There is another question that has to be posed: will the new generation of vocationally trained general practitioners refer as many patients to a specialist as my generation does? Will they refer less or will they, perhaps, refer more? According to the chess board theory, you cannot move one piece without affecting the significance of every other piece on the board. With several almost simultaneous moves of such magnitude, it seems to me that we are going to need a few knights' moves if our planning is to be effective.

The cost of referral

I have seen quoted the expenditure within the health service allegedly generated by the average general practitioner. The sum is calculated by dividing the total cost of the hospital service by the number of general practitioners. Similar calculations identify the cost per outpatient referral. From this it is argued that if the number of referrals was reduced, the total cost would be less.

There are those (Fry, 1980) who regard it as part of the role of the good general practitioner to act as the protector of the outpatient department and, by avoiding unnecessary use of the expensive resources of the hospital, keep down the costs of the health service. Perhaps even more important is our role as the protector of our patients against the hazards of over-investigation. Does the number of patients referred reflect the quality of care provided by an individual general practitioner?

Conclusion

The problems that have not been resolved are: what constitutes unnecessary referral, and what constitutes an unnecessary investigation? Like beauty, the definition of necessity will be found mainly in the eye of the beholder. I wonder how many general practitioners would refrain from consulting a specialist if they—or a member of their family—were to be suffering from a serious or prolonged illness.

Our role as general practitioners is that of the primary assessor of previously undifferentiated clinical problems, coupled with the task of determining how best these needs can be met. One of our most important tasks is the co-ordination of all the resources of medicine and society (McWhinney, 1981). The personal resources of one physician can never be adequate to meet all the medical needs of his or her patients.

Referral to a specialist or a consultant is an essential component of good medical care—even more so today than it was a century ago when James Mackenzie was in general practice in Burnley. As general practitioners we need to know which members of the specialist diagnostic and therapeutic orchestra are available to us for the use of our patients and when we need to bring them into play.

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Words our patients use

"To kink"—to have a convulsion (South Yorkshire).
"To be the other way"—to menstruate (South Yorkshire).