

QUALITY IN QUESTION

“General practitioner failure is even more evident when it comes to diagnosis and treatment. Collings painted a deplorable picture of hasty examinations and inadequate treatment in 1949. We have good reason to believe that the situation has not changed much since then.”

Honigsbaum, F. (1972).

THE quality of care provided by a profession is of direct concern to three groups: those who receive it, the members of the profession itself, and those with responsibility for arranging that care. Within the professions quality of care is of special significance in medicine; within medicine, the importance of primary care makes quality in general practice crucial.

Quality is always hard to define, to measure or to assess. In medicine, the physical and emotional vulnerability of the patient makes this particularly true; in general practice, where the relationship between doctor and patient may be most important of all, definitions, measurements, and assessments are doubly difficult. Nevertheless, value judgements are possible, quality assessments are, and will increasingly be, made.

This *Journal* was one of the first academic journals of general practice and has always had the policy of seeking to improve quality in general practice. If quality is now to be questioned it would be appropriate for this *Journal* to be the forum for the debate.

For years we have published papers by practitioners seeking to show that the quality of care in general practice can be, and is being, improved. Now we examine the other side of the coin.

Quality in general practice

The quotation above is from the article published today on *Quality in general practice* by Honigsbaum who seeks to assess general practice from the outside—by reviewing the literature. He has considerable previous experience having graduated B.A. from the University of Michigan and M.B.A. from the Harvard Business School, both with distinction. He has already published several papers on various aspects of the work of general practitioners and is currently writing a book on the development of general practice.

He quotes from other papers data which he interprets as demonstrating deficiencies in general practice. Furthermore, he doubts if progress is being made. Running like threads through this work are words like ‘weakness’, ‘negligence’ and ‘failure’. Rarely in any journal and never before in this one has general practice been so attacked.

The views he expresses are his own. They are not often heard in the cosy corridors of the College. They are heard outside.

Papers like this have appeared for too long in the journals of other disciplines, particularly the social sciences, where they are often not seen by many general practitioners. We believe it is time this kind of criticism was faced openly. Either it is accurate,

when it deserves to be discussed, or alternatively, it is inaccurate, in content or comment, when it deserves to be answered.

Stimulus to improvement

Furthermore, if part or all of these criticisms are justified then publication may in itself prove to be beneficial to general practice. Earlier this year, Fraser Rose², a distinguished past President of the College, stressed the importance to general practice and the College of the work of Collings,¹ whose report in 1950 was critical of general practice. Others like Talbot Rogers³ have also emphasised how that criticism acted as a stimulus to the improvement of quality in general practice.

This paper questions the quality of general practice. The arguments are documented in detail: the references are given in full. "Those who agree with Fry that 'general practice in Britain is full of promise for the future' must justify their faith with facts."⁴

REFERENCES

- 1 Collings, J. S. (1950). *Lancet*. **1**, 555-585.
- 2 Rose, F. M. (1972). In *The Journal of the Royal College of General Practitioners*, **22**, 342.
- 3 Talbot Rogers, A. (1972) Albert Wander Lecture, *Proceedings of the Royal Society of Medicine*, **65**, 109-118.
- 4 *Transactions of the Hunterian Society* (1966-67). p. 117.

POSTGRADUATE ADVISERS IN GENERAL PRACTICE

GENERAL practitioners are generally individualistic in outlook and tend to have an instinctive distrust of colleagues who appear to join an administrative hierarchy. Why then does the College support the appointment of Postgraduate Advisers, who are they, and what do they propose to do?

The new concept that the purpose of undergraduate medical education is to produce a basic doctor who will need further postgraduate education before being proficient enough to follow a career in any branch of medicine, has enormously increased the responsibilities of postgraduate deans. This has been most obvious in the field of general practice, particularly if the views of the College on vocational training and preparation of young doctors for the M.R.C.G.P. are to be implemented.

Specific teaching for general practice implies the need for teachers; the need for teachers implies that they must have opportunities to learn their job as well as opportunities to keep themselves up to date in clinical medicine. Continuing education must of course be available for all doctors in active practice.

A situation where all these educational needs are available will not arise spontaneously. There is a need for general practitioners themselves not only to advise but to work to attain the College's aims. The Council for Postgraduate Education proposes the establishment of general practice subcommittees of each region's postgraduate committee, but to be effective these committees will require an executive to implement their decisions.

The policy of the College to appoint its own tutors to work alongside and in support of clinical tutors was wise, but there is a need also for someone to work alongside Postgraduate Deans, with their ever increasing field of responsibility. There is also a need for close liaison with undergraduate departments of general practice, so that vocational training for general practice proceeds in a rational transition in the education of the complete general practitioner.

To carry out these tasks, 11 general practitioners have already been appointed as