Development of the Public Health Function[2] defines one of the tasks of public health doctors as providing epidemiological advice on the setting of priorities, planning of services and evaluation of outcomes. Preparing an annual report on the health of the population is the responsibility of the director of public health, according to the same publication. Furthermore, it was suggested to family practitioner committees in health circular (FP) (88) 31 that 'in identifying issues relating to the health of the population they should draw on the advice from the Director of Public Health in the related district health authority and from any other appropriate source of advice or information.' Few practising general practitioners have the necessary epidemiological skills for advising on health service evaluation or health service planning. Hence my request that these three tasks should be performed by a specialist in public health medicine.

Similarly, many general practitioners may not possess the necessary experience in research for the analysis of referral patterns or the development of medical audit. For expertise in these activities family health services authorities would benefit from liaison with academic departments of general practice and local faculties of the Royal College of General Practitioners. Finally, I would advocate that item (10) would be best performed by a multidisciplinary team of general practitioners, practice nurses, public health doctors and health promotion officers.

Family health services authorities need good quality advice from several sources. It is vital that they build links with local academic departments of general practice and the local health authority departments of public health medicine. Admittedly, current organizational structures do complicate access to medical advice from different agencies. For example, the fact that the boundaries of health authorities and family health services authorities are not coterminous means many authorities relate to more than one health district. Also the funding arrangements for such medical advisers, who would not be directly employed by the family health services authorities, would need to be agreed with their employing organization. However, these problems should not excuse family health services authorities from seeking appropriate medical advice.

A plea must be made to all family health services authorities to reconsider the job descriptions for medical adviser posts, matching the skills required with those not only of experienced general practitioners, but also of public health physicians and academics. A request must also be made to all the applicants for these posts to be aware of their own limitations, so that this golden opportunity for creating wiser family health services authorities will not be lost.

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References

1. Department of Health and the Welsh Office. *General practice in the National Health Service. A new contract.* London: Department of Health and the Welsh Office, 1989: 12.
2. Secretary of State for Social Services. *The Report of the committee of the inquiry into the future development of the public health function. Public health in England.* London: HMSO, 1988: 28.

Burst sheaths

Sir,
Government advertisements advocating the use of the sheath as protection against human immunodeficiency virus (HIV) are having an unexpected side effect. In recent months I have had an uncharacteristically high number of patients requesting the postcoital contraceptive pill. It may be that patients obeying the call to use condoms as an HIV protectant believe that they are adequately guarding against pregnancy as well, and have abandoned regular use of the contraceptive pill.

The requests have consistently included three factors. Intercourse had taken place using a sheath. The sheath had ruptured. The female partner had been regularly taking the contraceptive pill but had recently discontinued it without any discussion with a doctor or family planning nurse. The reason for discontinuation was usually given as a broken relationship, and consequently 'I didn't need the pill any more.'

An alternative explanation is that intercourse took place unprotected with the 'burst sheath' explanation fabricated to facilitate the prescription of the postcoital pill. This was true for at least one of my patients who revealed it on direct questioning. Obviously the indication for the postcoital contraceptive pill remained.

The reasons for national educational advertising campaigns advocating the use of the sheath as a protection against HIV are well founded — but in many areas of the country there is still a greater morbidity from unwanted pregnancy and subsequent abortion than from HIV disease. Therefore, while use of the sheath should continue to be promoted as an HIV barrier, it should be made clear that a more reliable protection from unwanted pregnancy is the regular taking of the contraceptive pill.

Individuals whose sexual behaviour results in two potential risks — both an unwanted pregnancy and exposure to HIV infection — need educating in more sophisticated methods of contraception. Use of the contraceptive pill and a sheath may be an appropriate option. Others may need more instruction about the sheath and the interpersonal skills required for its effective use.

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Research for all in general practice

Sir,
The editorial 'Research for all in general practice' (September *Journal,* p.357) is a welcome addition to the debate on research in general practice.

General practice is a profession that draws on the findings of clinical and academic medical research disciplines which define and highlight events in cross sections of populations. The skills of general practice are, however, exercised on individual subjects longitudinally. Events can therefore be described but not defined, and are only suitable for study in an anecdotal form — a style which is no longer considered an acceptable method for communicating information. General practice is, at best, only an applied science and the methods of scientific research are not suitable for its use. This is recognized in part by the editorial and has been previously discussed in some detail by Professor Harris in the 1989 William Pickles lecture.[1]

General practice needs to reconsider its attitude to research and refrain from mimicking disciplines founded solely on scientific research. It should instead become a forum for discussing and integrating the findings of research based disciplines into its day to day activities. The editorial rightly states that literature review may provide more insight than data collection. The *Journal* should encourage such activities by commissioning more authors to submit literature reviews on subjects of relevance to general practice.

General practitioners may, however, cooperate with research based disciplines by becoming field workers engaged in data collection on a large scale.

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

1. Harris CM. Seeing sunflowers. *J R Coll Gen Pract* 1989; **39:** 313-319.

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 practice[3] 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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References

1. Jachuck SJ, Price P, Bound CL. Evaluation of quality of contents of general practice records. *Br Med J* 1984; **289:** 26-28.
2. Jachuck SJ, Brierly H, Jachuck S, Willcox PM. The effect of hypotensive drugs on the quality of life. *J R Coll Gen Pract* 1982; **32:** 103-105.
3. Black DA, Jachuck SJ. Death certification in general practice: review of records. *Br Med J* 1984; **288:** 1127-1129.
4. Jachuck SJ. Caring for the elderly. In: The Royal College of General Practitioners. *1989 Members' reference book.* London: RCGP, 1989.
5. Jachuck SJ, Mulcahy JR. Minimum data set necessary to promote the care of the elderly in a general practice. *J R Coll Gen Pract* 1987; **37:** 207-209.