# Quis custodiet ipsos custodes?

WHEN Colin Waine, standing in the ranks of the ordinary council members, made his short statement explaining his resignation as chairman of council, it was probably the saddest and most poignant moment in the history of the Royal College of General Practitioners. To most council members it came as a total surprise and their shock was apparent in the stunned silence that greeted the statement. As president, I was of course aware of the agonizing decision that Dr Waine had had to make and had to make swiftly, since the letter from the secretary of state for health finding him in breach of the terms and conditions of service only reached him the day before the council meeting. The immediate response of council was overwhelming in the warmth of the sympathy and support extended to its resigning chairman. These feelings were articulated in a moving contribution from Clifford Kay.

The reaction to Dr Waine's resignation has been equally overwhelming from individual members, from faculties, and from a wide range of colleagues in other colleges and organizations who were unanimous in expressing their respect for the honourable decision Dr Waine has made, and sadness that this tragic event should have overtaken a man whose dedication to medicine and to the College has been so apparent to everyone.

We cannot dwell on the specific details of the complaint that led to the secretary of state's findings, but it is fair to indicate that the incident provoking the complaint was a self-limiting condition. The extent of the concern expressed to the College in relation to this episode does, however, demand a response. It is clear that there are aspects of the complaints procedure that are unsatisfactory, conflicting with natural justice, and leading to a loss of respect for the process.

Conflict with natural justice relates to the extended time between notification of the initial complaint and the report of the findings, should there be an appeal against a decision by a local service committee hearing. This may be between two and a half and three years, during which time the doctor against whom a complaint has been laid is under considerable stress, to the detriment of his professional and family life. The consequence of an appeal upheld against a practising doctor will in many cases be out of all proportion to the complaint itself. A process, not in itself a complicated one, that takes up to three years to produce a decision is clearly in breach of natural justice and demands urgent remedy.

The constitution of a service committee panel draws equal representation from members of the public and general practitioners, under the chairmanship and administration of officials of the family health services authority or health board, and is clearly democratic. The constitution of an appeal panel in England and Wales relies on the opinion of only two doctors, under a legal chairman. One of the doctors is appointed by the Department of Health and the other by the General Medical Services Committee. These two doctors therefore not only carry responsibility for opinions relating to the regulatory aspects of the terms and conditions of service, but increasingly express opinions in relation to clinical judgement without indicating the source of authority for these clinical opinions where these are at variance with the findings of a service committee. The notes of guidance to the England and Wales service committee and tribunal regulations 1990 state that, 'A general medical practitioner will not necessarily have acted improperly if his conduct could be viewed as appropriate by a responsible body of medical practitioners.' We need to ask, therefore, how the opinion of an appeal panel in matters of clinical judgement, is tested against the professional opinion of the doctors on a service committee or 'a responsible body of medical practitioners'.

A third point of concern regarding the appeal process is the absence of any requirement to indicate why the findings of a service committee have been overturned.

Morale among general practitioners is currently at a low ebb and attendance at trainee conferences suggests an increasing apprehension regarding future careers in general practice, with increasing litigation placed high in the list of these concerns. Patients' interests should have the highest priority, but unless the process by which judgements are reached in regard to the safeguarding of these interests is held in respect, then not only is the morale of the profession further diminished, but the interests of the patients themselves will be damaged by the excessive practice of defensive medicine, leading to rising costs of investigation and referral to hospital.

There appears to be a clear need to review the processes of dealing with complaints, not least in regard to time. From the point of view of an academic body concerned with clinical standards, it is important that standards should not be formed from an aggregate of opinions expressed by appeal panels unless these are soundly based and supported by an authoritative body of general practice opinion.

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# Qualitative research and general practice

THE nature of general practice is such that a variety of research methods are needed to explore all its intricacies.[1] Qualitative methods have a great deal to offer: they can open up topics that are not amenable to investigation by quantitative methods. For example, the current emphasis on audit has led some doctors to measure patient satisfaction, a topic which is enhanced by the use of qualitative methods.

Qualitative research encompasses a variety of methods such as semi-structured interviewing, observation studies, group discussions, and the analysis of written documents. What distinguishes qualitative from quantitative methodology is its concern with understanding respondents' rather than researchers' meanings, and its use of open ended research questions. Focus is on the individual rather than the population, and on the way in which individuals construct their world. This means that, to a certain extent, the direction of qualitative research is guided by respondents. In the context of in-depth interviewing, the interviewer will seek to explore the respondents' cues, rather than introduce her or his own concepts, and will try to use the respondents' own language in following up such cues. The interviewer will not assume the meaning of common terms but will seek to explore the respondents' understanding of these terms. As a result, ideas