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

stimulus that an area-based centre provides. The ASP occupies the middle ground between individual practice activity and the traditional hospital-based postgraduate centre; it will be small enough to encourage involvement and large enough to ensure cross-fertilization of ideas. Its scale is likely to attract more general practitioners than a hospital-based centre can. The doctors are likely to know one another by name or by individual interest, and personal involvement in something like a 'club' atmosphere should go a long way to desensitize the allergy to audit and small group work from which many mature general practitioners suffer. The known special interests of local doctors may also stimulate research, especially once small local meetings begin to provide the general practitioners with the necessary boost of confidence.

Library facilities

For advance in general practitioner research there must also be library systems geared to general practice. It is inevitable that the traditional postgraduate centre caters for general practice reading as only one small facet of its total commitment. Thus one such centre, taken at random, has only 20 books and a few pamphlets on general practice, out of a total of approximately five thousand. Of College publications, apart from the *Journal,* this centre had only eight *Reports from General Practice,* one *Occasional Paper* and one *Supplement.* Many practices can boast of more than that. However, there are still practices where even the basic textbooks of general practice are absent. A wide selection is too expensive and the general practitioner may find no comprehensive collection of books outside the College library or in the nearest university department of general practice.

One solution would be to exert more pressure on traditional postgraduate centres to cater more for general practice than at present. Another solution would be to provide these at an ASP. The City of Lichfield ASP is progressively enlarging its library of books, slides, specimens, audiocassettes, video cassettes and x-rays. These, together with recording and playback facilities and a Prestel television link for the Post Office's 'medical profession only' pages, make a substantial back-up academic support system for the surrounding area. Video facilities for recording sessions or consultations may be added later.

Finance

As with any prototype, problems remain to be resolved. The chief of these is finance. No special provision for funding has yet been made available and so the St Chad Health Centre is for the moment bearing the cost of the venture. However, steps are being taken to secure charitable status and it is fortunate that the South East Staffordshire District Health Authority has been so encouraging. Active negotiations continue with this Authority and with the Staffordshire Family Practitioner Committee. The Midland Faculty of the College has made a generous donation of £500 to the library account and various pharmaceutical companies are making smaller donations. The College has also given an interest-free loan of £1,000. In many cases the lecturer's fee, where Section 63 activities are approved, is being donated to the library account.

Organization

The ASP has a programme committee staffed by general practitioners appointed by their practices to represent their interests. This structure encourages grass roots involvement and ensures that topics considered both relevant and of interest are put in the programme. An ASP needs to cater for all general practitioners and not only the minority who are College members or Associates. However, if the College is involved from the beginning, there is a likelihood that many of the established principals who attend will seek Associate Membership and perhaps ultimately be encouraged to essay full membership.

The concept of a centre "of the people, by the people, for the people", relying heavily on audit and small group work, is not to be deprecated as mere evangelism, though small group work itself has attracted such comment (Reiff, 1966). Small group work and audit are two sides of the same coin and various authors (Buber, 1947; Bion, 1961; Schumacher, 1973; Perls *et al.,* 1977) accept the constructive challenge for the individual of the shifting stimulus and frustration of group work. However, although processes and formats of group work have been devised (Byrne and Long, 1973; Foulkes, 1975) and the functions of cohesive groups listed (Yalom, 1975), the need for more groups remains a priority in general practice. Foulkes (1975) deserves quotation at length:

> "More often such groups are formed from individuals with separate interests. All they have in common is, for instance, that they work in the same factory or in the same department of an institution. For the rest they may be competitors, mistrust each other, be curious or otherwise hostile . . . The principle is therefore that of a 'free discussion' of their shared problems. They should be frank in this, participate actively and deal with unnecessary frictions and negative emotions."

The profession will watch this new venture in postgraduate education with considerable interest, looking for its wider application. Audit and small group work are not the bogeys they have been painted. We can still become "wise as serpents" and yet with methods "harmless as doves".

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Patient participation

IS patient participation a bogey or the salvation of general practice? It is possibly neither, but the fact that there are so many misconceptions about it certainly cannot be good, and it is therefore most helpful to have several essays about it gathered together in *Occasional Paper No. 17.* The essays, most of which have not been in print before, describe what patient participation groups can and cannot be expected to do and why they are needed, and give us some hard information in the shape of surveys of the views of patients and doctors. There is also a full report of the study day on patient participation held at the College in early 1980. Patients and doctors will find a great deal to guide them in deciding whether organized groups will improve the delivery of health care, and sociologists and other academics will at last have a source book on the subject.

One of the speakers at the study day concluded that his survey of the nature and future of general practice led him to the inevitable conclusion that the patient participation group will have a central role to play if the needs of the community are to be met and health services are to remain competent and containable.

Patient Participation in General Practice, Occasional Paper 17, is available from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU, price £3.75, including postage. Payment should be made with order.

Costs of in- and outpatient care

The substitution of ambulatory for inpatient care has become a common cost-containment proposal; it assumes that an equivalent or better clinical outcome at lower cost will result. However, when criteria for measuring cost and efficacy are appropriately defined, there is little published information available that supports this assumption. Only four of 134 relevant papers that we analysed provided enough data on both cost and efficacy to allow statistically valid conclusions. Two of these demonstrated that potential savings would be accompanied by a slightly poorer clinical outcome; two showed ambulatory care to be as effective as inpatient care and less costly. Future study should include both appropriate calculations of costs and properly controlled measurements of clinical outcome. Indirect costs cannot be ignored in such calculations if the total costs of illness, not simple payments to the health industry, are to be reduced.

Source: Berk, A. & Chalmers, T. (1981). Cost and efficacy of the substitution of ambulatory for inpatient care. *New England Journal of Medicine,* **304**, 393-397.

MEDICINES SURVEILLANCE CENTRE

Doctors interested in having their names added to the list of those wishing to participate in clinical trials and post-marketing surveillance, please send their names and addresses to the MSC, 14 Princes Gate, London SW7 1PU.

NAME.....
(block letters)

ADDRESS.....

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