to do this they must be aware of the special difficulties. As more dependent patients are moved into the community the demands on family doctors will increase. It may become desirable to introduce special postgraduate training or other provisions to ensure that satisfactory standards of health care are achieved for this group of people living in the community.

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Working at the coalface: miner or geologist?

A LETTER to the *Journal* this month[1] reports an analysis of the source of papers published in the *Journal* over the last 10 years. The writer goes on to deplore the fact that the proportion of all papers coming from authors who are 'ordinary' (sic) general practitioner principals and trainees has fallen from one half in 1980 to one third in 1989 and that there has been a corresponding increase in the proportion of papers written by academic general practitioners and those from other disciplines. This shift in the balance of papers by non-academic general practitioners and by academics/others raises three questions. First, why has it occurred? Secondly, can or should anything be done about it? Thirdly, does it actually matter?

Let us look first at why the shift has occurred. It could be due to bias in the editor's choice of papers in favour of those coming from academic departments. I think this is unlikely. All submitted papers are refereed by at least two referees — and we use as many referees who are 'ordinary' general practitioners engaged in or knowledgeable about research as we do academics — so that any bias by the editor is reduced. Furthermore, the referees are blind to the authorship and source of the papers — a policy which can never be wholly successful but which is an attempt to reduce the kind of bias which would favour academics over non-academics or famous name researchers over unknowns. Finally, we apply the same criteria to the selection of material for publication — originality, good research methodology, importance of the results and interest to the readers — whether a paper comes from a university department or a service practice, from a trainee or a professor. I believe (although I have not yet examined the figures) that the trend in the data has more to do with an increase in the number of papers being submitted for consideration by academic departments. This may be because there are more academic general practitioners, because academics are becoming more prolific writers of papers (because of the greater pressure on them to publish), because there is more research into general practice being done in academic departments of many different complexions (and this is a reflection of the importance and interest that general practice has created for itself) and because more academics are submitting their papers to the *Journal* in the first instance (perhaps a reflection of the rising prestige, readership and influence of the *Journal*).

Could or should anything be done about it? I do not think anyone would want us to apply different criteria to the acceptance of papers from different sources. General practice research has now advanced from the first simple stages of an academic discipline — description and counting — to the next more complicated stage — understanding and evaluation. Inevitably, then, good research in general practice is becoming more difficult to do, now that researchers must submit to the greater rigour involved. It would be both patronizing to the many excellent authors in ordinary service practices and demeaning to the standards of the discipline to 'make allowances' for what the 'ordinary' general practitioner can achieve. We occasionally receive suggestions for more papers to be published which just air views or report on simple studies and audits, the implication being that this would provide more opportunities for non-academics to have papers published. Such suggestions are always given serious consideration. However, there is a danger that in doing this we would create a two-tier *Journal* with one section of high quality papers by academics and one section of poorer quality papers by non-academics. Readers must ask themselves whether this outcome is really a desirable one for general practice as a whole. Surely more service general practitioners should be aspiring to the research standards now being set by academics (and this is after all one of the reasons for the existence of academics) and be fighting for the time and resources to do good quality research themselves rather than being satisfied with exile to a specially created niche of poor quality? In fact there is a place in the *Journal*, not for failed or bad research, but for ideas and views and for the results of studies which do not meet all the criteria (pilot studies, case reports and small number studies). This section — 'Letters to the editor' — ensures that the status of the quality research papers is not eroded.

The third question is: does it really matter? The data in Dr

Pitt's letter interested us at the *Journal* office because we have also made a study of the job descriptions of the authors of papers in the *Journal* but, in contrast, we felt encouraged by the results. It had been suggested that the discipline of general practice, as reflected by the content of the *Journal,* was being eroded by those working in other disciplines. To investigate the hypothesis that more papers in the *Journal* were being written by sociologists, psychologists, statisticians, and so on and fewer by general practitioners we looked at the proportion of papers from people from different disciplines, whether they were academics or not.

We were encouraged that the proportion of first/main authors who were general practitioners — 'ordinary' or 'academic' — was substantial and had not changed at all between 1980 and 1989 (68% in 1980 and 69% in 1989). Thus the proportion from other disciplines was similarly unchanged (nurses, psychologists, sociologists, statisticians, and other scientists, both academic and non-academic 18% in 1980 and 19% in 1989; hospital doctors 14% in 1980 and 12% in 1989). This time gap represented a period of enormous growth both in the quality and quantity of general practice research and a time when it seemed to us that general practice was moving from its (up to then) traditional research areas of clinical and organizational research into newer areas such as sociology and psychology. Indeed an editorial in the *Journal* in 1980 to announce the publication of John Howie's book *Research in general practice* referred to the fact that 'The amount of research in general practice is growing quickly, partly because there is much more interest and activity among general practitioners themselves... but also because scientists in other disciplines, notably the medical sociologists, are taking a keen interest in the different aspects of primary health care, especially the work of the general practitioner'.[2]

Our method of grouping the data was a rejection of the 'them and us' view of academic general practitioners being in a fundamental way different from non-academic general practitioners. Over the years we have seen many phrases used by non-academic general practitioners to describe their work: working 'at the coalface of general practice', 'at the grassroots', 'in the real world'. Yet the reality is that all general practitioners in university departments see patients under normal general medical services conditions — because the working patterns of ordinary practices and the problems of ordinary patients are in many cases the material for their research. The only difference is that they have chosen to spend a proportion of their working week on the research that will help to provide an understanding of the problems of all general practitioners and improve the care which all general practitioners give to their patients; in teaching medical students so that future doctors in all disciplines will have an insight into the special nature of general practice; in helping non-academic general practitioners to carry out good research in the community by sharing their facilities and expert knowledge; in writing books and articles for all general practitioners to read; and struggling to find a moment to make some thoughtful contribution to ideas in the discipline. They work side by side with their non-academic colleagues — as geologists looking for new coal seams perhaps, rather than miners hacking at the coalface.

Many 'ordinary' general practitioners create time in their day for these same tasks. What is special about academics is that it is part of their job to push forward the boundaries of knowledge and to question received ideas in the discipline. Every discipline needs centres of excellence where there is protected time for research and where standards are set in the discipline. Why are some general practitioners suspicious and resentful of academics? General practice should be proud of its academics, many of whom are figures of international repute in the wider academic community and therefore standard bearers for general practice.

Of course, it is equally false to fear an invasion of general practice by other disciplines; sociologists, psychologists and others have much to contribute to understanding about general pratice. However, general practitioners should perhaps take heart that academic and non-academic general practitioners are together succeeding in using the knowledge and techniques of other disciplines to carry out their own research in their own special area of expertise and are not surrendering the research initiative to those from other disciplines. Academic or non-academic: the aims are the same.

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