Quality and the College

THE August issue of the *Journal* included a paper on the 'Quality of care in general practice' by Dr Donald Irvine,[1] Chairman of the Council of the College. This subject had been discussed at the June meeting of Council, when the following aims were adopted:

1. Each general practitioner should describe his current work and be able to say what services he provides for his patients.
2. Each general practitioner should define specific objectives for the care of his patients and should monitor the extent to which these objectives are met.

As a first step in implementing these aims, each member of Council agreed to review aspects of his or her own practice and report back to council.

How important is this 'quality of care initiative' for the future of general practice and for the future of the College? Is it simply an exercise in public relations at a time when general practice is coming under scrutiny, or does it mark a real advance in the development of general practice and the College? In looking for the answers to these questions, it may be helpful to take a historical perspective.

When the College of General Practitioners developed in the 1950s, it attracted a group of young doctors who had entered general practice only to discover that they could not take on the role they were expected to fill as they did not possess the necessary knowledge and skills. They found in the College an organization that was determined to identify their needs, to provide appropriate training, and prepared to argue logically for resources to carry out good quality primary medical care.

During these early years, the content of general practice was analysed in a variety of descriptive studies, many by individuals working in their own practices. As the scope of primary medical care became clearer, general practitioners experimented with new ways of delivering care, such as working in teams with nurses and health visitors based in purpose-built premises.

The College's first decade was characterized by great activity in the faculties, with their constant interchange of ideas and developments, while headquarters at this time acted as the repository for the fresh knowledge. In due course, the College outlined the content of general practice, and its definition became incorporated in the examination for membership. There were inevitably some problems with the existing membership; many of the Members looked upon the College as a club and resented the establishment of an academic institution. At the same time, doctors outside the College considered this to be an élitist development and regarded it with antagonism.

The College has nevertheless grown steadily in size and stature. It has attracted the attention of politicians, other academic institutions and commercial enterprises. The Royal College of General Practitioners is now a major political forum. Its opinion is sought on such issues as the Police and Criminal Evidence Bill and the Government's enquiry into human fertilization and embryology. A difficulty for the College is that it may be asked for authoritative views on a subject for which there is no clear consensus within the profession nor any evidence on which to base an opinion. Individual Members consider some activities of the College Council to be political posturings and irrelevant to the real problems of general practice; in contrast, other Members see political power for the College as crucial to the solution of these problems.

It is in the historical context that Dr Irvine's paper on quality of care should be seen. As Chairman of Council, he was restating one of the basic aims of the College—the promotion of better clinical standards in general practice. The aspirations and recommendations contained in the paper are not new in themselves. Many general practitioners already fulfil the aims accepted by Council and systematically review the services that their practices provide. However, the paper does mark a significant change of role for the College. Non-members have continued to regard the College as an organization which is over-fond of preaching to the rest of the profession. The College has now grasped the nettle of performance review and declared its intention of leading by action rather than by words. Council members hope to set an example that will encourage others to accept performance review as one of the obligations of continuing membership of the College.

General practice is under threat—not from external audit, but from other types of medical care. We general practitioners are convinced that general practice is the best system for providing primary medical care; in order to convince our critics, a steady flow of information about current activity in general practice is required.

Some doctors may feel that promotion of performance review is a defensive manoeuvre in the face of mounting criticism of general practice. Perhaps criticism was one reason for the precise timing of the paper but such an explanation does not reflect the excitement evoked by debate within the College on the 'quality of care initiative'. The emphasis now placed upon performance review provides an opportunity for the College to combine its political and academic functions to improve the health of the population.

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Reference

1. Irvine D. Quality of care in general practice: our outstanding problem. *J R Coll Gen Pract* 1983; **33:** 521-523.