

DECADE OF DESTINY?

GENERAL practice enters the last quarter of the twentieth century at an interesting stage in its development. Faced with an accelerating rate of change, it is not easy to see what the next 25 years will bring.

History

General practice established itself in the first quarter of the twentieth century. The 1911–12 Lloyd George legislation organised generalist care for working men and established the principle of the state taking responsibility for health.

The second quarter, from 1925–50, represented a phase of consolidation. New drugs such as antibiotics changed the pattern of morbidity and the 1948 National Health Service extended a general-practitioner service to the whole population.

The third quarter, the 25 years 1950–1974, were years of turmoil and change. The outstanding academic change was the formation of the College of General Practitioners in 1952, which led to many educational changes, especially the extension of undergraduate training outside hospitals, the introduction of vocational training, and the concept of life-long continuing education. Organisational changes included the introduction of appointment systems, purpose-built premises, and the development of the primary health care team.

The 1974 reorganisation of the National Health Service brought general practice for the first time into the heart of the new administration with general-practitioner representation on virtually all regional and area health authorities, and all the district management teams.

General practice today

On taking stock there is much evidence of progress: the rising quality of new recruits, the growing number of trainers, improved representation, the record number of both planned premises and ancillary staff.

More practitioners than ever before are contributing through individual and collective research to medical knowledge. Teaching is now, quite rightly, commonplace and, for the first time in history, the hope of a generation of new recruits, all purpose trained for general practice, seems certain by the end of this decade. Departments of universities are for the first time being staffed by general practitioners and the Royal College of General Practitioners has in only half a generation risen from nothing to a position of considerable power and prestige. Finally the generalist-specialist pay differential has been reduced so much that some specialists believe it has been reversed. Such are the hallmarks of material success.

Yet somehow or other all is not right. Is there complacency in community care?

Stories of bad general practice still abound and, especially in the big cities, many practitioners still work from premises more suited for practice in the first, rather than the last quarter of this century. The number of British-born recruits to practice is falling as

is the proportion of Health Service expenditure on family doctoring. As for academic progress, how many general practitioners proceed M.D.—a standard qualification in the specialties?

General practitioners now have more time off than ever before, yet almost a third achieve this through deputising services and many patients are finding it harder not easier to get appointments or to exercise any real choice of doctor.

Survey after survey has scrutinised and then criticised medical records, study after study of practitioners' referral letters has commented on their inadequacy, and report after report has highlighted, as does Miss Firth today, some of the gaps in knowledge which must affect the care that patients receive.

For this is the key. At the end of the day it doesn't matter how good the research may be, or even the teaching. Not even evaluated learning is enough. It is the application of learning that counts and the final criterion is the day-to-day care that patients receive in practices up and down the country.

There is great warmth in the ideas generated in the cosy corridors of the College, but sometimes it is cold outside. The chain of the reputation of general practice may be no stronger than its weakest links.

The future

The world does not owe general practice a living. The sole reason for continuing with a general-practitioner based system is that it can be seen to be the best way of meeting patients' needs.

The shape of general practice in the future will be very different from what it is today, yet doctors on training schemes now will practise in the twenty-first century. Are they being trained to tolerate and to adapt to continuing technical and organisational change?

The whole of the next 25 years cannot yet be envisaged, but changes in the next ten years can be considered now. Decisions may soon be taken, particularly in this new money-starved Health Service, which may affect medical care for generations.

Is this the decade when the destiny of general practice will be determined?

GENERAL MEDICAL SERVICES

THE report of the joint working party on *General Medical Services* was the first official appraisal of the quiet revolution, which has been taking place in general practice (Department of Health and Social Security, 1974). The origins of the revolution were rooted in the determination of general practitioners in the 1950s to raise the standards in general practice.

The Royal College of General Practitioners gave direction and impetus to this determination. General practitioners began to examine in a disciplined way, their methods of working. It was obvious that changes had to be made, but the dilemma was how to alter practice organisation without infringing the principles of continuity of care and ease of access by the patient to a personal doctor. There also had to be a different system of financing. This was achieved by the negotiation of the Charter. The public were slow to react to what were radical changes in the provision of medical care. In the last few years there have been rumblings in the press and in Parliament about deputising services. Pressure began to mount for an assessment of the impact of the changes on the patient and so the working party was constituted.

The subjects chosen for study were appointment systems, deputising arrangements,