"We believe that a compatible computer system could (and should) be in widespread use in general practice in five years, and adopted by virtually all practices in 10 years" (Chapter 3).

This report begins by discussing the desirable attributes of a general practice record (information) system; it lays down the aims and hence the standards that must be provided if computers are to contribute substantially to raising the quality of general practitioner care. This befits a report written primarily by general practitioners for general practitioners.

There is an invaluable short glossary of computing terms on page 6, which lists in just a few pages those words and phrases that have become generally accepted in computer language, thus making it possible for practising clinicians to understand the principles involved. Micro and minicomputers are defined, with the helpful statement that the distinction between them is vanishing rapidly and that it is probably true that in a few years' time the performance specification associated with a minicomputer will be available for present day costs of a microcomputer.

Among the difficulties associated with the acceptance of computers has been the problem of confidentiality of medical records, a topic of great interest to personal doctors and one which has attracted attention in this *Journal* in the past *(Journal of the Royal College of General Practitioners,* 1978). This Working Party makes the firm statement that the confidentiality remains the responsibility of the doctors, with the added advantage of greater security provided by the computer, and goes on in a later section (page 30): "The working party is satisfied that the confidentiality of patient data can be achieved in a computerized system at a higher level than that currently available on manual records."

A second important historical difficulty in attitudes has been associated with the idea of linking general practice information with large centralized machines in some big, bureaucratic empire.

Here again the Working Party concludes: "The recent availability of low-cost micro or minicomputers leads us to favour *practice-based* machines at present" (our italics). Here is a revolutionary breakthrough which can be regarded as a further example of miniaturization in general practice (Pereira Gray, 1978), which will enable the benefits of the new technology to be spread rapidly and widely whilst retaining for the patient personal control by independent principals.

Later sections of the report give examples of use and emphasize the value of early incorporation of appointment systems and home visiting lists. Recent developments such as the GPO Prestel system are described, and possible applications for supplying important morbidity statistics and operational data to service authorities are foreseen, as well as interesting possibilities of links between practices, between different branches of the health service, and between other professionals.

In a final, but important, short section on political and economic problems the report discusses some of the arrangements which may be necessary to help general practitioners who own their own practices and equipment to introduce such machines in the short-term future. The conclusion is that it is important that co-operative action should be taken by the Royal College of General Practitioners, the British Medical Association, the Department of Health and Social Security, and the Working Party and is optimistic that this will be possible. The report concludes with the statement: "The situation is changing fast. The earlier a united profession begins discussions and negotiations with the Department of Health and Social Security the less likely are we to be overtaken by events."

Computers in Primary Care appears at an appropriate time, and the Council of the College, especially the members of the Working Party led by Dr Clifford Kay, can be congratulated on producing this useful and thought-provoking booklet which deserves to be widely read.

Computers in Primary Care, Occasional Paper 13, is available now from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.00 including postage.

References

British Medical Association (1969). *Computers in Medicine. Planning Unit Report No.3.* London: BMA.

Journal of the Royal College of General Practitioners (1978). Privacy for patients. Editorial. **28**, 131-133.

Pereira Gray, D. J. (1978). Feeling at home. James Mackenzie Lecture 1977. *Journal of the Royal College of General Practitioners,* **28**, 6-17.

Section 63 Activities

SECTION 63 of the National Health Service Act (1968) gives Parliamentary authority for financial support for "such instruction as appears to him [i.e., the Minister of Health] conducive to the efficient carrying out of that activity" (i.e., services provided by general practitioners). A Parliamentary authority has been delegated to regional postgraduate deans and the regional education committees who have on the whole been liberal in their interpretation of the meaning of the Act.

The significance of Section 63 has been greatly underestimated by those writing the history of recent educational developments in general practice, but it has been one of the more important reforms in the last 15 years because it has provided important real resources at a time when they were badly needed.

Section 63 is important not just because it provides lecture fees and some overhead expenses for organizing educational activities, but more important still because it provides a reasonably fair reimbursement of expenses incurred by general practitioners and vocational trainees attending these courses.

The impact of this Section in terms of attendances alone is underlined by the rise in recorded attendances by general practitioner principals from about 45,000 attendances at about 20,000 courses in 1969/70, to about 40,000 courses with principals totalling about 92,000 attendances in 1977.

Educational theory, however, has moved on from simply counting heads at lectures, and Wood and Byrne move it on one stage further today by asking some critical and as yet unanswered questions about the whole purpose of continuing education in the largest branch of the profession. They note in passing that there are no written goals from either the government or the profession which makes it difficult to evaluate the success, if any, of all these courses.

They trace the historical development of postgraduate education in general practice and note that the present administrative framework still hinges on certain assumptions: first, that the most important educational task is keeping clinicians up to date with advances in medical knowledge and techniques; secondly, that as far as general practice is concerned a useful distinction can be drawn between 'service' and 'education'; thirdly, that the needs of vocational training and continuing education are indistinguishable and best served by a single body; and fourthly, that the responsibility for general practitioners' continuing education is "best placed in the hands of hospital consultants."

Byrne and Wood state: "While these assumptions may have seemed self-evident when the original arrangements were made, we believe they may require reconsideration in the light of subsequent changes in attitudes to continuing education and developments in general practice."

In this new *Occasional Paper* which we publish today, the range of Section 63 activities is outlined in the light of research carried out in some regions, and evidence is republished about the way in which some postgraduate centre programmes develop.

It is sad that most regional deans "were unwilling or unable to assist" in these enquiries, but encouraging that the clinical tutors were much more ready, at least in the North Western region, to discuss their work. Here, it appears, "all of them held at least one post as a hospital consultant" and "most had also qualified 25 or more years ago. The physicians in this region outnumbered their colleagues from other specialties." "The appointment of clinical tutors seems therefore to provide one example of the operation of the status system within the medical community."

Among the characteristics of the lecturers in the North Western region in 1977 Wood and Byrne found that more than 83 per cent were male; that 70 per cent were either consultants, academics, or senior registrars; only seven per cent of lecturers for courses specifically planned for general practice were general practitioners themselves. "The findings of this study highlight the extent to which general practitioners' continuing education is in the hands of non-general practitioners, the random chain of events behind many Section 63 lectures, and the low morale of some of those who are currently involved in the teaching."

The idea that assessment is "an integral part of the educational process" (Merrison Committee, 1975) is becoming more readily accepted, and Byrne and Wood report that "Awareness of the need to evaluate Section 63 activities appears to have been rising slowly but steadily during the 1970s," and they quote from a well known editorial in the *British Journal of Medical Education* (1974) which stated: "The acid test of the value of continuing education of the doctor is whether or not it results in a beneficial change in the practice of medicine." Nevertheless, in a later section, they write: "While evaluation of Section 63 activities is increasingly recognized as desirable, it still appears to be undertaken relatively infrequently." They conclude by making some practical suggestions about how evaluation can be improved.

Conclusion

Section 63 is an important reforming piece of legislation which has made available to general practice substantial and continuing sums of money for further educational activities. This is a Section of an Act of Parliament which now makes it possible to provide, without cost to the consumer, most of the educational food currently available for established principals and for vocational trainees. It is now beginning to be used for other educational activities as well.

It is already clear that the time is ripe for a review of the use of this money, for a re-thinking of its aims and a new thinking about ways of evaluating all this effort.

As a start, *Section 63 Activities* will be found to be both a useful survey of the past and a valuable starting-point for the future.

Section 63 Activities, Occasional Paper 11, is available now from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.75p, including postage.

References

British Journal of Medical Education (1974). Problems of continuing medical education. Editorial, **8**, 84-86.

Committee of Inquiry into the Regulations of the Medical Profession (1975). Merrison Report. Cmnd 6018. London: HMSO.