The College—oasis or beachhead?

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When John Horder assumed office as President of the College one of his first actions was to visit Faculties throughout the UK to find out and assess the views of ordinary members about their image of the College and their appreciation of its role. He discovered that for many members, particularly younger ones, the role of the College was often seen as irrelevant and at best questionable. The President also identified a number of issues that were of concern to members regarding contemporary practice, and of these the constraint on time in consultation was easily the issue identified as causing the greatest discontent. During our period in office John Horder and I attempted to address ourselves to both these issues—the role of the College, and the concern of members at the constraints imposed by their working environment within the British NHS.

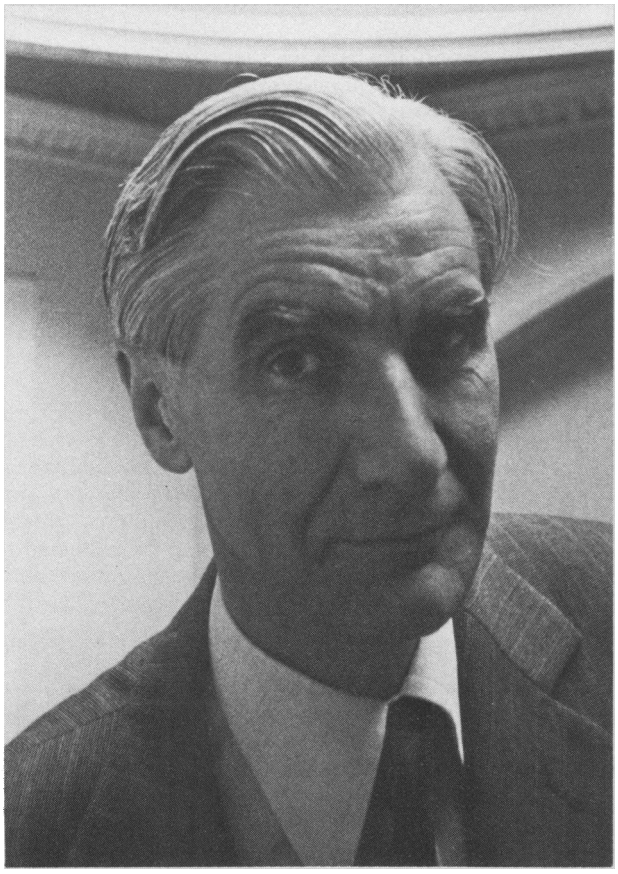

Photo: General Practitioner

Dr Alastair Donald

The reorganization of the College into its new Divisional structure, with direct links to the Faculties, together with better publicity and improved services to members, has given it the opportunity to identify for itself a clear role and function in respect not only of its members, but of general practice itself. There is no need to catalogue the very wide range of activities in which we are providing a lead. The College can now be seen by an increasing number of general practitioners as being relevant and purposefully engaged in their interests. The potential of these activities within each Division is also exciting.

I am much less sanguine about the posture of the College towards the many problems that general practitioners face in their day to day work within the NHS. The College gives the appearance of being reluctant to make firm statements of policy, or even of intent, on these matters, and gives the impression to members in the Faculties that it is somehow remote from the frustrations of day to day practice. It gives the suggestion of being an ivory tower organization more concerned with theory than with practice. It would be useful, therefore, to try to understand this hesitance on the part of a major national body to give a clear lead in identifying and examining problems within the working environment of its members and to offer them the hope that the authority of the College will be used to effect change in a desired direction.

Research or Opinion?

The College claims to be, and is, an academic body which by definition means that it is engaged in "the pursuit of excellence and the search for truth". The 'academic' role of the College seems to me to lead to confusion in two important areas—research and politics.

In December 1981 a clear remit was given by Council to the new Research Division Executive to produce a document that would set out the College's "priorities for research". When the document was produced the same Council rejected the concept of having such a document, and this vividly illustrated its uncertainty about the role of research, either conducted by the College or by other agencies.

The remit to the Research Division Executive was probably the wrong one, but what I believe Council was originally trying to say was that there are certain important questions concerning contemporary general practice on which research evidence would assist the College in forming policy. The identification of the questions to which we need answers would seem to me to be a proper function for the Research Division Executive, but of course a very different matter from a statement which appeared to suggest that the College was indicating to the outside world where research activity ought to be directed by itself and by other agencies.

Within an academic body there is obviously a tendency to require research evidence before a commitment is made to a particular policy. General practice, however, is probably the most difficult area of medicine in which to undertake research activity, whether it be clinical or organizational, because of the number of variables that are continuously operating. This means that reliance on research evidence will inhibit the College from making confident statements in respect of its policies. Sometimes the call for research data is used to defer decisions in much the same way that governments use Royal Commissions. Research is obviously vital in every field of our activity, but its results should be used to influence and shape policy and to test hypotheses. The absence of research evidence, on the other hand, should not be allowed to inhibit clear statements of policy based on opinion where that opinion is the most reliable judgement available.

The greatest achievement in the College's short history has been the development of structured postgraduate education within the discipline, and the commitment to that policy was not based on research evidence but rather on the opinion and experience of respected and informed general practitioners. Research is certainly needed to test the effectiveness of the new structure.

Medical Politics

The College has always been reluctant to intrude into the sphere of medical politics where this is properly the responsibility of the General Medical Services Committee. Certainly negotiations in relation to terms and conditions of service are no part of the College's role, but on the other hand conditions of service cannot be isolated from quality of care. Complaint on the constraint of time in the consultation is very much a matter of conditions of service, for it is related to many other quite central matters such as list size, minor self-limited illness, the ability to escape from the imprisonment of patient-initiated demand, stress on doctors, relationship with the other health professions, and many other matters such as the ability to undertake research study. On these issues the College speaks with an uncertain voice (and indeed often with conflicting voices) so that the member finds it difficult to know where the College stands and if it is using its influence in ways that will improve the ability of its members to attain the aims of the College itself.

Let us take the case of a young doctor, trained in an approved vocational scheme carrying with it the imprimatur of the College, and who enters an established partnership in the industrial heartland, or wasteland, of Lanarkshire in the West of Scotland. He will find himself in an area of exceptionally high patient demand where there is probably the highest mortality rate from myocardial infarction and lung cancer in Europe. He may well discover that while the importance of preventive medicine has been emphasized in his vocational training, an approach to his senior partners soon makes clear the impracticability of setting aside the necessary time for the introduction of preventive measures in the practice, or indeed for reviewing at-risk patients in vulnerable categories. In any case he finds that the five minute consultation relentlessly experienced week in and week out diminishes his enthusiasm for additional workload.

From all this the College seems rather remote, but he appreciates from his own experience the facts that he read in the Black Report which in turn confirm evidence reported earlier in the Court Report. He wonders why these facts appear to be so ignored by his academic body which seems to acquiesce in a system of distribution of resources of medical and nursing manpower based on the parameter of numbers rather than of needs. Ample research evidence, in this case, abounds to compare and contrast rural Oxfordshire with industrial Lanarkshire and he wonders what more research evidence is needed before the College can use its influence and authority to offer him some hope of providing for the real needs of his patients and improving his own working conditions into the bargain.

Alternative Patterns of Organization

There is an urgent need to experiment with alternative patterns in the organization of primary care teams, and in particular the work of the general practitioner, to try to discover ways in which that team can become more cost-effective and efficient in undertaking its task in relation to the nation's health in various geographical and social environments.

Within the society in which we find ourselves, and within the present economic climate, it seems more likely that selected sharp thrusts in well chosen areas will lead to change more quickly than the well reasoned arguments, albeit supported by research evidence, across a wide front. The Acheson Report is probably a good example where a few imaginative proposals would probably have had more chance of success than the wide ranging review over which we require to ponder for so long. My invitation to suggest research topics that might receive priority funding revealed a common concern over constraints in practice, and demonstrated that the theme which has the constraint of time at its core dominates contemporary general practice.

The opinion and the experience of the majority of our members expressed so clearly to our immediate past President in the first months of his office surely demand that the College makes its stand in well reasoned arguments, supported where possible by research data, to allow a greater proportion of the resources of the NHS to be allocated to primary care; with the recognition that need and not numbers must dictate the future evolution of primary care within the British NHS.

The College can easily be a pleasant intellectual oasis in an arid environment. Beachheads are altogether less comfortable, but they do form a base from which to challenge and change the existing order. They are likely to be more appealing to the adventurous young.

LETTERS

Health for All by the Year 2000

Sir,

Dr Barley is to be congratulated for his aggressive editorial (December *Journal*, p. 715) and for his clear challenge to the College and its individual members to become involved in primary care in the developing world.

He asks "What can doctors do?". Certainly we should press for greater government aid to the Third World and perhaps for re-ordering of national priorities. This may be a pious dream. May I suggest some steps that our College might consider taking?

1. Encourage general practitioner principals to work abroad on a sabbatical basis.
2. Encourage trainees and recently qualified graduates to spend a year or two serving in less developed countries.
3. Award fellowships (FRCGP) to members working in the tropics if they are actively promoting the aims of the College.
4. Give free annual membership to missionary doctors (as the BMA does for medical missionaries).
5. Encourage practices in this country to accept readily into partnership doctors who have served abroad.
6. Allow the *Journal* to become less parochial in the papers it publishes.
7. Encourage the attitude that we are world citizens and have responsibilities in health care beyond our national borders.

We would then no longer be accused of not caring.

ANDREW R. POTTER
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