bined care. A friendly atmosphere, good food and wine (and therefore discreet drug company sponsorship), are essential ingredients to a successful meeting. The postgraduate centre must work not only as an educational, but also as a social centre.
10. Sell it and see that doctors enjoy it! Educational activities need imaginative advertizing. Good publicity and gentle but firm pressure to attend may be exerted through the practice education secretaries. Don't be afraid to use a little showmanship. Learn and enjoy. Enjoy and learn!

ANNUAL REPORT

GMSC/RCGP Joint Computing Policy Group for General Practice, Report for 1981

Introduction

F OLLOWING the publication of two reports (RCGP, 1980; BMA, 1980), the Royal College of General Practitioners and the General Medical Services Committee of the British Medical Association established a Joint Computing Policy Group. This is an advisory body. It reports quarterly to the GMSC/RCGP Liaison Committee, and its remit is:

1. To act as a joint policy group.

2. To consider developments in computing and assess their relevance and value to general practice.

3. To promote ordered development of computing in general practice by making recommendations to the parent bodies through the Liaison Committee.

As an advisory body on policy it has no links with any commercial firm or activity.

The membership consisted initially of three members appointed by the GMSC and three by the RCGP. Two technical advisers and an observer from the Primary Care Division of the DHSS have been co-opted. Recently, the British Computer Society Primary Health Care Specialist Group has been invited to nominate a member.

The first meeting of the group was in January 1981.

Information and Education

In order to be able to make informed decisions concerning the introduction of a computer into his practice, it is clear that a general practitioner should be aware of what a computer can and cannot do, of the questions he should ask, of the possible problems as well as benefits. Most general practitioners have had no training in these matters. The group therefore recommended that undergraduate education, vocational training courses and postgraduate courses for general practitioners should contain information on computers and their application to medicine with particular reference to general practice.

Action: The GMC, Postgraduate Deans and Regional Advisers were informed of this recommendation in a joint letter from Dr Frank Wells and Dr John Hasler.

When a general practitioner considers buying a computer system he needs practical advice with, if possible, personal experience in handling a computer. The Central Information Service for General Medical Practice (CIS) and the GMSC Secretariat have a register of computer users. In addition, the CIS can advise practitioners as to the systems available, their cost, and user experience. Recommendation was made that the role of the Central Information Service as a resource for information about computers be publicized and that the policy group should negotiate a centre where practitioners could obtain 'hands-on' experience.

Action: The National Computer Centre (11 New Fetter Lane, London EC4) has installed a number of general practice computer systems. These are available for demonstration to general practitioners and their staff. At the Press Conference announcing this facility, and in subsequent statements, the advisory role of the CIS has been emphasized.

As a future development the group considered that the practitioner should have access to a non-commercial source of advice concerning the reliability, capability and efficiency of different computer systems. The recommendation was made that the policy group should consider the feasibility of establishing a centre which would evaluate machines and programs for general practice on a continuing basis.

Action: Various different options, of structure, management and finance are under active consideration.

Development

Promotion of ordered development entails taking action to ensure that when the majority of general practices are using computers they have access to efficient relevant programs and that information on a system in one practice can be transferred with minimum difficulty to another (subject to confidentiality codes). This argues either that programs should be transportable and systems compatible or that general practitioners should all use the same programs and systems. The policy group favoured the former and to this end recommended that specifications should be established which the GMSC and the RCGP would jointly approve.

Action: The group has set up a technical working party whose remit is to consider specification standards appropriate to general practice computing, and to make recommendations with particular regard to data transmission protocols, security of data during transmission and transportability of programs.

Research

The policy group has neither the time, the money nor the remit to itself carry out research. It does, however, believe that the advent of computerization will eventually lead to fundamental changes in the organization, delivery and quality of medical care. There are many aspects which need to be researched.

Action: The group has published guidelines for computer research in general practice (RCGP and GMSC, 1982) which it is hoped will be useful both to those contemplating research and to fund-giving bodies.

In addition to general guidelines, the group considers there is a particular need for investigation into the benefits and problems of introducing computers into service practices and into the ways in which attitudes of staff and partners may influence the success of computerization. The recommendation was made that the policy group should define the objectives of a pilot study.

Action: The group has defined the objectives of a pilot study. It has considered possible methods. It has carried out preliminary testing of systems. It invites those interested in pursuing this project to write to the secretary of the group for further information.

Finance

The GMSC has the responsibility of negotiating terms of service, fees and allowances with the DHSS. The group noted with interest the resolutions of the 1981 Conference of LMCs concerning finance for computerization. It is of the opinion that although general practitioners are independent contractors within a national health system they should not be expected to bear the full expense of computerization within their practices undertaken for the long term benefit of their patients.

Action: A paper concerning methods of reducing the cost of computerization within general practice has been forwarded to the negotiators of the GMC.

A further concern of the group has been the central financing of computer research by the DHSS. Until August 1980 professional advice to the DHSS on computer projects was provided by a DHSS Computer Research and Development Committee on which general practice was represented. This committee was disbanded in August 1980 and has been replaced by a committee on which general practice is not represented. The recommendation has been made that DHSS funding for computer development in general practice be retained centrally and that professional advice concerning funding of projects be maintained.

Action: Following representations by the parent bodies, it has been agreed that the DHSS will continue to fund a number of projects from general practice, and that the DHSS will

continue to seek professional advice from general practice concerning the funding of these projects.

Relationship with Other Bodies

Computerization of different aspects of general practice activity has significance for other bodies both inside and outside the profession.

Action: The Group has met representatives of the following organizations and has agreed to maintain contact: The Society of Administrators of Family Practitioner Services; The Computing Services Association; The Faculty of Community Medicine; The Association of Computer Suppliers for General Practice; The Department of Industry; The Policy Studies Institute.

Future Direction

It has become clear to the group that in order to obtain maximum benefit from computerization within general practice there is a need for a co-ordinating body which is free from commercial interests. The Joint Policy Group should continue to provide an overview. The recommendation has been made that an organization should be set up as an operational arm of the policy group which would co-ordinate computing needs and activities on a UK basis under the joint direction of the GMSC and the RCGP.

Action: This recent recommendation is under consideration. The Joint Policy Group has been authorized to consider the remit, the management and the financing of such an organization.

Members

R. V. H. Jones, Chairman (GMSC); C. R. Kay, Vice Chairman (RCGP); J. W. Chisholm, (GMSC); S. Lucas, Technical Adviser; D. C. Marshall, (GMSC); D. Metcalfe, (RCGP); M. Ryan, (RCGP); G. Singer, (DHSS); S. Smail, (RCGP); R. Turner, Technical Adviser; D. M. Wilks, (GMSC).

References

BMA (1980) *Computing in General Practice*. A report prepared by SCICON Consultancy International. London: BMA.
RCGP (1980). *Computers in Primary Care*. Report of the Computer Working Party. *Occasional Paper 13*. London: JRCGP.
RCGP and GMSC Joint Computer Policy Group (1982). The Requirements for Research and Development. *Journal of the Royal College of General Practitioners*, 32, 000-000.

EDITOR OF THE JOURNAL OF
THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

The Council of the Royal College of General Practitioners invites applications for the post of Editor of the *Journal of the Royal College of General Practitioners*.

The successful applicant will be appointed with effect from July 1982 as Deputy Editor to Dr S. L. Barley who has indicated his wish to retire as Editor on 31 December 1982.

Further information is available on request. Enquiries and applications should be addressed by 22 March 1982 to the **Honorary Secretary of Council, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.**