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## REPORTS

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# Annual General Meeting 1979

**T**HE Annual General Meeting of the Royal College of General Practitioners was held in the Great Hall, Imperial College, London, on Saturday, 17 November 1979.

The President of the College, Dr E. V. Kuenssberg, CBE, took the chair. About 300 members were present.

The President reminded the meeting of the deaths during the year of Dr Ian Watson and Dr John Henderson, two great losses to general practice. Dr Donald Irvine was congratulated upon receiving the OBE during the year.

### Foundation Council Award

The Foundation Council Award was presented to Dr D. H. Irvine, OBE, FRCGP, General Practitioner, Ashington. Dr Irvine had been Honorary Secretary of the Council from 1971 to 1978 and had made immense contributions to the development of general practice.

### Baron Dr ver Heyden de Lancey Memorial Award

The Baron Dr ver Heyden de Lancey Memorial Award was presented to Professor Richard Scott, FRCGP, for outstanding contributions to general practice. Professor Scott was the first James Mackenzie Professor of General Practice at the University of Edinburgh, the first chair of its kind in the world.

### Fraser Rose Gold Medal

The Fraser Rose Gold Medal for the best performance in the MRCGP examination during the year was awarded to Dr I. R. Lacy from Huddersfield.

### Upjohn Essay Prize

The Upjohn Essay Prize for the best report on a study by an Upjohn Fellow was presented to Dr R. A. Strachan, MRCGP, DRCOG, for his report on "Small-group methods of education in day release courses".

### Upjohn Fellowships

Upjohn Travelling Fellowships were presented to the following:

1. Dr K. J. Bolden, MA, FRCGP, Exeter.  
"The organization of inner city practices."
2. Dr D. H. Ryde, MRCGP, London.  
"Epidemiology of prescribing in general practice."

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3. Dr R. J. F. Steele, MRCGP, DRCOG, Exeter.  
"Trainer audit."
4. Dr J. Weston Smith, MRCGP, DA, DRCOG, Tamworth.  
"The introduction of group psychotherapy into general practice."
5. Dr N. J. Shanks, MB, CH.B, Manchester.  
"Comparison of health amongst homeless persons in England and Scotland."
6. Dr J. Cohen, MRCGP, London.  
"Obesity—what are we doing about it and is it worthwhile?"
7. Dr A. J. Laidlaw, FRCGP, Worcester.  
"Hearing conversation and interpretation of audiograms."
8. Dr Awadh Bihari Jha, MB, BS, FRCS, Mid Glamorgan.  
"Incidence of worms in general practice."
9. Dr H. Jones, MB, B.CHIR, DRCOG, South Glamorgan.  
"The benefits to the general practitioner of the extended use of health centres."
10. Dr D. I. Dowson, MB, CH.B, Wimborne.  
"The future of acupuncture in the National Health Service."

### Undergraduate Essay Prizes

Prizes were awarded to the following:

E. J. Larcombe, Bristol Medical School; S. F. Jennings, St Thomas's Hospital Medical School; J. C. Jones, St Mary's Hospital Medical School.

### MRCGP/Astra Research Awards

First prize was awarded to Dr P. C. Stott, second prize to Dr H. R. Guly, and third prize to Dr R. Peppiatt.

### New fellows

Barnard, R. L. H.	Fullerton, A. A.
Bennett, J. W.	Gau, D. W.
Brown, J. S.	Gill, G. M.
Brown, P. F. E.	Gilmore, J. S.
Bruce, V. R.	Hatfield, F. E. S.
Burnham-Slipper, C. N.	Henderson, J. T. Y.
Carter, P. P.	Henderson, T. L.
Cohen, J. D.	King, R. L.
David, N.	Jenkins, S. A. P.
Delargy, D. R.	Lacey, H. P.
Dixey, J. R. B.	Lea, M. H.
Dymond, D. C.	Lennox, I. G.
Fairlie, C. F.	Lewis, N.
Faulkner, H. C.	Lindsay, J. C.
Frame, N. C.	Lowry, W. C.

McClatchey, E. R.	Redhead, I. H.
Marks, B. E.	Ritchie, J. E.
Martin, P. B.	Robertson, R. B. G.
Miller, J. E.	Ruben, L. A.
Morrison, G. W.	Shepherd, F.
Mourin, K. A. A.	Tasker, J. L.
Nicholson, R. G.	Vergano, J. B.
Norman, A. E.	West, S. R.
Oliver, S. F.	White, R. S.
Paros, N. L.	Wilson, R. J. S.

### **Ian Stokoe Award**

The Ian Stokoe Award was presented to Dr Duncan McVie.

### **Portrait of the President**

Dr Basil Slater, Provost of the South-East Scotland Faculty, presented the College with a portrait of the retiring President, Dr E. V. Kuenssberg.

A £900 cheque was presented to the College Appeal Fund to commemorate the work of Dr E. V. Kuenssberg and Professor Richard Scott in Scotland.

A bouquet of flowers was presented to Mrs Constance Kuenssberg with special thanks for all she had done for the Faculty and the College as a whole.

Dr Slater pointed out that Dr Kuenssberg was never unprepared for a meeting, and that in his Edinburgh practice the words "Ekke and Care" would always be thought of together.

Dr Kuenssberg thanked the Faculty for the painting.

### **James Mackenzie Lecture**

Dr Clifford R. Kay, CBE, MD, PH.D, FRCGP, General Practitioner, Manchester, delivered the James Mackenzie Lecture "The happiness pill?" (January *Journal*, p. 8). He was given a standing ovation.

### **Business meeting**

In the afternoon the Chairman of Council, Dr M. J. Linnett, took the Chair.

### **Chairman's report**

Dr M. J. Linnett opened his report by referring to the increasing range of activities within the College most of which had been described in the *Annual Report 1979*.

The membership of the College had risen to 9,175, an increase of 717 (8.5 per cent) during the past year.

During the year 941 candidates had sat the membership examination which was evolving towards examining more appropriately the doctor completing vocational training. It followed that the criteria to sit this examination should be revised to allow all doctors to take it after they had been fully registered for three years provided that they had undertaken vocational training conforming to the requirements of the vocational training allowance, or that they had been at least two years in general practice.

Dr Linnett added that the College had understood that the Vocational Training Regulations would be laid before Parliament "next month". "We sincerely hope that there will be no delay in this timetable, since all outstanding points have now been agreed within the profession. This represents a remarkable step forward towards the improvement, through better training of general practitioners, of patient care in this country."

The College was also examining other methods of admitting to membership mature and experienced doctors for whom the techniques with which the newly qualified doctors of today were examined were not necessarily appropriate.

### *Overseas visits by medical students*

Following a resolution from the Midland Faculty, the College was exploring the possibility of aiding visits by overseas medical students to British general practices and vice versa. It had been agreed that the College should in the first instance try to help overseas students coming to this country through the office of the Dean of Studies.

### *College tutors*

Pursuing the trend to devolution, College tutors would in future be appointed by faculties. The Chairman welcomed a further move towards devolution in the holding of some committees of Council in the faculties.

### *Research*

A study day was being held on 5 December to stimulate research in the faculties and there would also be a conference at the College in March 1980 on the use of computers in general practice.

### *Central Information Service*

The Central Information Service, which had been set up with the support of the General Medical Services Committee, had been a great success. Over 900 enquiries had been dealt with during the first six months of this year and the College considered that the Service must be established on a firm basis for all general practice.

### *Other colleges and bodies*

Dr Linnett welcomed discussions which were taking place with the Royal College of Physicians and the Royal College of Obstetricians and Gynaecologists on collaboration in the identification, joint visiting, and recognition of suitable posts for general professional training. The College was also taking part in other discussions with the Royal Colleges of Psychiatrists and Radiologists, the Royal College of Nursing, the Association of Clinical Medical Officers, the British Association of Social Workers, the Association of Medical Secretaries, and other bodies.

A new trend had been a series of helpful discussions with patient associations, notably the Muscular Dystrophy Association and the Parkinson's Disease Society.

### *The Appeal*

The Chairman announced that the College had now launched its Appeal for £1 million and was pleased to report that £200,000 had already been received. The priorities had been agreed by Council and published in the Appeal brochure. An important aim was the further development of research through the Research Division Executive and the Scientific Foundation Board. Other priorities were the development of continuing education including the critical examination with colleagues of standards of care and the comparison of outcome: "In other words, the use of peer group review and discussion, and of audit, as a means of keeping abreast of the most effective means of care." The Chairman was pleased to report that Mr James Cleminson, Chairman of Reckitt and Colman, had accepted Council's invitation to become Chairman of the Appeal Committee, and Dr Linnett also thanked the faculties which had made substantial contributions to the President's Appeal for the refurbishing of 14 and 15 Princes Gate.

### *New awards*

Council had been most grateful to receive financial support to endow several new College prizes and awards. Messrs Duphar had established the Duphar/RCGP Research Bursary, the Monument Trust had financed the award of a Medical History Research Fellowship, and Dr Sidney Hamilton, a past secretary of the South London Faculty, had presented funds to endow a prize in memory of his wife, also a general practitioner. The Anne Hamilton prize would be awarded for an essay on caring, with special emphasis on the way a disabled person was cared for in the family and in the community.

In particular a need had been felt for a special award, carrying the highest status among the honours which the College could confer, which would be presented from time to time to an individual whose work was of such outstanding importance that it had led or was leading to a major advance in care in general practice. Council had welcomed this proposal and it had been unanimously agreed that the award should be known as the Kuenssberg Prize.

### *The Journal*

The Chairman noted that the College *Journal* had "continued to improve its standards and its circulation" during the past year. Council was sorry to hear that the Honorary Editor, Dr Pereira Gray, had decided to resign at the end of 1980 and Council was currently advertising for a Deputy Editor who would succeed Dr Gray in 1981.

### *The staff*

Dr Linnett thanked Mr James Wood, the Administrative Secretary, who was within a year or so of his retirement, and was taking over the considerable work

involved in the administration of the Appeal. Council welcomed the appointment of Mr Dick Lloyd-Williams as Administrative Secretary Designate.

### *The President*

Dr Linnett concluded by saying that at this meeting Dr E. V. Kuenssberg's term of office as President came to an end. He wanted to acknowledge the great distinction with which Dr Kuenssberg had fulfilled this office and express the gratitude and admiration of the College for his work as President. Dr Kuenssberg had been a foundation member, a member of Council since 1962, Chairman of the Practice Organization Committee, Chairman of Council, and now President. He had travelled extensively, especially through his Wolfson Visiting Professorship and his work was widely known internationally. The College was grateful for the continuing support of Constance, his charming and accomplished wife, who had made such a contribution to his work and to that of the College.

Dr Linnett thanked Mrs Constance Kuenssberg and Mrs Yolande Carne for the skill and taste with which they had directed the refurnishing of 14/15 Princes Gate, and thanked the Kuenssbergs for their work on the Jephcott room, including a very generous gift of furniture which had come from Dr Kuenssberg's family home.

In conclusion, Dr Linnett said that this would be his last report as Chairman of Council and he wished to thank the members of Council who had supported him so loyally, and in particular the two most capable Honorary Secretaries with whom he had had the privilege of working. He was especially grateful to his partner, Lord Hunt of Fawley, to whose wise advice and friendship he owed so much both professionally and in his work for the College, who had recalled a remark by Sir George Godber made in the early days of the College: "You will know that you have really come of age when the next generation is trained to run the College!" Dr Linnett said: "I relinquish the Chairmanship secure in the knowledge that not only has the second generation been able to carry on our work, but that in the younger members now joining the College and contributing actively to its work, we have excellent potential for developing the compassionate efficiency of general practice."

### **Honorary Treasurer**

The Honorary Treasurer presented his report and announced that expenses were up four and a half per cent to just under a quarter of a million pounds. Income was up three and a half per cent. Most expense during the current year had been incurred through postage, telephones, stationery, and staff remuneration.

Dr Carne thanked the staff in the Finance Department, especially Mr C. Rees and Mr J. Wood.

The Honorary Treasurer's report was approved.

## President of the College

Dr J. P. Horder, OBE, FRCP, FRCGP, General Practitioner, London, was unanimously elected President of the College for the year 1979/80. Dr Horder said he was deeply honoured and would do his very best to keep up with the very exacting standard Dr Kuenssberg had set.

## College Council

Dr John Hasler read out the list of faculty representatives elected to Council, and the election was held in which the following four candidates were elected:

Dr D. H. Irvine, North of England; Dr M. J. Linnett, South London; Dr D. H. Metcalfe, Trent; and Dr C. Waine, North of England.

## Resolutions from Council

The Honorary Treasurer moved two special resolutions from Council concerning the Scientific Foundation Fund and the Central Information Service. The motions as printed on the agenda paper were approved.

### *Fellowship*

Dr D. G. Wilson, Bedfordshire and Hertfordshire Faculty, moved:

“That the Council be invited to seek amendment of the Ordinances and Byelaws of the Charter so that the Fellowship of the Royal College of General Practitioners may be also awarded to medical practitioners of outstanding merit who are not members of the College, provided always that the aggregate number of such Fellows shall at no time exceed twenty.”

Dr Michael Price seconded the motion saying that those outside general practice should be able to become members or fellows for outstanding work in their field relative to general practice. The motion was passed.

### *Older general practitioners*

Dr R. Steel, Midland Faculty, moved:

“As the present MRCGP examination is orientated towards vocational training this meeting requests Council to pay more attention to the aspirations of the longer-established practitioner.”

Dr J. Price and Dr A. Bookless spoke in favour of the motion and it was passed without opposition. Dr Donald spoke on behalf of the Board of Censors pointing out that Professor J. Walker had already put forward the idea of a test for older general practitioners.

### *Vocational trainee representatives on Council*

Dr D. J. Pereira Gray, South-West England Faculty, moved:

“That vocational trainees should be represented on Council and that Council be asked to consider putting

forward such amendments to the Ordinances that they may deem appropriate to achieve such representation.”

Dr Gray pointed out that although Council often discussed vocational training, there was no trainee voice present. There were already trainees on many faculty boards.

Dr Angela Douglas, trainee representative, South-West England Faculty, seconded the motion saying the Royal College of General Practitioners had pioneered vocational training and trainees wanted to be involved in the future. Why not have a trainee voice on the Council?

Dr J. Hasler, speaking for the Council, pointed out that there were constitutional difficulties as trainees were not usually members but Council was happy to support the principle. The motion was then passed.

### *General practice training for specialists*

Dr Hooper, Wessex Faculty, moved:

“That it would be to the advantage of the object for which the College was founded if the postgraduate training of specialists were to be enriched by the inclusion of a period in general practice and that this meeting requests Council to look at ways in which this may be implemented.”

Dr Hooper urged that hospital specialists be taught in training practices as part of their specialist training. Other Royal Colleges were already considering this.

Dr D. H. Irvine supported the motion and said that it came at an important moment. Individual practices should discuss it and put it into practice in as many schemes as possible. If successful it might eventually become routine. The motion was approved.

### *Journal representatives*

Dr A. Bailey, North and West London Faculty, moved:

“This meeting recommends that every faculty should be invited to appoint one of its fellows, members or associates as College *Journal* representative. The role of the *Journal* representative would be to identify general practitioners in the faculty who are involved in research and might wish to submit a paper to the *Journal* for possible publication. The *Journal* representative would also provide the *Journal* Editor with faculty news.”

Dr Qureshi seconded the motion.

Dr Pereira Gray replied, speaking as Editor, and said he was always particularly grateful for interest in the *Journal*; news was always welcome. A College news insertion had been discussed but was on ice until the appointment of the new Editor. A faculty *Journal* representative was a good idea; he could help promote the *Journal* in his area and boost subscription sales.

The motion was passed.

### **Appointment of auditors**

Messrs Price Waterhouse were re-appointed as auditors.

### Spring General Meeting

Dr C. Waive announced that the Spring General Meeting would be held in Bowness in the Lake District on 25, 26, and 27 April 1980.

There would be a full and varied programme for husbands, wives, and children and accommodation was being arranged at two local hotels. Dr Waive urged that people apply early for fear of shortage of accommodation.

### Chairman of Council

Dr A. G. Donald thanked Dr M. J. Linnett for his past three years as Chairman of Council and Dr Linnett received a standing ovation on his retirement.

### Annual General Meeting 1980

The Annual General Meeting in 1980 will be held on 15 November 1980 at Imperial College, London.

The meeting ended at 16.30 hours.

## Some aspects of vocational training

WITH the introduction of mandatory vocational training in general practice, the Royal College of General Practitioners will face several problems which in some respects are similar to those in Israel, where family medicine is a recognized specialty with a defined curriculum and compulsory examination. I was therefore particularly pleased to be given the opportunity of visiting the United Kingdom as Update/RCGP Traveller for 1979, in order to study trends in two important aspects of vocational training:

1. Examination and evaluation of trainees.
2. Educational courses for trainees.

The programme, planned by the Dean of Studies of the Royal College, was designed to meet both objectives.

The visit took a month, from 20 March to 22 April. The first two days consisted of orientation visits to London practices. This was followed by three days at the RCGP Examiners' Workshop in Leamington Spa and by working visits to various departments of general practice and postgraduate training programmes in England and Scotland. During this period I met, formally and informally, heads of academic departments, regional advisers in general practice, course organizers, general practitioner tutors, and trainees. I also attended several departmental meetings and teaching sessions for trainees.

It must be emphasized that I was specifically interested in the possible implications for developments in family medicine in Israel, which may account for any bias in my report.

### Examination and evaluation of competence

I was greatly impressed with the tremendous efforts which are made to improve the quality, scope, and techniques of the MRCGP examination. The refreshing candour and readiness for peer group evaluation amongst so many enthusiastic self-critical examiners reflected an attitude of honest appraisal which must

inevitably lead to improvements in the standard of the examination. It is, however, not an easy task to translate good intentions into practical actions. There is no simple way to assess competence in the highly complex mass of activities which comprise the contents of the work of the general practitioner.

### What must be measured?

The first question which faces our own Examining Board relates to what must be measured in terms of educational objectives and the role of the future general practitioner. If we accept that he must make his diagnosis "in physical, emotional, and social terms", then what relative weightings should our examination give to each of these components? The crucial question is: should we fail the candidate who has superb competence in the diagnosis and management of most conditions seen in general practice but who has "insufficient awareness of the emotional and social components"? Is there a consensus view of the content of good general practice? How tightly is this banner nailed to our mast? Is the approach of our examiners to be 'all or nothing', or is there room for intermediate objectives, which will permit flexible options for the future based on the objective medical needs of our society?

### Safety or excellence?

The next question relates to the standard of performance required. Should we examine for 'minimal acceptable competence' or for 'excellence'? The former implies a 'safe' doctor whose 'safety' has already been assured by passing his final MB examination on completion of his undergraduate studies. Excellence, however, implies a 'closed-shop' policy with exclusive membership and with obvious implications for candidates unable to pass the examination, for foreign graduates with language problems, and for those with different standards of medical education.

The institution of a two-level examination simply begs the question and even compounds the problem.