Correspondence

A Study of Research Conducted by British General Practitioners

Sir,

The work of Lees and Cooper (1963) has given useful information on the scope and importance of some recent studies in the field of general practice. Many of the observations on which they commented were carried out by workers who were not themselves engaged in general practice, or who were heavily subsidized.

Since the start of the National Health Service, there has been a great urge to develop research in general practice conducted by general practitioners. The Gillie Report (1963) stresses the value of both individual and group research to practitioners themselves, as well as suggesting that there are topics which are best studied in the field of general practice.

Recently the Research Foundation of the College of General Practitioners has made a grant available for a study of the research conducted by British general practitioners. It is hoped that this work will show not only what has been done so far, but also what has been attempted though not completed, and what still needs to be done.

At present we are undertaking a retrospective study of published work. There is, however, no guarantee from the title that the work is by a general practitioner. We are therefore seeking the courtesy of space in your columns to invite general practitioners, including those who have retired, to send references of research material which has been published since the start of the Health Service. These references should be sent to us at this address.

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REFERENCES

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Lord Moran's Ladder

Sir,

We must find a more flattering image for ourselves than as casualties at the foot of a ladder. I suggest one from biology: we are the primitive cell.

Historically all specialities originated in general practice, differentiating as skills increased. No one can specialize until he has first had a general

medical training, and for this reason student training should be designed *for* general practice. Differentiation is still going on and the scope remains enormous. Anyone not content to be an ' ordinary ' general practitioner has as much chance of doing original work as the most specialized. He could use the opportunities of general practice or develop towards a new speciality. For instance the most recent offshoot was psychiatry and general practice is still loaded in this direction.

In the future we are likely to be more concerned with prevention and education, becoming involved more in the lives of normal people. Public sources of health propaganda will need to be supplemented with a more personal explanation related to individual symptoms and combined with reassurance. We can give more time to teaching people about their health so that they feel more confident and manage minor ailments for themselves. We will find too that we shall be in charge of the regular check-up and need to learn to use this without unnecessary waste and fuss.

The key idea in the organizing of general practice is adaptability. We must remain able to change as the patients' needs change and as science changes. The important question is always: What is the patient asking? We need to know how to use science, yes, but also how to use *caritas*.

This is why it is difficult to examine in general practice as opposed to medicine. We can and should test basic knowledge, but not those qualities which make us sensitive to what the patient is trying to say and easy for him to say it. " He was not like a doctor, you could talk to him! ". It is precisely on these unexaminable qualities that patients judge us anyway. They cannot easily tell what our technical skill is.

So let us not over-organize the general practitioner. The primitive cell is the growing point and of equal importance and honour with the most differentiated.

What does this mean in practical terms?

1. Better provision for practice expenses and improvements, though without too much centralization.

2. A more flexible system of payment, such as that suggested by Dr W. H. Hayes in the *British Medical Journal* on 7 December, 1963 (Supplement, p. 187).

3. Development of the College and its branches, particularly as places for mutual stimulus and criticism.

4. Encouragement for postgraduate education.

5. Apprenticeship, linked to—

6. Group practice. We should avoid turning ourselves into a poor imitation of a hospital and make sure of retaining a homely, personal atmosphere in general practice; not become distant, in either sense. This means that groups should not be too big and equipment not too elaborate. Even small-scale specialization may interfere with our ability to deal with the whole person. I am against ' Beeching ' medicine on the shore of efficiency and prefer to voyage on the deep waters of human nature.

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