page, A4 size, typeset, photocopied newsletter for £225 for 400 copies. Such a newsletter could have contained only reports of faculty events and would have allowed no room for any original articles. Also, it would have cost the faculty £900 a year to produce a quarterly newsletter, and this was too large a sum for our budget.

Next, therefore, I contacted the local representatives of various pharmaceutical companies. None was able to provide a sum as large as £900 from their regional budgets and they could not obtain more money from their national budgets because the newsletter was not a national publication. The venture seemed doomed to failure at the outset.

However, after considerable thought, I contacted the national publicity managers of the current sponsoring pharmaceutical companies who were able to provide a large sum of money, provided that they had the unique privilege of advertising and that the paper was distributed nationally.

Distribution to all the 25,000 general practitioners in the country was beyond me, so I compromised and negotiated a limited national circulation. This includes all members of the faculty, members of College Council, the secretaries of other faculties, medical libraries, medical schools, postgraduate centres, the other Royal Colleges, teaching departments of general practice, a selected list of other general practitioners and some specialists in other disciplines.

Good writers to contribute

Faculty News needed to be established as a paper of high quality to attract top writers from within and outside the faculty in the face of competition from the commercial medical press. Editorship is 1 per cent inspiration and 99 per cent perspiration. I always wrote persuasive letters in my own handwriting and used the personal touch to obtain contributions.

Faculty News today

Faculty News is the newsletter of the home faculty and it serves to link the members of the faculty with each other and with others in the College and medical profession. Medical and national press, as well as British television and overseas radio stations as far as Australia, have reproduced and mentioned articles from *Faculty News*—articles that have included *Favourite Remedies* by Herbert Barrie, *The President Explains* by John Horder, *Would you Share our Aims?* by Alastair Donald, *Modern Conservative Treatment in Breast Cancer* by Harold Ellis, *Slimming Fashions* by Arnold Bender and *Health and Safety at Work* by Frank Tyrer.

As well as these, contributions and reports from faculty members have been included as top priority.

Sponsorship

Since the first issue in April 1981 there have been eight issues of *Faculty News,* published at approximately quarterly intervals; five by Stuart Pharmaceuticals, one by Bencard and two by Upjohn Limited.

About 1,500 copies are printed at a cost of approximately £1,500 per issue. In return, the sponsors have the privilege of sole advertising. Moreover, *Faculty News* reaches parts of the College that other newspapers fail to reach; for example it is distributed to all participants at the Annual General Meetings and Spring Meetings of the College.

Distribution

Faculty News is distributed free of charge. It is sent with other circulars to members of the faculty. Council members and the secretaries of other faculties receive their copies with College circulars. A large number of copies is distributed nationally by medical representatives so that the publication is circulated as widely as possible.

Cost to the faculty

The faculty only pays part of the postage and it covers the editor's out of pocket expenses—about £15 a month. No other expenses fall to the faculty.

In return the faculty produces a publication with a good national and regional reputation that does much to boost the morale of faculty members and to improve communication between them.

The faculty—your neighbourhood College?

W. MCN. STYLES
General Practitioner, Shepherd's Bush, London.

The term 'faculty' has been applied in its academic sense to the geographical sub-units of the College—each a group of members working together to uphold the College's aims to improve the quality of patient care. Our founders believed this regional organization to be of the greatest importance, since it enabled the College to assist nearly all its members, and they in return could supply to Council information about their needs and many other aspects of general practice.[1] The early faculties were concerned mainly with local arrangements for undergrad-

uate education, with the organization of postgraduate lectures and courses and with encouraging general practitioner research. A faculty structure with a faculty board, an education committee, a research committee and a practice organization committee was developed to fulfil its tasks, and provided a basis for the vast amount of work that was done by the faculties throughout the 1960s.

THE tasks of the 60s are not the tasks of the 80s—the organization of undergraduate teaching in general practice now has been taken over by the medical schools; vocational training is arranged through the regional postgraduate medical committees and is monitored nationally by the Joint Committee on Postgraduate Training. What future tasks are left for our faculties? Have they the framework to undertake them?

Present faculty activities

Their annual reports show the level of activity of our faculties throughout the year.[2] Most organize about four general meetings a year to consider topics of interest; twelve have active education committees and three have research committees; many foster continuing meetings of small discussion groups. However in general these activities are introspective and for members only, although some faculties arrange meetings to help nonmembers prepare for the MRCGP examination. Very few have regular contact with other primary care professional or patient groups—the South West Wales Faculty which organizes an annual public meeting is an exception.[3]

Few faculties communicate with other local medical bodies—although the North of England Faculty has reported a division for general practice which links the faculty, the local medical committee and the university, and the South East Scotland Faculty has a liaison committee with the local medical committee.[2]

The Northern Ireland Faculty has been consulted by the Chief Medical Officer, Northern Ireland, but otherwise our faculties seem to have little influence in the local communities in which they are placed and little effect on the development of local health care services. They are consulted rarely, if ever, by local authorities and district health authorities and few of our patients are aware of their existence. Even general practitioner trainees see the College merely as a centrally organized examination board with no local presence, and few are aware of our past achievements and present activities.[4] Requests from outside bodies for the College's views on an increasing number of issues occupy more and more of the time of our central officers and the College staff—sadly such a trend cannot be reported from our faculties to the same extent.

For many years there has been a continuing debate within the College about the future of the faculties. Now that the reorganization of central College administration nears completion, the time has come to examine the structure and functioning of faculties, their priorities and their relationships with other bodies.

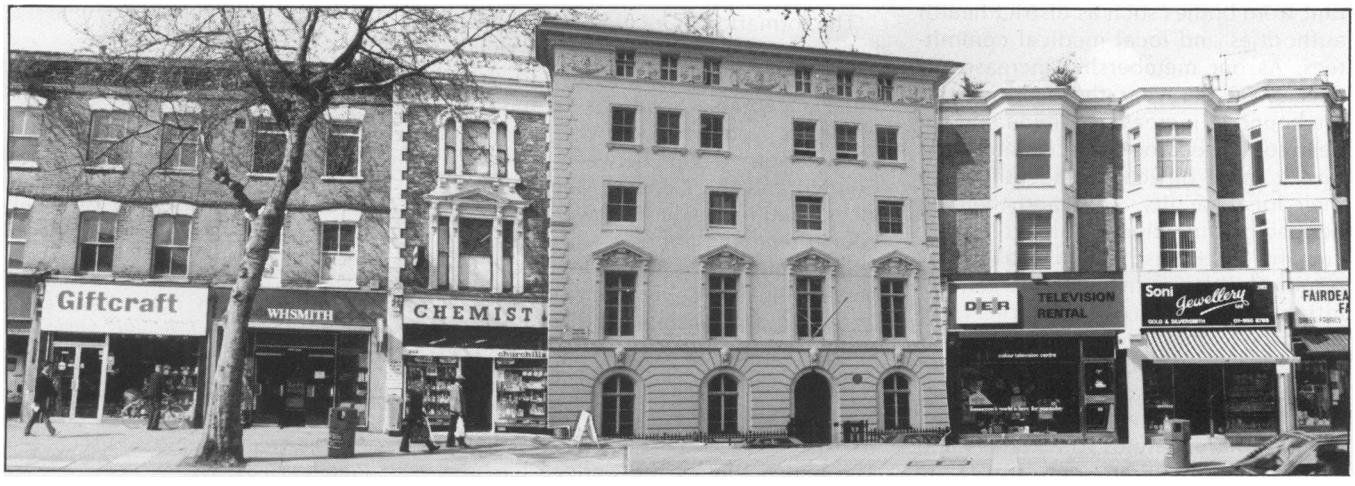
Future tasks

The aim of every faculty must be to improve the standards of medical care throughout its area, and this includes care provided by general practitioners as well as that provided by others in the community and in hospitals.

To date, most faculties have limited themselves to educational activities for general practitioners, and in particular for College members. These will continue to remain important tasks, but now consideration should be given by each faculty to widening its role in a number of ways, to include:

- Involvement in health care planning and in relating local medical services to practice activity and to community needs. The faculty is in an ideal position to collect from its members through practice activity analysis the data upon which local health care planning should be based.
- Working together as a faculty more closely with the nursing and administrative members of the primary health care team in joint educational and service planning activities.
- Providing links with patient organizations so that needs can be more clearly identified and improvements in patient care achieved.
- Identifying more clearly the educational needs of trainee general practitioners and, by working with the regional postgraduate medical organization, ensuring that these are met, during the hospital and general practice components of vocational training.
- Providing support for young principals within the faculty area and help for them to develop their ideas. The energy and spirit of this group should be fostered and utilized as a powerful driving force within the faculty.
- Continuing to provide opportunities for postgraduate medical education for general practitioners in the clinical content of general practice as well as in practice management and organization. Each faculty

Your neighbourhood College?



should aim to become the main provider of continuing education for general practitioners and to develop new teaching strategies. Performance review sessions within the practice setting, involving all members of the primary health care team, is one type of educational activity that faculties might develop further.

- Stimulating and undertaking locally based research not only of specific projects but also with the faculty acting as an information-gathering organization to provide data to other bodies, including health authorities and local medical committees.
- Accepting responsibility for tasks that have been devolved from central College. These might include the assessment of candidates for Fellowship and possibly the provision of a faculty-based component of the MRCGP examination. Mechanisms should be developed to recruit new members to the faculty and hence to the College. Perhaps the Central Information Service should have an equivalent organization at faculty level to collect and supply material about practice management in its widest sense.

In short, there is a need for every faculty to be much more obviously concerned with everyday clinical general practice and the organization of community-based health care services. Also, each must continue to provide local opportunities for postgraduate medical education and standard-setting in practice.

Problems of organization and size

There is growing concern in many faculties that their organization and size makes them too remote from individual members. Also, they are too large to relate to local services and too distant from bodies such as district health authorities and local medical committees. As our membership increases at over 1,000 per year these difficulties are bound to increase. Individual members could become more isolated and find it more difficult to identify with their local faculty. This, and their ill-defined organization, will make it difficult for faculties to undertake new responsibilities. Some of the larger faculties may consider adopting the Trent proposals[5] and divide into smaller units. The Trent decision was based on the number of faculty members (over 600), the reluctance of doctors to travel more than 20 miles to meetings and the difficulties that such travel involved.

Trent Faculty has recognized that its previous organization has hindered its work; its members have felt remote from it. It proposes dividing into three smaller faculties. An alternative might be for each faculty to organize itself as a small series of practical units, each responsible at district level for wider tasks. The faculty board would become the place where representatives from these smaller cells would come together for support and the exchange of ideas. Consideration might have to be given to developing a small faculty secretariat to support and co-ordinate the activities of the smaller cells.

Faculty sub-units could relate more directly to individual general practitioners, to trainees and young principals, to other members of the primary health care team, to local medical committees and to district health authorities. They would be the local presence of the College; they would be readily identifiable, would be fully informed and would be able to react to local changes as well as to initiate improvements in patient care.

Relationship with local medical committees

Undoubtedly some will see any development in faculty responsibilities as a threat to local medical committees, for there would be some overlap in the work of these two groups. However, the faculties would not be involved with any of the statutory functions of local medical committees in the NHS for example those relating to terms of service and to service committee regulations. The overlap of activities between the two groups could be used constructively. For example information collected from practices by the faculty could be used by local medical committees locally, regionally and nationally to influence the nature and magnitude of resources for general medical services.

The formation of local liaison groups between faculties and local medical committees to work together to produce acceptable solutions to mutual problems would be one way forward. The liaison group between College Council and the General Medical Services Committee has shown that the educational and political wings of general practice can work together, in partnership, amicably and productively. Such a relationship at a district level could achieve much.

Immediate review

The philosophy of the College has always been that each faculty is a relatively independent body free to develop in its own way. Council has been reluctant to direct faculty activities since such direction is less likely to succeed than is impetus for change from within the faculties themselves. It is only there that new ideas can be introduced and tested and results relayed to other faculties.

It may be that no simple, universally applicable faculty structure will develop, but we cannot afford not to overcome the difficulties posed by developing the roles of our faculties. We cannot continue down the introspective path of the past. Patients, trainees and young principals look to us to bring about the changes in health care that we have spoken about and written about over the last decade. Our local profile must be greater and we must be willing to recognize and negotiate the need for changes in our own practices and in the wider local provision of health care.

Each faculty can begin its preparation for greater responsibilities by considering the following questions:

- Are the faculty tasks discussed here reasonable ones for your faculty to undertake?
- Are there any other tasks that your faculty should consider?
- Which faculty structure will enable you to undertake these tasks successfully, and how can you set it up?
- How and how often will you review your performance as a faculty for the tasks that you have set yourselves?

The word faculty has meanings other than its academic one—meanings that are derived from its Latin origin (*facultas, facultatis*). In its wider sense the word faculty can be equated with competence, ability and aptitude—with resources and with the power to act. As individuals, our physical faculties include sight, hearing and speech—we are handicapped if they are impaired. A College with weak and atrophied faculties is at similar disadvantage.

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