EDITORIALS

Compulsory re-examination in general practice

AN important report has just been published by the Committee of Enquiry into Competence to Practise (1976). In surveying the minefield of compulsory re-examination the Committee has come down against any such procedure at present in the UK.

However, in 1976, for the first time in history, over 1,500 established general practitioners/family physicians were re-examined in their own discipline. This remarkable event took place in the USA and the examination concerned was the first re-certification examination of the American Board of Family Practice. Although there are many other specialty boards in America none makes re-certification by examination mandatory.

The examination

What is this examination on which so much trust is placed? First of all each general practitioner entrant must have evidence of completing 300 hours of approved postgraduate education since being previously certified by this specialty board. Secondly, the candidate must review 20 of his own records and discuss them. Thirdly, the written examination covers advances in: internal medicine, paediatrics, psychiatry, obstetrics and gynaecology, and surgery.

Changing times

The idea of re-examining a group of fully qualified doctors some years after registration is not new, but it has never occurred in Europe and its implementation is novel in the US. Nevertheless, there are obvious reasons why it should now be debated. Firstly, the concept of once for all qualification depended entirely on the old idea of producing a 'safe doctor' at graduation by giving him minimal knowledge. This idea has now been discarded in favour of the concept of continuing educational need throughout a doctor's professional life. The General Medical Council, the Royal Commission on Medical Education (1968), and the Merrison Committee (1975), have all underlined this in recent years, and the latter's idea of graduate clinical training followed by specialist training depends upon it.

Furthermore, the pace of advance in all disciplines is now so fast that all doctors require continuing training.

The profession and the Government since 1858 have agreed that the State has a duty to ensure that the public are served by practitioners who are competent to practise. Yet it is clear that a small number, for various reasons, fail to maintain a satisfactory standard. Through the errors and failings of the few, the confidence and reputation of the many are often maimed.

If the relevance of medical knowledge really does have a half-life of eight years, as had been suggested, the significance of the qualifying examination must diminish within a decade.

Yet the case for examination is not so clear. Before any examination can be implemented, particularly compulsorily, it must be shown that:

1. There are deficiencies in the knowledge and/or skills of the body of practitioners concerned.
2. These deficiencies can be detected by the testing technique adopted.
3. The examination is fair, its results are valid and reproducible and correlate reasonably with the quality of work of the professionals concerned.

It is in these aspects that the Europeans hesitate, and *Journal* readers will know that the policy of the Royal College of General Practitioners (1974) has already been published in this *Journal.* The College does not believe that "the methods of reassessment, compared with the methods of assessing postgraduate training, have been fully validated. It is important to know, for instance, that a mature doctor does not only have adequate skills and knowledge, but that he also uses them." Furthermore, "to be acceptable reassessment would have to be supervised by active general practitioners. There is not at the moment the experienced manpower needed to manage both the initial assessment of training and reassessment for everyone at regular intervals. In the College's opinion the first priority is to assess effectively those entering general practice as principals."

Significance

The significance of the American event remains to be seen. The first reactions in Britain are likely to be awe and admiration, mixed with doubt and dismay. Awe at the speed of change, admiration for the American Board's determination to guarantee a standard to the public, doubt about the validity of the present technique, and dismay lest such a custom should be precipitately introduced in the United Kingdom.

Nevertheless, the American experiment should be taken seriously. Not just because the American Board

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has often led the way in the past (by founding an academic journal of family practice, for example), not just because what America does today Britain often seems to do tomorrow, but simply because "few thoughtful doctors would disagree that assessment and continuing education and the quality of care a doctor provides for his patients are neglected areas of British medicine. There is an increasing awareness that something needs to be done" (Royal College of General Practitioners, 1974).

Compulsory re-examination for established principals in the UK is not a comfortable idea. It may not be right now. It may never be right. But with the Americans already doing it, it must be right to think about it now.

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European Union of General Practitioners

New alignments mean new relationships, and new relationships mean that methods have to be devised for discussion, consultation, and agreement between interested organizations. The decision of the UK to join the European Economic Community threw into sharp relief the need for doctors in all branches of medicine in Europe to talk to each other. In some ways it is easier for specialists to communicate with each other, precisely because the boundaries of their discipline are relatively sharp and relatively easily agreed.

General practice, precisely because it is general, does not have such a clear boundary, and hence a growing need has emerged for an organization which can represent general practitioners. This organization, though it has existed for nearly ten years, is becoming increasingly active. Known as Union Européene des Médecins Omnipraticiens or the European Union of General Practitioners, it is usually referred to as UEMO. It represents the nine countries in the Common Market and has observers from Austria and the medical specialist union of doctors in the EEC.

The headquarters of this organization are in Utrecht, Holland, and the chairman is Dr Meisch, of Luxembourg. It seeks to co-ordinate the advice to Brussels on topics of importance to general practice in the EEC, and eventually it hopes to be consulted by the Standing Committee of Doctors in the EEC, which itself is a consultative committee to the Commission in Brussels. There are three general practitioners representing the United Kingdom: Dr Alan Rowe (General Medical Services Committee), Dr E. V. Kuenssberg (Royal College of General Practitioners), and Dr R. Outwin, who is deputy for Dr Alan Rowe.

One of the first achievements of the new organization has been agreement from all nine countries that the document *The General Practitioner in Europe,* which has been prepared by a working group of teachers of general practice, can be the basis of a job description and can be accepted throughout Europe. We commented on this document in our August *Journal* and it is reproduced in full today. It is similar in many ways to that on the first page of the *Future General Practitioner—Learning and Teaching* (Royal College of General Practitioners, 1972). UEMO is at present working on further unifying documents and declarations on such important principles as the right of patients to a free choice of doctor, the place of the general practitioner in the social security system, clinical freedom, and professional confidentiality.

Of particular importance at present is the interchangeability of recognition in Europe of vocational training for general practice, which needs urgent consideration in view of the medical directive of the EEC. The NHS (Vocational Training) Bill had its third reading in the British Parliament in October 1976. Nevertheless, there are difficulties associated with the fact that some vocational training, and in Britain only a third, takes place in general practice itself.

It is the firm aim of UEMO that general practice must be recognized as an independent branch of medicine, in the same way as the medical specialties. Meanwhile there is a risk that directives for free movement of doctors in Europe could impede this development.

It is the policy of UEMO that each individual country should be free to develop its own training programme, and that migrating doctors who do not possess such training will have to fulfil the same conditions as nationals in the host country.

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