

practitioner will need facts about the resources and procedures available nationally and locally for the termination of pregnancy, and facts about the outcome of differing approaches to the dilemma of women carrying unwanted fetuses (not always the same women who deliver unwanted children). The important paper published today (pp. 473-477) by Frank and Kay gives promise that some helpful answers to quite practical questions will emerge.

The Manchester Research Unit, led by Dr Clifford Kay, has pioneered a form of long-term co-operative research based on sufficient financial and personal resources to provide effective follow-up; in the case of oral contraception, we have already been given answers (RCGP, 1974) which general practitioners, and indeed all working in that field, are using daily in their work with women consulting about their contraceptive needs. This concept has now been extended logically in the Attitudes to Pregnancy Survey to a co-operative research effort involving 1,509 general practitioners and 795 gynaecologists. The data base on which the follow-up will operate is now presented to us—no solutions are yet claimed, but a few broad conclusions have been offered by the authors: women continuing with their pregnancies reduced their smoking more than those having abortions, and women having abortions seemed to have been better educated than those continuing with their pregnancies. These conclusions may seem obvious, but nevertheless offer a whole area of sociological speculation to trigger off further research.

Other important conclusions relate to the comparability of the populations recruited. Not surprisingly some reservations exist, since the general practitioners providing the data are self-selected, being those interested in the idea of such research and willing to go to the trouble

of completing follow-up forms for several years. However, the prospective nature of this study, the careful collection of relevant information about the cases and the methodology of follow-up give some hope that we shall eventually obtain really firm facts about the sequelae of induced abortion.

A recent leading article in the *British Medical Journal* (1981) has reviewed the late consequences of abortion from the world literature. As was perhaps inevitable in an emotive subject, and from retrospective material, there appears to be a gross conflict of evidence as to whether there remains after termination of pregnancy an increased risk for subsequent pregnancies. For the general practitioner and for his or her patient, this aspect will often, even usually, be of paramount importance; for the Act of 1967 it nearly always has to be determined whether the continuation of that pregnancy is likely to be more harmful to the physical or mental health of the patient than its termination. There may well be serious conflicts of interest here, and all concerned with counselling such women and with making decisions about terminations for them will need precise data about relative risks.

At least a start has been made towards that goal; probably sufficient cases and controls have been recruited for the statisticians eventually to get to work, and the two Royal Colleges have shown a fine enthusiasm and a refreshing readiness to identify common aims.

References

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Medicines Surveillance Centre

THE College's oral contraception study has been the largest research project of its kind in the world, with 1,400 general practitioners monitoring the effects of oral contraception on some 40,000 women over a period of more than 10 years. The study disclosed the increasing danger of oral contraception for women over the age of 35, with particular reference to cardiovascular complications, and continues to provide important information about the safety and the dangers of these hormone preparations. In undertaking this study, the College has therefore demonstrated, in the most practical way possible, its capacity to use its resources to carry out post-marketing surveillance on a major scale and to allow the identification of relatively rare side-effects which may occur in less than one in 5,000 cases a year.

The College must be aware of the increasing public concern about the unwanted side-effects of new drugs

which has been expressed in both press and Parliament. It is interesting to recall that it was a letter to the medical press signed by Dr E. V. Kuenssberg, past President of the College, and Professor Ian Simpson that drew attention to the potential dangers of thalidomide, while another former President, G. I. Watson, recommended at least 10 years ago that the College should use its research resources to undertake clinical trials of new medicinal products. Yet no major efforts were made until the contraception study. It is therefore appropriate that the College should have considered how best it can use its resources to serve society in this vital field of early detection of unwanted side-effects. Some 80 per cent of all medicines are prescribed by general practitioners and the majority of these are for common ailments where no serious side-effects are acceptable.

The College is aware that anyone entering this field

must apply the most rigorous scientific and ethical standards and that independence from both producers of pharmaceutical products and government is vital. The College has also been aware of the criticisms of clinical trials organized by pharmaceutical companies in general practice, which have sometimes verged on promotional activities, and of the pressures that government might exert to limit expenditure in prescribing. For all these reasons the College has acted independently in setting up a section within its own organization, to be named the Medicines Surveillance Centre Ltd, which is to give advice to pharmaceutical companies or to government and to plan the conduct of clinical trials or post-marketing surveillance of drugs. The Centre will co-ordinate trials conducted either by College members as individuals or through the existing College research units. University departments of general practice will also be invited to undertake trials on behalf of the College. Because of the large amount of administration and technical support required for many of these projects, the College has engaged as its technical secretariat an independent company, Medical Monitoring and Research Ltd, to which certain projects will be delegated where this seems most appropriate and where the existing capacity of our other research units is fully occupied. Medical Monitoring and Research Ltd will also undertake, on behalf of the College, detailed costing of projects and financial negotiations with the pharmaceutical companies. It is College policy that general practitioners taking part in these studies will receive payment

only to an extent which covers the costs involved and which will in no way be regarded as an incentive to take part in the trials.

The first clinical trial, involving a new anxiolytic, is already under way and the College has been most encouraged by the response from the general practitioners who have been willing to take part in the trial. We have been impressed by the quality of the administrative work undertaken by MMR as our agents, and already an increasing number of requests for further trials to be undertaken by the Centre are being received. Members who would like to take part in future studies should write to the Medicines Surveillance Centre at the College (a form is provided on p. 457).

It is consistent with established College policy, with our experience in the oral contraception study and in the light of public concern, that the College should now offer its resources to undertake clinical trials in general practice and the post-marketing surveillance of medicines. We trust that this initiative will benefit the public and the profession, and we can certainly give the assurance that the work undertaken by the Medicines Surveillance Centre will be to the highest scientific and ethical standards. To this end, the College is delighted that Sir Eric Scowen has agreed to chair a College Ethical Committee which will review all the protocols submitted to the Medicines Surveillance Centre.

A. G. DONALD
Chairman of Council

A new animal

ON 21 May the Chairman of the College Council opened the first phase of CLASP—the City of Lichfield Academic Support Practice—in the St Chad's practice health centre in South East Staffordshire. On the surface this may not seem a very remarkable event, yet the concept of an Academic Support Practice (ASP) is an exciting one. It consists of an ordinary working practice itself providing local general practitioners with a base for continuing education, in the shape of a library, doubling as a conference room for 20 to 30 people, an 'observation' consulting room with one-way mirror system and, as a second phase, a seminar room and small foyer with bar and cloakroom. It is small, intimate and geared to an increased level of personal commitment by the local general practitioners.

In contrast, established postgraduate centres in hospitals are large and formal places, with lecture rooms to hold a hundred or more. They are often arranged in the old style, with fixed seating in rising tiers and public address systems. They may be very well endowed, but they are rarely used to capacity or anywhere approaching it. Steel (1981) in his James Mackenzie lecture points out that "... all is not well with Section 63 meetings.

Attendances are low and many meetings are still hospital biased." Irvine (1979) queried whether attendance at Section 63 meetings would continue once the minimum attendance requirements for seniority payments had been dropped.

The hospital-based system of postgraduate centres provides four fifths of general practice education (*Journal of the Royal College of General Practitioners*, 1979), and relies heavily on a system of formal lectures (Wood and Byrne, 1980). These activities increasingly appear to be the province of a hard core of 'regulars' who may well be motivated as much by ideas of duty and loyalty as by any intrinsic merit or interest in the course content. Even the appointment of College Tutors to those centres, in an endeavour to enlarge local advice to clinical tutors, has been judged a relative failure (Irvine, 1979).

Local meetings

Many individual practices have evolved a system of practice meetings where case presentations and other discussions are carried out, but they lack the wider