

Researchers may then collate and interpret this data using traditional methods. A successful example of such activity is the Medical Research Council study on the treatment of hypertension, conducted a few years ago. The Royal College of General Practitioners' study on the use of oral contraceptives is another example.

The computer industry recognized general practice as a valuable source of data collection when it introduced its facilities free of charge in return for information on prescribing habits. An important contribution to research can therefore be provided by the RCGP in establishing regional and national data collection centres which can be made available to researchers. Such a system could then truly be considered 'research for all in general practice'.

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Reference

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Sir,

Your recent editorial, 'Research for all in general practice' (September *Journal*, p. 357) was much appreciated. General practitioners who wish to pursue a proper medical career, as opposed to a political or financial one, continue to be frustrated by our present system. Unfortunately, the perverse incentives of the new contract have compounded our problems.

I would like to make a few practical suggestions about how we can move from where we are now to a better developed infrastructure for supporting all general practitioners who are interested in research.

Although undergraduate departments have done a good job promoting the teaching of general practice in medical schools, most academic units have been unable to shoulder very much additional professional research. We need to develop a number of postgraduate research units whose main focus will be research. Such centres could develop research tools and teach research methodology. In particular, I believe we should make a determined attempt to recruit and train ancillary research workers for general practice. These researchers should be adequately trained and their salaries reimbursed like practice nurses. It is also important that we plan for them to have proper career structures. Furthermore, all general practitioners wishing to pursue careers in

research should know that they will be adequately rewarded, rather than financially penalized as at present. There should be increased opportunities for them to gain adequate training in the core scientific disciplines such as epidemiology. This training could be carried out in the postgraduate research centres that I have mentioned. These centres could logically devote their research activities to the various common disease groupings for which general practice has a unique perspective.

Unless this, or something like it, is done, I fear that our excellent infrastructure of general practitioner education will become increasingly dependent on the inappropriate data base of hospital research.

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Sir,

As a non-academic 'ordinary' general practitioner, I respond to your excellent editorial, 'Research for all in general practice' (September *Journal*, p.357). You have clearly described the less controversial factors contributing to the lack of interest in general practice and have raised the question of why general practitioners 'have no time to devote to research', but have not specifically dealt with the answer.

Unlike you, I am heartened to find that one third of the research papers published in the *Journal* are from 'ordinary' practices. These general practitioners should be congratulated for producing research which is so important to the development of primary care. However, I entirely agree that the destructive 'dogma' that governs NHS policies should be dispelled if research is to be rooted in 'ordinary' practices. These policies often incorporate the views of research publications, half of which come from university departments. University departments may not always represent the principles of service-oriented practices in the community.

It is possible that academic research is not sufficiently sensitive to the needs of 'ordinary' practices nor the policies that govern them. The emphasis for research may need to be shifted from academic departments to general practices, as may the resources that support such activities. Inadequate and inappropriate facilities, resources and recognition seem not only to have contributed to insufficient and

ineffective research in primary care but also to have primed the deep division between various academic departments in their struggle for existence and expression. 'Ordinary' general practices, when attempting to access such scant resources can encounter considerable hostility.

It is difficult for me to advocate introducing research in 'ordinary' practices since it has not been easy to assess the commitment of the profession, the Department of Health and the Royal College of General Practitioners to support research in general practice. It is extremely heartening to learn that the RCGP has had a change of strategy — I hope it is for the better and not a case of old wine in new skin. I have not been very successful in persuading the RCGP to support my own research projects and I am told that I am not alone in this respect.

I have used my time and resources to produce research on the quality of general practice records,¹ hypertension,² death in general practice³ and care of the elderly^{4,5} and have offered guidance to the profession and the Department of Health. It is frustrating, uneconomical and inadvisable to produce research merely to publish it in a journal and not for the betterment of the community and the profession.

The solidarity of general practice is vital to the future growth and development of the health service in this country and abroad. To plan 'a major cultural shift' and to make 'research an integral part of general practice', a fundamental change in the attitude and commitment of the Department of Health, the RCGP and university and postgraduate departments is necessary. Such a change should incorporate the needs of, and provide effective support for, research in 'ordinary' general practice. There is unlikely to be a radical deviation in our present trend unless and until such deficiencies are rectified.

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