

**FIRST SESSION****THE QUALITY OF MEDICAL CARE****WELCOME**

**Dr D. G. Henry, M.B., Ch.B.** (*Provost of the Merseyside and North Wales Faculty*)

**T**HOSE of you who were at the annual general meeting of the College in November 1964, could not fail to have been impressed by the regard and affection with which our new president was regarded by the members of the College. When she was nominated for the presidency she received a standing ovation lasting several minutes. The reason for her advance to fame is not very hard to find; although she did not have the inestimable advantage of being born in Liverpool, she did have a Liverpool mother; her father was minister of the Sefton Park Presbyterian Church and married a daughter of a Lord Mayor of Liverpool; she also has very close connections with the District Nursing Association in Liverpool, her relations being closely connected with it from its foundation in 1860; so we are very proud indeed in this faculty to have the president of the College here with us today and it gives me very great pleasure to ask Dr Annis Gillie to take the chair.

**QUALITY IN GENERAL PRACTICE**

**Dr Annis Gillie, O.B.E., F.R.C.P.** (*President of The College of General Practitioners*)

I have been asked to perform a double function for the first part of this afternoon's symposium—to start to talk about Quality in General Practice, and then to act as chairman to Miss Powell who succeeds me. 'Quality' is one of those portmanteau words that can be stretched almost without limit to have packed into it whatever

one chooses to pack in as an interpretation of it; so, in order to provide myself with some limit, I looked up the word in the large *Oxford Dictionary*. The word has a fascinating history; it was, in true Lewis Carroll fashion, invented by Cicero because he had not the word he wanted; he only had *qualis* meaning nature of a thing, and he wanted to translate from Greek something that meant the *very special* nature, the *essential* nature of a thing. So from *qualis* he invented *qualitatis*. It drifted on until at the end of the sixteenth century Shakespeare took it up, as did his colleagues in the writing of the time; it became a popular word in the seventeenth and a snob word in the eighteenth; by the nineteenth century the haberdashers got hold of it for buttons, tape and elastic and by the twentieth of course, the supermarkets have got it. Nonetheless quality is one of those imponderable words that convey so much when we want to think of the highest aspect of something in which we are interested. On reading through the four columns which enlarge upon it in the dictionary, one comes upon the fact that it stands for "character, disposition and nature", there is a natural inclination for some to go into general practice. It also means 'capacity' or 'ability' or 'skill in some respect', enlarging further on the sound original fundamental. The word moves on to mean 'excellence of disposition and good natural gifts'. Then it comes to mean a 'habit of mental or moral attribute'. 'Rank or position in society' is not only obsolete but it is 'vulgar and archaic' so that there is no social value any longer in the word. Quality can represent 'profession, occupation, business, those of the same profession, fraternity', followed by an enchanting quotation from *Two Gentlemen of Verona*: "... as we do in our quality much want", so appropriate for us today. It becomes a 'power or faculty, a characteristic, a manner of action, a peculiar excellence or superiority'; therefore without packing any more meanings in of our own we have plenty therein to occupy us.

But of course this quality is an endpoint, an endpoint that is always receding the more one strives towards the objective that the endpoint represents. Quality includes a discussion of the achievements which alone can lead to quality, added to that character, disposition, nature, capacity, ability or skill which some seem to be born with and others have to acquire. Today, especially in this College, the striving after quality is what stands out above all the means towards better practice that are expressed in the Charter now before the Minister. We can think of two or three names in particular of people who have done so much to alter the attitude within general practice today in many minds and to develop the possibilities and the whole future of general practice. Quality implies the striving that reconciles the art of personal relationships with the science of

medicine, and the techniques resulting from advances in knowledge; it is the striving that sees ahead the possibility of establishing the full purpose of general practice as an inborn part of the teaching of environmental medicine in our universities and medical schools, thus enriching the teaching of the whole subject of medicine. It is the striving towards quality that has set up the ideal of vocational training for general practice—an ideal that two or three years ago we were trying to put into words after our endless discussions, reading and visits, as we drew up our report on the “Field of Work of the General Practitioner”. We said that we hoped that in the very near future two or three years of vocational training for a single-handed general practitioner would be the accepted thing. We find only two years later that we are out of date; *five* years of special training is being seriously discussed within the College. This shows how fast thought is moving.

The striving towards the objective of quality in general practice, the reconciliation of art and science, is idealistic; this idealism is put into practice very often by self-sacrifice. Every member of the College makes a sacrifice because there is no endpoint to material benefit that causes members to join; it always means adding effort to the already hard effort of work in general practice. This idealism must continue and be extended into studies of our own attitudes to work, of the gaps in our training for our work; study of the assessment of what the highest quality of general practice can be, always knowing that quality is an ever-receding objective becoming higher like a mountain top seen from the top of the foothills that were at first taken for the mountains themselves. Somehow that idealism has to be translated into reality. There must be recognition of achievement, recognition of work done to make advances, recognition of planning for research, of pioneering efforts in medical education that have come out of general practice, of all that needs to be done to analyse and enquire into methods of practice and of the vast opportunities that lie alongside practice itself. There must be recognition of the effort to blend the individuality of a personal doctor practice whether single-handed, partnership or group, into the wider field of environmental medicine and the place where we truly stand in relation to the community, with recognition of the men and women in the allied professions who are waiting to work with us. These things must be recognized widely to enable the whole matter to move forward because the period of purely voluntary, sacrificial effort is coming to an end. At this critical stage in the history of general practice, a stage showing changes so rapid that one can hardly compare the conclusions of one year with those of a year or two further on, the College must give the lead to the recognition of achievement, if outstanding work and leadership into the next stage are to continue.

You will remember that in the fifteenth century there was a prince of Portugal, Prince Henry the Navigator, a grandson of our own Duke of Gaunt, who made it his business to organize and support the fleets of tiny ships that sailed to the east, to the west, and ultimately round the world; those ships brought back cargo that made it possible to go on, and his words to the navigators were: "Go on again and go further". I think that this is the point we have reached, and that we need to make known—that quality and striving after quality in general practice must always be the result of many individual efforts multiplied together, but must be led and organized at times by specially informed effort perhaps involving whole-time workers to achieve the basis on which to plan further stages, develop further opportunities, explore the wide varieties of endeavour. Recognition must be given to the pioneers and given by allowing material benefits to the practical idealist. Until there is acknowledgement of improved methods, improved outlay, improved lay-out of material background to increase the tremendous part that general practice contributes both to the health of the individual and also to the health of the community, our College must continue to give leadership.

It gives me great pleasure to introduce Miss Powell who, with her work in developing the quality of work of the nursing profession, can show us what clear-sightedness, allied to foresightedness, energy ideals and the outspoken expression of those ideals in the right place have already achieved. Miss Powell, matron of St George's Hospital, London, will tell us more of what I have seen happening, especially in her capacity as chairman of the Standing Nursing Advisory Committee to the Minister of Health.

## THE MODERN HEALTH SERVICE AND THE NURSE

**Miss M. B. Powell, C.B.E. (*Matron, St George's Hospital, London*)**

This is only the second time in my long life in nursing, over 30 years, that I have been asked to participate in a conference of medical men. On the first occasion I found myself taking part in a discussion on early ambulation; then as now, the conference was organized by the College of General Practitioners. This invitation suggests to me that you have progressed beyond the stage of regarding the nurse as just a pair of willing hands and feet, or just a handmaid for