service, the loyalty and devotion of many hundred spare-time volunteers laid for us the corner-stone of a Foundation. While we look back at their work with modest pride we must look forward into their future with confidence in them, and in ourselves.

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### THE REPORT OF THE ROYAL COMMISSION ON DOCTORS' AND DENTISTS' REMUNERATION\*

The strength of the College lies largely in its firmness in refusing to be drawn into medico-political controversy.

In the application of scientific medicine to the field of family medicine and in the organization of medical practice for the benefit of patients there is enough to keep our members fully employed for a long time to come. Nevertheless, the report of the Royal Commission on Doctors' and Dentists' Remuneration is an important document, of interest to all medical men. If accepted it will undoubtedly set the financial standards of the profession for many years. It therefore behoves all to read the report closely.

The only really controversial issue is the suggestion of a special

\*Royal Commission on Doctors' and Dentists' Remuneration 1957—1960. *Report Cmnd. 939*. 1960. H.M.S.O. London. Price 15s. 0d.