

Why belong to the College?

IF it wasn't there, it would have to be invented. It was not there, and it was indeed invented. "It" is, of course, the Royal College of General Practitioners, and it is worth trying to dissect this cliché—which after all survives because it expresses a truth—to see why general practitioners should have formed this College and made it grow by their continued support.

Why do people form groups at all? General practitioners have for 150 years been forming the kind of group which expressed itself in mediaeval times as a guild; they wanted to combine for strength, in order to put a common viewpoint to authority, to the public and to their patients. They wanted everyone to know what they stood for, what standards they expected their members to reach and what their particular unique skills were. They realized that their voice had more chance of being heard as a collective shout than as mere individual faint statements. But the kind of organization which general practitioners form reflects the kind of society in which they work. Thus the Metropolitan Society of General Practitioners issued their memorandum in 1853 with what Stevens (1974) called "an astonishing shaft of sociological insight": "we are a body of men who exist because the wants of society have raised us up."

In 1952, our more immediate forebears—John Hunt, Fraser Rose, the Foundation Council, and all those thousands who formed so readily and rapidly what Steel elsewhere in this issue (p. 8) calls the first generation of College members—were raised up by the wants of postwar society to form the organization to which almost 9,000 general practitioners now belong, whose opinions are regularly sought by governments, and which has a financial turnover of a third of a million pounds per year and a headquarters building worth one million pounds. Does this organization still represent the wants of society? One answer can be found in the readiness of our patients to subscribe (with a generosity that surprises the timidity of many of us who ask) to the College's Appeal 1980.

The examination

General practitioners are joining the College in numbers which rise every year; an increasing proportion of the candidates for the membership examination are those who have just completed their vocational training. What does their membership represent? Is it an act of faith in a college whose aims and ideals they support, or

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is it merely a meal ticket, an insurance which is taken out against the possibility of obligatory membership being equated with right of entry to general practice? And having taken out their membership, to what extent do these new members wish to be actively involved in College affairs?

The Faculties

The College's activities exist on three levels: the faculty level, the headquarters level and what might be called the College officer level. The faculty structure—a regional organization with locally elected boards and officers—was put into the original constitution by the 20 men and one woman far-sighted enough to realize that what the College does should not be concentrated in London. Is not one of the main sources of inspiration for members the frequent contact with colleagues, allowing the exchange of gossip and ideas not concerned with vocational training or putting the world to rights?

The size of the local group, however, is crucial: when members were few, a realistic organization could flourish only if it took its members from areas coterminous with those of the old Regional Hospital Boards, but when one faculty has over 500 members and 13 have over 300, can the individual find a place in such a crowd? The answer is perhaps to be found in the fact that in many faculties members are already beginning to form small groups, the latest description of one being by Wall in this *Journal* in December 1980. Such groups, based on postgraduate centres in district general hospitals, seem likely to become the local focus for the College's activities in education, research and practice organization. Does this local expression of energy and interest mean that there is little left for the faculty to do except to co-ordinate in the most general, and perhaps superfluous, way the efforts of the district groups? Anyone who wonders in which direction the faculties are moving should look at the College's Annual Reports for the mid 1960s, which surely show a higher level of activity on a broader front in most faculties than is evident in those of the last year or two.

Why has this apparent decline of activity occurred? The word 'apparent' may be appropriate here, since further reading of old Annual Reports shows that the College and its faculties were then almost alone in being concerned with postgraduate and undergraduate education. Postgraduate studies are now institutionalized in a large structure of regional committees, advisers in general practice, postgraduate deans, course organizers

of vocational training schemes and their teachers' workshops. Undergraduate education is now the concern of university departments. In effect, the faculties may well have organized themselves out of a job, for it would be an exceptional regional adviser, course organizer or professor of general practice who was not a College member. Much research activity has gone to university departments and to the College's own research units; many of those who used to undertake research have had to put their energies into training. As for practice organization, it is tempting to see the relative inactivity of many of these faculty committees as a sign of progress: thanks to the efforts of the College's first generation members, and the need to make improvements for training purposes, the standard of organization has generally risen so much that most practices are far better organized than they were 20 years ago. This higher standard is only a plateau, however, as the President made plain in his remarks to the Council meeting in December 1979 (*March Journal*, 1980, p. 180) and on his visits to faculties. What, and who, is to provide the fuel to lift the next stage of the rocket?

Headquarters: a London club for general practitioners

Members who live outside London, and whose only regular contact with the College is to receive their *Journal*, can be forgiven for thinking that the expense of a prestigious building in central London is one which they do not much care to support. How then can the administration of the College tell the members what they are up to? How can it tell them, except in the Annual Reports, of the 38 staff who organize meetings and the MRCGP examination, act as clerks to committees, prepare reports, answer questions, execute policy decisions of Council, staff the library, the Scientific Foundation Board, the Central Information Service and the finance office—and make sure that this large building is clean and that the sheets in the bedrooms are changed?

Most Members and Fellows neither hold office nor aspire to do so. When the College began there was a sense in which it was a club to which those interested in general practice might belong. As the College grew in power and influence and became the academic voice of general practice, and in particular an examining body, its function as a club diminished. It is time that this function was restored. Opportunities can be created for concerned doctors to come together to gossip, to exchange ideas and to cultivate friendship. While College headquarters provide a marvellous and economic London club, it can be used only occasionally by most of us. We need, and let us not be ashamed of doing so, to create a sense of pleasure in belonging, throughout the College. The more active the members are, the less the hierarchial structure of Presidents, Chairmen, Provosts and Secretaries will seem to militate against the notion that in a club all men and women are equal.

The College officers

The College has become an important influence in British medicine, more by a gradual and unplanned process over time than as a result of a decision by a small group of people that they want to exercise power. But a body whose aims are to raise the standards of general practice—and which has so obviously been the main institution to have done so since 1952—cannot help investing great power in its officers. The unease which is sometimes expressed by general practitioners at the increasing power of these people is very understandable, since general practice itself is not hierarchical: we have partners, not bosses. Nevertheless, part of the increase in power of the College and its officers is the result of an increase in numbers. As more members join, the College becomes stronger; strength is power, power brings authority and authority carries with it the danger of coercion and of insensitivity to the desires and aspirations of members. It has always, however, been a point of pride for the officers to be active general practitioners, honing their skills and remaining sensitive to the needs of patients. At some point the officers have to be trusted to represent high quality general practice, and it has to be accepted that they travel widely at the College's expense and have the excitement and pleasure of attending meetings abroad, negotiating with ministers and seeing their names and faces in the medical and national press. It is fortunate for general practice that those who speak for it have always been people of integrity and energy who do not hesitate to put far more into their job and into the College than they get out of it.

The third generation

The first generation of College members will hand over to the second and third an organization lubricated by much more money, more experience and more expertise than they themselves began with. Can they also inject—to extend the motor car analogy—a fuel for the well-oiled machine? The future is hugely exciting: the College can bring together, as no other body can, general practitioners with interests in education, research and practice organization. Medical audit, as a tool to improve care for our patients, is about to be developed. General practice, now established as a scientific discipline in its own right, beckons to some of the best brains in medicine. Vocational training will in time provide a sensible and appropriate education. How can the enthusiasm and dedication of the College's founders be passed on to the new entrants, so that they recognize that there is a world of difference between becoming a member and staying a member?

Reference

- Stevens, J. L. (1974). Brief encounter: James Mackenzie Lecture 1973. *Journal of the Royal College of General Practitioners*, 24, 5-22.