Decisions of the G.M.S.C.

At its meeting on 18 September the General Medical Services Committee discussed the consultative document, *The Separation of Private Practice from N.H.S. Hospitals*; the Government's anti-inflation policy; and the attempts to persuade the D.H.S.S. to make it mandatory for doctors to undertake one year in general practice before becoming a principal.

The committee supported the C.C.H.M.S. in the steps it had taken to oppose the Government's proposals (p. 785). It considered that these should be rejected as they constituted a gross infringement of the liberty of the individual and would do irreparable damage to the N.H.S.

The committee accepted a formula which the negotiators had agreed with the D.H.S.S. for establishing whether a general

practitioner's income was below £8500 as the best that could be achieved in the circumstances. But the G.M.S.C. emphasized that the Secretary of State was imposing the policy on the profession and that it would be damaging to some sections, particularly those in receipt of seniority payments.

The D.H.S.S. had not been prepared to take immediate action on the committee's policy that there should be a mandatory year as a trainee in general practice before a doctor became a principal. The committee reiterated its wish that legislation should be introduced as soon as possible. It was essential that the year in general practice should be obligatory because in 1977 an E.E.C. doctor, even though holding only a basic medical qualification, would be allowed to set up as a principal in this country.

A full report of the committee's proceedings will be published in a forthcoming issue.

TALKING POINT

General Practitioner Opinions on Medical Record Content

Though there is general agreement on the need for records in patient care, teaching, and research, there is still uncertainty about what should be recorded and how it should be done. In 1971 Cormack recommended a "determined effort to devise and introduce a new and more suitable form of medical record in general practice in the National Health Service."¹ And modifications of Weed's concepts² and the A4 size folder and sheets such as the Wantage record³ are being tried out but no one knows which record system would be used by all or nearly all general practitioners.

We sent a questionnaire to a one in three sample of all Scottish practice principals to discover what they thought should be the minimum information on medical records.

Sample Survey and Results

The doctors were asked whether they considered 39 items of information were always, sometimes, or never essential on any new form of general practice record.

The items were grouped under the following headings: patient particulars, general practitioner information, patient's history, patient/doctor consultations, and other information.

The respondents were also asked to answer yes or no to the following questions:

- Do you usually carry records on a home visit?
- Are your records typewritten?
- Do nursing staff have access to your records?
- Are you satisfied with the present medical records (E.C.4/5 and 7/8)?
- Would you prefer A4 size paper records?
- Are you familiar with the Weed system of medical recording?

We asked the doctors to give their name, date of graduation, number of practice partners, and average list size.

Of the 920 questionnaires sent out, 610 were returned completed, a response rate of 66%. Three-quarters of the doctors were dissatisfied with present medical records. Two-thirds said that they would prefer A4 size records. Only 5% of records are typed and two-thirds of the doctors do not usually carry records on home visits. Table I shows the 19 items of information rated as essential by at least 75% of the doctors.

There were slight differences in emphasis between doctors in group practice and those working single handed; for instance, nurses had access to records in group practices more often than in single-handed practices. The proportion of younger doctors (those who had graduated since 1960) who were dissatisfied with the current N.H.S. record forms was much higher than the proportion of older doctors expressing dissatisfaction.

Table II lists the non-essential items for recording. Younger doctors thought that social data such as housing conditions should be recorded. Other items which most doctors wished recorded were obstetric history (74%), occupation (68%), place of consultation (59%), and decision on further care (54%). Some doctors added blood group, telephone number, alcohol consumption, high risk category—for example, diabetes—and certificate of incapacity.

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TABLE I—Essential Items on a General Practice Record

Item	% of Respondents
Full name	100
Date of birth	99
Up-to-date address	99
Drug sensitivity	98
Sex	96
Treatment—drugs	95
Name of present doctor	93
Date of consultation	92
Serious illness requiring hospital admission	88
Diagnosis	86
Surgical operations	86
Immunizations	86
Marital state	86
Date patient added to list	84
Summary x-ray reports	82
Summary laboratory reports	79
N.H.S. number	79
Presenting symptoms	78
Examination findings	78

TABLE II—Non-essential Items on a General Practice Record

Item	% of Respondents
Age at school leaving	46
Housing conditions	34
Identification number of doctor	32
Smoking habits	25
Height	24
Weight	23
Parents' age or cause of death	23
Parents' health	22
Number of siblings and serious illnesses	18
Number of children and serious illnesses	17

Discussion

Most doctors in this sample were dissatisfied with the present medical records. This was already known from earlier surveys such as Cormack's. Some general practitioners have supported the Weed system of problem oriented records⁴⁻⁵ yet only one in six of our respondents said they were familiar with it. What seems to be required now is more comprehensive information on the kind of data most general practitioners agree should be recorded, and then some controlled trials of the various record formats which could accommodate that information. Whether all the information is arranged on a problem oriented pattern or on some other system must depend on the outcome of further inquiry and experiment.

We thank all the doctors who responded to our questionnaire, the primary care administrators of all the Scottish health boards, and our secretary Mrs. Rosemary Richardson.

¹ Cormack, J. J. C., *The General Practitioner's Use of Medical Records*, Scottish Health Service Studies, No. 15, 1971.

² Weed, L. L., *Medical Records, Medical Education and Patient Care*. Case Western Reserve Press, Cleveland, Ohio, 1969.

³ Hawkey, J. K., et al., *British Medical Journal*, 1971, 4, 667.

⁴ Byrne, P. S., *Journal of the Royal College of General Practitioners*, 1973, 23, 654.

⁵ Tait, I., and Stevens, J., *Journal of the Royal College of General Practitioners*, 1973, 23, 311.