The greatest achievement in the College's short history has been the development of structured postgraduate education within the discipline, and the commitment to that policy was not based on research evidence but rather on the opinion and experience of respected and informed general practitioners. Research is certainly needed to test the effectiveness of the new structure.

Medical Politics

The College has always been reluctant to intrude into the sphere of medical politics where this is properly the responsibility of the General Medical Services Committee. Certainly negotiations in relation to terms and conditions of service are no part of the College's role, but on the other hand conditions of service cannot be isolated from quality of care. Complaint on the constraint of time in the consultation is very much a matter of conditions of service, for it is related to many other quite central matters such as list size, minor self-limited illness, the ability to escape from the imprisonment of patient-initiated demand, stress on doctors, relationship with the other health professions, and many other matters such as the ability to undertake research study. On these issues the College speaks with an uncertain voice (and indeed often with conflicting voices) so that the member finds it difficult to know where the College stands and if it is using its influence in ways that will improve the ability of its members to attain the aims of the College itself.

Let us take the case of a young doctor, trained in an approved vocational scheme carrying with it the imprimatur of the College, and who enters an established partnership in the industrial heartland, or wasteland, of Lanarkshire in the West of Scotland. He will find himself in an area of exceptionally high patient demand where there is probably the highest mortality rate from myocardial infarction and lung cancer in Europe. He may well discover that while the importance of preventive medicine has been emphasized in his vocational training, an approach to his senior partners soon makes clear the impracticability of setting aside the necessary time for the introduction of preventive measures in the practice, or indeed for reviewing at-risk patients in vulnerable categories. In any case he finds that the five minute consultation relentlessly experienced week in and week out diminishes his enthusiasm for additional workload.

From all this the College seems rather remote, but he appreciates from his own experience the facts that he read in the Black Report which in turn confirm evidence reported earlier in the Court Report. He wonders why these facts appear to be so ignored by his academic body which seems to acquiesce in a system of distribution of resources of medical and nursing manpower based on the parameter of numbers rather than of needs. Ample research evidence, in this case, abounds to compare and contrast rural Oxfordshire with industrial Lanarkshire and he wonders what more research evidence is needed before the College can use its influence and authority to offer him some hope of providing for the real needs of his patients and improving his own working conditions into the bargain.

Alternative Patterns of Organization

There is an urgent need to experiment with alternative patterns in the organization of primary care teams, and in particular the work of the general practitioner, to try to discover ways in which that team can become more cost-effective and efficient in undertaking its task in relation to the nation's health in various geographical and social environments.

Within the society in which we find ourselves, and within the present economic climate, it seems more likely that selected sharp thrusts in well chosen areas will lead to change more quickly than the well reasoned arguments, albeit supported by research evidence, across a wide front. The Acheson Report is probably a good example where a few imaginative proposals would probably have had more chance of success than the wide ranging review over which we require to ponder for so long. My invitation to suggest research topics that might receive priority funding revealed a common concern over constraints in practice, and demonstrated that the theme which has the constraint of time at its core dominates contemporary general practice.

The opinion and the experience of the majority of our members expressed so clearly to our immediate past President in the first months of his office surely demand that the College makes its stand in well reasoned arguments, supported where possible by research data, to allow a greater proportion of the resources of the NHS to be allocated to primary care; with the recognition that need and not numbers must dictate the future evolution of primary care within the British NHS.

The College can easily be a pleasant intellectual oasis in an arid environment. Beachheads are altogether less comfortable, but they do form a base from which to challenge and change the existing order. They are likely to be more appealing to the adventurous young.

LETTERS

Health for All by the Year 2000

Sir,

Dr Barley is to be congratulated for his aggressive editorial (December *Journal*, p. 715) and for his clear challenge to the College and its individual members to become involved in primary care in the developing world.

He asks "What can doctors do?". Certainly we should press for greater government aid to the Third World and perhaps for re-ordering of national priorities. This may be a pious dream. May I suggest some steps that our College might consider taking?

1. Encourage general practitioner principals to work abroad on a sabbatical basis.
2. Encourage trainees and recently qualified graduates to spend a year or two serving in less developed countries.
3. Award fellowships (FRCGP) to members working in the tropics if they are actively promoting the aims of the College.
4. Give free annual membership to missionary doctors (as the BMA does for medical missionaries).
5. Encourage practices in this country to accept readily into partnership doctors who have served abroad.
6. Allow the *Journal* to become less parochial in the papers it publishes.
7. Encourage the attitude that we are world citizens and have responsibilities in health care beyond our national borders.

We would then no longer be accused of not caring.

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