

Genesis

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IT had been quite a hard year's work, reaching fulfilment on the evening of 19 November 1952. It was the year of the Steering Committee, in which a small group of doctors of widely dissimilar origins and interests met, got to know one another, and worked together with a lawyer, the Rt. Hon. Henry Willink, who was also the Master of a Cambridge College. The group met in London on neutral ground, in the house of an accountant, Mr Ancrum Evans, and looking back, it seems curiously appropriate that the Instruments of Foundation of the College of General Practitioners should have been signed in a patient's home.

The Steering Committee was composed partly of general practitioners and partly of consultants. These colleagues from all the major specialties knew that they were engaged in an enterprise of which not all the Royal Colleges might approve, and yet their involvement was complete. Professor Aird, the surgeon who could think about problems in widest breadth, John Beattie the obstetrician who delivered us of our thorniest problems and Sir Heneage Ogilvie, editor and philosopher at once. Both Sir Wilson Jameson and Professor J. M. Mackintosh were exceptional administrators to whom sins of omission were anathema and who ensured the comprehensiveness of the report which was one object of our meetings.

The practitioners whom John Hunt and Fraser Rose gathered around them had mostly fairly recent experience in the Services, though at widely differing levels of seniority, sufficient at first to induce a sense of diffidence among their juniors, but this was to last a very short time as each member of the team fitted almost uncannily into place. There was something strange about this. From the first meeting of the full Steering Committee each member shared a curious sensation that he had become part of something, something that had already existed, to which he owed some kind of loyalty which he could only dimly perceive and was quite unable to understand. The idea quickly became an ideal, and one which everyone was determined to achieve.

Organisation

One consequence of this feeling was the positive character of the discussion. At no time did anyone have to be argued out of a conviction or a belief. Instead, one positive idea or suggestion led naturally, almost inevitably, to the next and to a decision that improved on both. Whether the rapid progress made towards agreement was due to skilful chairmanship or to this strange sense of common purpose we will never know, but through all the year's meetings no show of hands was ever called for.

Naturally there was paper-work between meetings. This was made easier by the hansards which were efficiently prepared by John Hunt's secretariat. The Report, destined for publication in December 1952, gradually built up as agreement was reached section by section. The synthesis of working documents into a first draft of the report brought John Hunt's gift for prose to full flower. Time after time, where one of us had produced a wordy and polysyllabic contribution, the draft would come back with just those essential changes which kept the sense and made it readable.

As well as the Report of the Committee there was work to be done on the Memorandum and Articles of Association. Here agreed decisions were essential and once made there was legal help from Mr J. W. Mayo to cast them into proper form. These were the documents which were tabled for signature on that November day, when the practitioner members of the Committee met for the first time alone. Each signed in his place, once on each document, and there was a self-conscious pause as the papers were taken up. Next cheque-books were produced and each member wrote out his first subscription for ten guineas and passed it to the head of the table. The College had been founded. It had a membership and it was solvent.

Then came the dog days, through early December, before the appearance of the Steering Committee's Report in the *British Medical Journal* and the announcement of the Foundation to the world. This was the time for second thoughts, could this have been done better? Could that have been done differently? One evening some members had met in London and for the first and only time John's confidence seemed to flicker. "We might," he said "have 300 members by midsummer." Someone added that even from a small membership one group research study might just be possible. The temptation to quote from *Macbeth* was resisted while each sought to gain comfort from the others.

The College

The rest is the history of the College, how the 300-member mark was passed in the first week, how the burden of planning was passed to the Foundation Council as doctors whose names are household words today came to the infant's help.

There was the room at 54 Sloane Street where in full session some members had to sit on the windowsills and later the Apothecaries Hall where Committees of Council sat at either end of the long polished tables—and some members were minuted as having attended both simultaneously. History will show, too, how the sense of corporate endeavour that the Steering Committee knew went on and gathered strength through the College's early years. But that is another story.

PREPARING FOR GENERAL PRACTICE

Our system of schooling in general, and medical education in particular, is structured to produce the very antithesis of the concerned physician who constantly—and without compulsion—strives for competence in treating his competence.

Premedical students are encouraged to choose courses designed to impress a medical school admissions committee rather than to enhance their appreciation of life and people. Admission committees give lip service to a 'broad background' but pick the science major. Medical schools stress the importance of competence in family medicine but staff their hospitals with specialists. Medical students declaim many ethical imperatives of socio-political consequence but are mute of their moral obligation to achieve and maintain personal professional competence.

By the time one has completed medical school and postgraduate training it is too late to change the product; I suggest that the system be reassessed.

LAFORET, E. G. (1972). *New England Journal of Medicine*, **287**, 258.