

Recollections of the RCGP president 1976–79

E V KUENSSBERG

TAKING over the presidency during the 25th annual general meeting of the Royal College of General Practitioners in 1976 was an overwhelming task. It reminded me of the untrained and unskilled raw recruit I had been in 1939–40 when entering general practice, which seemed in marked contrast to the training and regulated requirements in the field of medical education in 1976, seen in the dignity of the proceedings, the chairman's report to the annual general meeting, and the introduction and election of fellows and honorary fellows of the RCGP. The stinging label of general practice as a 'cottage industry' was well on the way to being rebutted.

Responsibility for the growth of professionalism in general practice and the success of the development of the RCGP lay with the National Health Service and the General Medical Services Committee. Having been a secretary of a local medical committee and a member of the General Medical Services Committee as well as a member of the RCGP, I was fortunate in having my own experience rooted in both developments.

Though not within my period of presidential office, in retrospect there seem to be three major events which signposted and summarized the development of the College. The first was the publication of *The future general practitioner* in 1972.¹ This exhausted its first print run of 2000 copies within eight months and an immediate reprint of a further 2000 copies provided an indication of the wide acceptance of the cementing together of ideas from the fields of education, biology, social science and general practice. No wonder that this book has been translated into a number of languages. Having charted the work of the general practitioner, we could now steer education for general practice with considerable confidence and vigour.

The second major event occurred in 1973: the College tutors' conference at Magdalen College, Oxford. At this conference the principle of 'teaching the teacher to teach' was made the cornerstone of progress of the RCGP's educational policy. This was quickly followed by the College's papers setting out 'general professional training'.

The third outstanding event was the research effort under the direction of Clifford Kay, leading to the first interim report from the oral contraceptive study undertaken by the RCGP. Richard Doll in his foreword to *Oral contraceptives and health*, published in 1974, wrote of the daunting difficulties involved in carrying out such a study, and continued: 'In the face of these difficulties it is not surprising that few investigators had the courage to tackle the problem. Few, however, could rely on mobilizing the support of enthusiastic and disciplined colleagues on the scale that the College was to achieve.'² The 1400 practitioners recorded medical facts about 46 000 women over many years, and thus laid the foundation for research in general practice. This was followed by the national morbidity surveys, the setting up of the research division with the Birmingham unit under Donald Crombie, the Manchester unit (Clifford Kay), the Scottish unit (Jimmy Knox), the epidemic observation unit (Ian Watson and later Paul Grob), the Leigh unit (Maurice Stone) and the Swansea unit (W O Williams). Our European, Canadian, Australian, New

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Zealand and American colleagues frequently expressed envy at these facilities and they astonished other British royal medical colleges. These research units were a constant reminder of the increasing strength of the College's research effort, later to be augmented and absorbed by the academic departments of general practice which began to blossom in the late 1970s and early 1980s.

I will now return to a chronological review of the major events which occurred between 1976 and 1979, during my presidency of the College. In 1976 the mental health act of 1959 was reviewed and the RCGP was one of the bodies consulted. This gave rise to the more relaxed committal procedure and the beginning of the opening up of the mental institutions. The necessary accompanying policy of the 'revolving door' to make readmission less cumbersome was, however, in practice slow to develop.

In the College the central information service was developed, in conjunction with the General Medical Services Committee, the King's Fund and the Cardew Stanning Foundation, collecting and giving advice on practice organization and managerial and communication problems. The Royal Commission on the National Health Service³ required detailed analyses and research into the difficulties and failures of the service. In 1976 over 8000 copies of a paper giving the College council's proposals and analyses were sent out for members' and faculties' responses prior to the College's submission to the royal commission.⁴

Another major event was the Alment committee's national inquiry into 'competence to practise'. During this period another national inquiry required the RCGP's evidence; the data protection committee attempted to determine how computerized data would stand the test of confidentiality. The question of the recognition of part-time vocational training became a problem, particularly in relation to women general practitioners, whose cause the College was trying to promote, and the Tricker report laid the foundation for the use of computers for prescribing statistics.⁵

The Medical Recording Service, established in 1957, was the brainchild of Valerie and John Graves. This service, so instrumental in bringing College members together when searching for further education material, separated from the College in 1978 and became an independent organization. However, the recording studio remained on the top floor of the College headquarters at 14 Princes Gate, London.

The College's scientific foundation board was established under the chairmanship of George Godber on his retirement as chief medical officer, amalgamating the education and research foundation boards into one unit, with additional support from Michael Swann and Martin Vessey.

By 1977 the MRCGP examination could no longer be administered without the use of computers and in yet another sphere the computer began to play an increasing role. The *International classification of health problems in primary care (ICHPPC)*⁶ was worked on and authenticated on both sides of the Atlantic, Donald Crombie leading our own team with Robin Pinsent. This was the first step in achieving international compatibility in general practice terminology, though subsequent events in the late 1980s led to a modification in the form of the Read codes.⁷

The end of 1977 and the beginning of 1978 saw an increasingly constructive relationship between the College and the General Medical Services Committee. There were many joint discussions with the Department of Health and Social Security

and the General Medical Services Committee on such items as care of the elderly, rehabilitation medicine, the student health service, gynaecological cytology, medical and dental hypnosis, and child health care.

The acquisition of 15 Princes Gate made possible the doubling of the available space at the College headquarters. To finance this, as president, I set forth on an 'appeals' journey. Fortunately, from September 1978, the College had the help of John Cleminson, chairman of Reckitt and Colman.

The year 1978 was memorable for me for two international events. The first was the General Practice Research Workshop in Copenhagen, where 11 European countries worked on various general practice research tasks. There, on being taken to the airport by the Danish professor of general practice, I learnt to respect the local police. In Denmark the rear window of your motor car is required to be clean: as it was sometime since the professor had washed his car, we had a somewhat spine-tingling stop, and nearly missed my return flight. The other meeting, in Montreux, was a meeting of WONCA (World Organization of Family Doctors); this was most interesting, and an indication of the increasing recognition of general practice throughout the world.

In spring 1978 Pat Byrne and I had the opportunity to spend three weeks in Egypt studying the local needs for provision of and training for general practice. This was a commission arranged by the British Council on behalf of the Egyptian minister of health. It was a fascinating study, as the country had multiple needs for medical care and this seemed a genuine attempt to get to grips with these. The most dramatic moment was when the government car taking us from Cairo to Alexandria blew a front tyre when a lorry was passing at 70 miles per hour on a tree-lined straight road. The skill of the Egyptian driver saved the lives of a past and present president of the RCGP.

Our European friends in general practice invited us to a number of conferences in 1978-79; we described our experience in training for general practice in Göttingen, Marburg, Vienna, Zurich and Rome. We also participated in study days on general practice research in Hanover, Klagenfurt, Stockholm and Berlin, where our experience of the oral contraception study and the College's multiple observer studies were the main talking point. There is little doubt that on these occasions the RCGP's research achievement, its organization and orientation were held in high esteem.

In the autumn of 1979 a postgraduate institution in Tokyo invited two members of the College to visit them for two weeks to discuss general practice, care in the community and relevant research: John Fry accompanied me for this fascinating trip, which was combined with a stop-over in Hongkong where the Army Medical Services required accreditation for their training in general practice.

Other events that clearly stand out in my memory of that time were the musical evenings at 14 Princes Gate; the Canadian celebration of the Family Medicine College in Ottawa in 1979, and the scientific meeting linked to it; and the visits to almost all the faculties of the RCGP in the UK. But one fundamental principle stands out clearly, expressed well in the minutes of a 1977 council: 'Our College membership implies a commitment for life of time and effort to maintain competence through appropriate postgraduate education and (monitored) audit activities! This, in the spirit of our motto, *Cum scientia caritas*, will remain a brilliant lodestar.

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MRCGP EXAMINATION – 1992

The dates and venues of examinations in 1992 are as follows:

May/July 1992

Written papers: Wednesday 6 May 1992 at centres in London, Manchester, Edinburgh, Newcastle, Cardiff, Belfast, Dublin, Liverpool, Ripon, Birmingham, Bristol and Sennelager.

Oral examinations: In Edinburgh from Monday 22 to Wednesday 24 June and in London from Thursday 25 June to Saturday 4 July inclusive.

The closing date for the receipt of applications is Friday 21 February 1992.

October/December 1992

Written papers: Tuesday 27 October 1992 at those centres listed above.

Oral examinations: In Edinburgh on Monday 7 and Tuesday 8 December and in London from Wednesday 9 to Saturday 12 December inclusive.

The closing date for the receipt of applications is Friday 4 September 1992.

MRCGP is an additional registrable qualification and provides evidence of competence in child health surveillance for accreditation.

For further information and an application form please write to the Examination Department, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Telephone: 071-581 3232.