

Time and change

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WITH the end of the Second World War there came a sense of tremendous relief but at the same time a feeling of restlessness and uncertainty about the future. Many had believed, in the years after 1918, that war could never happen again. The fact that it had done so was disturbing in itself. The wartime years forced everyone to accept new obligations, undertake unaccustomed responsibilities, and remould their ideas and sense of values. People were exposed to circumstances the like of which they had never imagined, and in every field of human activity new lines of thought were opened up. Though the result of the postwar general election epitomized this change, the professions were also affected.

People who, had there been no war, would probably have accepted the conventional wisdom of the day and no doubt put it into practice very well, saw medicine practised in unaccustomed circumstances. As medical officers in the services they saw that a reasonable measure of organization could benefit them and improve the quality of their work. Perhaps it was no accident that all the members of the Steering Committee had had service experience, some at the higher levels of command, others at more lowly levels where, nevertheless, the results of an organized approach to medical care could be seen clearly.

The politicians were at work on the NHS—systematization was certain to come in at a national level—but whether the intellectual life of practising doctors could be organized became the concern of a small group which formed around John Hunt and Fraser Rose. Within that group totally new ideas were welcomed and discussed constructively, to be accepted or thrown out, much as a quarter of a century later Council itself was to deal with innovation and novelty on the academic side of general practice today.

It could be said that the College was born of the hopes, fears, and uncertainty of the time of its foundation, and that its first objectives were to bring to general practice some of the internal cohesiveness which characterized the existing medical specialties, conferring on those who practised them a sense of self-respect. This, it was observed, could easily lead to mutual

admiration and this was something to be guarded against. Centralization, too, was essential to a degree, but just as there had been many theatres of war in which things were done differently, so might there be a structure which allowed some flexibility, perhaps administration through a regional faculty organization. Certainly, this would act as a brake were excesses to be contemplated at the centre, and a stimulus to prevent central inertia.

Those who joined the College and became foundation members did so as an act of faith. The extent of the immediate response surprised the authors of the Steering Committee report. It was at once clear that though there was much work to be done, the resources of goodwill and enthusiasm upon which the new College could call were great. The sense of support and goodwill was felt by the Foundation Council so strongly as to be almost tangible. Volunteers for demanding tasks came forward at once and work went on with a sense of purpose that carried hitherto independent practitioners with it. The first annual general meeting was attended by 400 doctors.

It has been said that a camel is a horse designed by a committee. From the start the new College adopted a structure composed of committees with executive powers to engage in education and research. Planning followed, decisions were made, and camel-like projects were introduced. That they achieved a measure of success illustrates the fact that the camel's biological adaptation to the environment in which it lives is excellent. The committee structure stayed and was developed further.

There was the research decade when, with novelty on the side of the College and no handicap from uncomfortable precedents, new methods were devised and tested. Though viewed with suspicion at first, for doctors distrusted the new science of statistics and automated data processing had yet to come, these methods have become standard practice in many countries. From a rare event, the taking of an MD degree in general practice became more frequent. The publication of papers from general practice took a great leap forward.

Then came the decade in which education dominated the thinking of the College. The universities accepted

responsibility for undergraduate teaching in general practice, setting up departments of general practice one by one, while the College itself expanded its interest in postgraduate education to meet the criteria for membership which had been adopted from the beginning. A conventional measure of the effectiveness of education is examination. Though many felt that it could be avoided, this measurement of standards was inevitable. When the MRCGP examination came, however, it incorporated new methods and approaches acceptable to all but a very few.

Twenty-five years of medicopolitical activity more or less passed the College by. Those who wished it ill looked in vain for the hidden hand of the College in the making of decisions. The way in which successive Councils have observed the principles laid down by the Steering Committee is remarkable. Changes have been many and far reaching. They have brought improved standards of health care to our patients, and the College need not be ashamed of the academic contribution it has made.

If at our jubilee we take stock of what has been achieved we realize that our next quarter-century will be as demanding as the first. Postgraduate education must be made an even firmer reality; the examination may yet be improved upon. The organization and administration of practices, already vastly different from the practices of the foundation years, must be developed further.

In the field of research there are already signs of a new and advancing phase. Research units giving their first loyalty to the College and not to a university department have been established and, with the new streamlined Research Executive co-ordinating their activities, an instrument of formidable potential has been created. This must be used wisely and fearlessly. As in the past the College did not hesitate to devise new and unconventional research methods, so the College in the future must not hesitate to examine, critically and objectively, matters in and beyond medicine as it is practised today. General practitioners are, as they have always been, right at the growing edge of medical science. The College has helped to remind them of this.

We must not delude ourselves into believing that all will be plain sailing for the College in the future. Some of the rocks and reefs were charted by the Foundation Council. Others have been discovered, but not by our College alone. The restlessness in the world of postwar medicine affected others also, and kindred Colleges overseas, some incubated within our own College, came into being. It was natural for these to come together across national boundaries with the formation of the World Organization of National Colleges and Academies of General Practice and the European General-Practice Research Workshop.

There is one great difference in the situation we face now: in the 1950s we were virtually on our own; the Royal College of General Practitioners will never be alone again.



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