

## *Foundation of the New Zealand College\**

P. S. BYRNE, *O.B.E.*, P.R.C.G.P.

Professor of General Practice, University of Manchester

The 24 January 1974 will go down in New Zealand history. For on that day were celebrated two opening ceremonies. The one, long anticipated, widely publicised, attended by many thousands, beautifully presented in beautiful premises. The other small and private. The two events had a highest uncommon denominator in the person of H.R.H., the Duke of Edinburgh, who played a prominent part in each proceedings.

In the long term it could be that history will record the small private occasion as having the greater significance for every man, woman and child—for each actual or potential patient in New Zealand. Doctors exist only because there are patients. The small private meeting celebrated the foundation, as an independent body of the New Zealand College of General Practitioners. The College's aims are to raise and maintain the standards of general practice—in other words, to seek always to present better medical care to the patients of New Zealand. This is why the College has much important potential as an academic association.

So the College is concerned with the quality of medical care and with the development of optimal methods for its delivery. It is concerned that each of its members shall believe it proper to maintain their own continuing education to enable them always to practise at the highest contemporary level. It is also concerned that continuing education shall be provided. It is concerned with teaching, and there is a vast untapped teaching potential in general practice. It is one hallmark of a discipline that it has become competent to teach its own members and neophytes. As neonates in the jungle of the university, we in the departments of general practice, welcome and need academic chaperons and guides to independent departmental status. We can record our gratitude to those people in other departments—particularly of social medicine—who have generously afforded us this service. But we are clinicians, and grateful as we may be, it is no more logical to place us permanently under the direction of a non-clinical department than it would be to place the department of medicine in the same situation. It happens to be very much easier to do, but it is equally inappropriate.

The College and the departments of general practice must learn to work together, each appreciating the essential role of the other, understanding that each makes different contributions but with the same shared aims and goals.

The College is concerned with the teaching of undergraduates about general practice by general practitioners. It is most concerned with the postgraduate training of doctors to become general practitioners to the standards and with the training content laid down by the College. This means training for general practice, in general practice, by general practitioners themselves trained in teaching method and content.

The College then has the function to seek first-class patient care and from this dynamic base to plan teaching and research. The fruits of research may then be fed back into teaching, and, of equal importance, be used to provide the health care planners and politicians with essential information and advice, which is so far unavailable.

The College has urgent work to do. It may well consider it necessary to plan a research policy and seek to train research workers. This cannot be done by the College itself. It is an interdisciplinary exercise in which other university departments, as well as the important departments of general practice must be involved.

### **Priorities in medical care**

The College may wish further to consider that the practice of medicine is a social service and that it is the duty of the profession to inform the community, via the medium of Government, of what medicine has to offer. The community on the other hand has then to decide how much of what is offered is needed and, of that, how much it is prepared to pay for. It follows that the responsibility for the determination of priorities in medical care is quite firmly that of the community which pays for them, and not that of the profession which does not.

\*Speech delivered at the Foundation of the New Zealand College of General Practitioners.

There is much evidence that the community of New Zealand is conscious of and apprehensive about the manpower state of general practice. Under the heading *Medicine's Front Line*, an editorial in the *New Zealand Herald* on 10 October 1973, suggested gently (in relation to the shortage of general practitioners) that "Medical Schools should be prepared to work within the communities' priorities. " This minor key comment may be compared with Canada, where in the province of Ontario and in Holland, the province and the state who fund their medical schools require them to produce general practitioners and have provided a general-practice machinery and incentives for the purpose. The reasons for the improving situation in general practice in the United Kingdom might also be studied.

#### Role of the College

We might yet further consider that while the founding of a College is an act of faith, faith is an uncomfortable possession. For it must always be professed and there are times when it must also be proclaimed.

The College does not affect to 'represent' general practice—it does profess to present and corporately meet its higher standards. It is an academic body. It is not a price-fixing body, nor does it seek to become one. Its capacity, which it must urgently develop through research, to present evidence about health care, makes it complementary to older medicopolitical bodies to whose influence on terms of service and remuneration it poses no threat. However, if enactments are proposed which appear to jeopardise the standards of practice or if there could be the same adverse effect by default of enactment, then the faith must be proclaimed. Proclaimed objectively from a body of evidence not from emotions. The College cares for standards; its members care for people.

But faith is sterile without good works. For the College the time for talking is past, the time for planning and for action is now. New Zealand led the western world in 1941 with its novel and humane national experiment in the provision of medical care. New Zealand is now fortunate in possessing general practice of a high quality, but there is too little of it. There is room for improvement in the provision of premises, of ancillary staff, in the integration of wastefully fragmented community care, in the knowledge of national morbidity patterns, and in health-service operational research. The vital postgraduate training for general practice has barely begun, continuing education is provided in a way that disadvantages those doctors who achieve it.

Most countries which have, like my own, a National Health Service, have discovered that the injection of central funds into the areas mentioned, funds small indeed by comparison with total Health Service costs, can transform the situation of general practice, increase its recruitment and maintenance and hence improve the health care of people. But no funds should be expected, nor will they appear, without adequate evidence of need being provided.

There has now been founded the largest medical college in New Zealand, containing over 35 per cent of all general practitioners. This College must rise to meet its challenges. It must learn early to define and agree principles before it debates details.

The medical profession in New Zealand is numerically too small to dissipate energies in splinter groups. The latter will, however, continue to exist unless there is seen to be a dynamic body exercising a professional leadership, which the College must attempt to provide. The College will not be alone in producing ideas, but it must seek to make these, and the ideas of others, work. To do this, effective working relationships have to be created with other Colleges, with other medical groups, or bodies, with the important nursing and social work professions, with the universities, and with Government. Other academic bodies may feel it proper to be helpful and tolerant towards a new academic ally.

From this series of symbioses there should emerge both patient and job satisfaction of a high order. Here then is the formidable set of challenges facing the College.

President and the New Zealand College. Your parent body views you with anxious affection as a most promising sister. Young and small, yet with so much to do. In faith and good works lie your road to success. Dedicated hard work is the prescription. You will surely find that your objectives will be understood, appreciated, and supported by the community you are glad to serve. May the New Zealand community and its College of General Practitioners united ever enjoy a shared well-being.

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