

The future of the College – 1.

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Introduction

IN his moving valediction to the Council, Pinsent (1977) invited us to use the Silver Jubilee of the College as an appropriate time to reflect on its achievements and plan its role for the future. He reminded us that any organization, like any organism, must continually be renewing itself if it wishes to retain vitality. A little earlier, McCormick (1977), welcoming an opportunity to debate these issues, reminded us that the aims of the College, like those of any academic body, must be the pursuit of excellence and the search for truth. It behoves us therefore to respond by examining the direction in which we wish to pursue excellence, the subjects in which we should seek for truth, and the ways in which our inner strength can enable us to make as successful an advance into the future as our predecessors have achieved in the past.

In considering the immense achievements of the College in its first quarter century, it is of course tempting to write a panegyric regarding its rapid ascendance to its present position of authority in British medicine. We naturally feel a deep sense of pride in these achievements, but we would betray our inheritance if we failed to look into the future with that same self-criticism which we advocate as the basis of the continuing educational process.

Objectives

It is said that nothing is more damaging to morale than to achieve one's objectives. This, however, is only true where initial objectives and ultimate aims coincide. The irony of the College's present position is that as a principal proponent of educational theory it has failed to establish for itself a hierarchy of objectives as a progression towards its aims. Having achieved its primary objectives, it has so far failed to express secondary ones with any clarity and as a consequence its educational policies have given the impression of floundering. The regional committee structure and organization of universities stem directly from the recommendations of the Royal Commission on Medical

Education (1968) which accepted, albeit with important modifications, the College's evidence to it. The College's Postgraduate Training Committee has been succeeded by the Joint Committee on Postgraduate Training for General Practice which will regulate vocational training following the implementation of the National Health (Vocational Training) Act (1976).

The College has parented these developments but its influence has, as a consequence, been lessened through shared representation on independent bodies and the College now finds itself—like any other parent of a stalwart adolescent—confused by the conflicting emotions of pride in the production of its progeny and of anguish at its apparent rejection by it.

The role of the College, therefore, in relation to postgraduate education needs to be re-examined and a new set of objectives articulated by the Education Committee.

In its search for truth, the College's activities in research have recently, and rightly, received acclaim because of the outstanding quality of the Oral Contraception Study. This study demonstrated how the resource of the college membership could be mobilized to provide a unique contribution to a research project carried out in general practice.

The College has of course been the stimulus over the years to innumerable studies of all kinds carried out by individuals and by groups. It is a matter of regret that parallel to these studies *in general practice* the College has not developed an integrated research programme *into general practice* to determine the effectiveness and the efficiency of the current system. Such studies could provide the basis and the authority for the development of College policy whereby we could become more influential in the restructuring of primary care services. Many individual studies relevant to this theme have been reported but their implications have not been tested on a scale capable of effecting a major influence on College policy.

The College has, for example, been one of the principal advocates of the primary care team but we must accept a heavy responsibility for failing to anticipate more clearly the rocks on which the primary care team would founder and failing to chart the

passage to its fulfilment as a quite fundamental part of primary care in Great Britain. Imaginative research might well have been rewarding in this field and offered a practical link with education.

The pursuit of excellence and the search for truth are twin aims which do not require separate arms of activity and the apparent separation of research and education within the College can never have been intentional. I believe that the time has come to make a greater effort to co-ordinate these arms and to employ them in an examination of the structure of general practice itself so that we can influence its future modification in ways that allow our expectations for general practice to be realized more effectively and with greater efficiency. This may enable us to anticipate the threat to the future of general practice which is becoming increasingly apparent, not only in this country but also abroad.

Because of the ever-accelerating increase in medical knowledge in specialist fields, the need for a personal doctor who is a generalist becomes ever more important. The personal doctor will require to demonstrate qualities of wisdom and interpersonal skill as well as possess contemporary technical knowledge in a variety of specialist areas. Inevitably, however, he must rely on an increasing number of specialists to provide him with advanced knowledge and skill which he can interpret and use in the interests of his patients.

If, at the same time, general practice remains dominated by patient-initiated demand, there is the increasing danger that the values attached to the wisdom of the practitioner will be depreciated, and his ability to possess adequate specialist knowledge in all relevant fields will be challenged. His replacement by less expensively trained doctors trained in pattern recognition and contingency medicine will then be increasingly advocated. The major challenge facing general practice, and therefore the College, is to provide the proof that the general practice in which we believe is the most efficient way of providing primary personal medical care to a population. To provide this proof will require major educational and research activity to examine the structure, the process and the outcome of alternative systems in the delivery of primary medical care acceptable to our fundamental tenets about general practice.

The concentration on 'process' by the College has meant that less attention has been paid to 'structure' and to 'outcome', and the development of our second phase objectives. I would like to see co-ordinated policies of education, research, and practice organization that attack with enthusiasm and imagination the alternatives available to us. This major challenge would involve the whole College requiring the College Council to operate as a 'think tank' with executive activity and feed-back provided by the faculties.

Remoteness

The central responsibility for the affairs of the College

must always rest with Council and the suspicion that the Council has become remote from the faculties is a serious one. There is a need therefore to examine the functioning of Council to ensure that the links with the faculties are strengthened and that the avenues for communication are uninhibited. To suggest that Council meetings at the present have a Wagnerian quality is neither to decry Wagner nor the Council but rather to warn against the dangers of allowing the medium to obscure the message. The solemnity of the opening presidential announcements is followed by a period of preliminary exchanges lasting between one and two hours before the agenda for the day is approved. This is the signal for some virtuoso performances by the principal characters whose individual style is seldom concealed by the libretto, while the majority of members modestly constitute a chorus which is rarely intrusive. About five hours after the beginning, when exhaustion is beginning to take its toll, there is ill-disguised relief at non-verbal communication from the faculties and national councils, although the significance and the poignancy of these indications of reticence is only now beginning to be appreciated. More purposeful and enjoyable Council meetings would result from their concentration on policy, leaving routine administrative matters to be dealt with by a small executive group enjoying the confidence of the Council as a whole.

By modifying the role of Council along these lines and by following the precedent of the consultative process used for the evidence to the Royal Commission, the faculties will feel themselves to be more directly involved in the evolution of College policy. If College policy can become more authoritative in relation to the total functioning of general practice, it will be seen to be more directly relevant to the individual College member. In this respect, the important debate at the Annual Symposium in November 1977 on "Central London Practice" was particularly relevant. In these ways, the College can, I believe, develop an exciting and purposeful momentum for the future.

Examination for membership of the College

The scepticism surrounding the College examination remains. The large number of doctors now sitting the examination has established it, but so far neither the young doctor nor the established have accepted its credibility. They quite properly suspect that no written or oral examination can adequately test clinical competence in general practice.

We must firmly declare that the College examination is not a measure of basic competence in general practice, far less an assessment of a vocational training programme, but that it is a measure of possession of knowledge appropriate for any doctor claiming to be competent in contemporary terms. It offers some assessment of skill and some indication of attitude but it cannot claim to assess competence in practice. To say

this is not to diminish the examination but rather to allow it to gain credibility and acceptance as an important instrument, both for education and assessment, through which the content of general practice can be given a more defined substance.

A doctor who fails the College examination is unlikely to have been educated adequately to be able to develop a satisfactory clinical competence. Expressed in these terms, I believe that the College examination would be more acceptable to both established trainer and to trainee and thus remove one of the major areas of suspicion surrounding the College.

The challenge for the College now is to demonstrate the possibilities of successful integration of its numerous components in a way which symbolizes the role of the modern general practitioner who brings together in one person an aggregate of wisdom and knowledge constituting the most potent instrument of therapy in the armamentarium of the Health Service. This is the direction in which I believe we should pursue excellence in the provision of patient care—if we discover some truths along the way, so much the better.

References

- McCormick, J. S. (1977). Speech at meeting of Council, September.
Pinsent, R. J. F. H. (1977). Speech at meeting of Council, September.
Royal Commission on Medical Education (1968). Report. London: HMSO.

Pathological analyses

The very large, more powerful machines are economical only with very large workloads and pay their way only if there is a significant saving in staff. Bringing in specimens from numerous modest-sized hospitals does not necessarily lead to economies if transport costs are high. The poor discrimination of the large multichannel analysers has been justified by the low cost per test, but of the 10 to 15 tests on each sample perhaps only one to four are relevant to the patient's condition. If the clinician is prepared to be more selective in his demands (which implies good training and a logical approach to the requisition of tests) smaller analytical units can be brought nearer to the patient and turnaround time reduced. Of necessity, a nucleus of technical staff exists in modest-sized hospitals to provide emergency services, such as estimations of urea, electrolytes, glucose, and blood gases, and they could well operate modern small-volume analysers to provide a traditional service in an efficient and cost-effective way.

Reference

- Rinsler, M. G. (1977). *Lancet*, i, 946-947.

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