

# ALASTAIR DONALD ESSAY PRIZE WINNER

## What I want from my College faculty

STEPHEN F. OLIVER

General Practitioner, Bury St Edmunds

When I started medicine, almost 25 years ago, no part of the undergraduate course was allotted to general practice. I was luckier than some of my fellow students; my father was a general practitioner and so the nature of the work was familiar to me and I never had any doubts about what sort of doctor I wanted to be. Happily, I still have the benefit of discussing medicine with him and other medical members of my family. I spent four years in junior hospital posts which I thought would be useful to me and set about looking for a practice.

**D**URING my search I did a succession of locums for single handed practitioners, armed with a list of a dozen or so prescriptions I had culled from a British National Formulary. Thus prepared, I became a principal in general practice. This experience would, in most respects, be typical of doctors of my generation. We are grateful to tolerant patients and helpful partners. We didn't 'miss' formal training or help from the College, any more than Victorians 'missed' television, but we know we would have made better doctors with today's training and that it is the College faculty which, of all organizations, is best placed to help the individual doctor at all stages of the educational process.

### Choosing a career

The first significant contact many doctors have with the College is the examination. This is little short of disastrous. The examination should follow years of friendly and helpful contact with the College. I should like to see my faculty make a strong initial impact on children in the region considering medicine as a career. School children should be given an informed insight into the nature of general practice and an initiative should be taken by the faculty to ensure that this is so; perhaps faculties could take turns to be responsible for Christmas lectures to school children at the College, as other Royal Colleges do, or organize a similar event on a regional basis?

### Undergraduate education

I want my faculty to have a considered view of the selection of medical students, to identify members with a special interest in this subject and to help them undertake studies which are long overdue.

Members with university responsibilities for undergraduate education would clearly play an important role. While many members take part in undergraduate education either in university departments of general practice or by having students in their practices, my impression is that the College is given a very low profile. I think that undergraduates should be given a very clear idea of what the College has to offer the doctor who decides to make general practice his career. My faculty must ensure that undergraduates in the region are made fully aware of the advantages of belonging to the College.

### Vocational training

I believe it is at the very start of vocational training, when the doctor first commits himself, or herself, to a career in general practice, that the first strong links between the doctor and the College must be forged. Our faculty must actively seek to help these doctors at this crucial stage in

their professional development. Sadly, I see too many enthusiastic doctors, often in their early years in practice, develop their ideas on, say, education or research, in virtual professional isolation. These doctors would fundamentally, I believe, subscribe to the aims of the College but through unfavourable early impressions of the College, choose to work outside it. This may not only have serious implications for their own personal development but the loss to general practice, when multiplied many times over, is incalculable.

For my faculty to play its full part in helping doctors at the start of a career in general practice, I believe two important steps are necessary. Firstly, my faculty should persuade Council that all doctors who undertake vocational training, either on three-year or self-constructed schemes, should be offered free associate membership for three years and reduced membership subscriptions for a further three years, when they are likely to have reached parity in their practices.

Secondly, my faculty must identify these doctors in our own region and make personal contact with them. At an informal meeting a College member, on behalf of the faculty, should welcome the trainee to the district and offer any help which might be appropriate; help, perhaps, of particular value to the doctor on a self-constructed scheme, such as the names of the local course organizer, general practitioner tutor and clinical tutor; details about meetings for local general practitioners in the district; the names and interests of other local associate members; information about regional and central College facilities; information about what books and journals to read. I should like my faculty to look again at sponsorship schemes so that contact is maintained after the initial meeting and continued for as long as the trainee remains local. Sponsorship by a local College member of a trainee in the process of gaining hospital experience could avoid what might otherwise be two years of almost total isolation from general practice in the case of a doctor on a self-constructed scheme.

Until such an ideal state of affairs exists, I think my faculty should identify members prepared to talk at half-day release meetings on the activities of the College at district, regional and national level, and the advantages of membership. While many trainers are members of the College I suspect that few take sufficient opportunity to do this themselves. (Were this latter observation agreed to be generally the case, our faculty might profitably seek to explain it.)

### Continuing medical education—the early years

I want my faculty to commit itself to a similar policy of identifying and contacting new principals in our region. Again, I hope a meeting would take place between the

established member, on behalf of the faculty, and the new entrant to general practice, to whom should be offered any help or information which might be appropriate—names of local members and their interests, details of local postgraduate meetings and College activities at district and faculty level. The new principal should be invited to attend a suitable forthcoming meeting at which he might be introduced to other members in the district and briefly say a little about himself and his interests.

A special register of new entrants to general practice in the region should be maintained by the faculty and revised annually or biennially. Publication of this list, perhaps in the newsletter, would facilitate the setting up of groups for young principals who may be considered to have particular common needs. As well as having to deal with practical management problems capable of ready solution, young practitioners may have to cope with considerable emotional problems best discussed in a special group, for example the care of the dying patient, the 'difficult' patient, partnership problems and so on. Perhaps a more experienced member of the faculty should help arrange and attend earlier meetings and act as a contact with the faculty organization.

### Continuing medical education—later on

For doctors in mid-career, like myself, the problems may be rather different. I recognize in myself and others of my generation a diminishing lack of familiarity with basic medical science, a certain complacency that the way we work now cannot be significantly improved and, therefore, an unwillingness to change. (We could cut our prescribing costs, but we haven't started yet). Our service commitment, family life and other interests outside medicine don't give us the time, we say, to examine our work more critically.

I want my faculty to conduct a closer examination of the problems of continuing medical education. Our general practitioner group has made a start by meeting regularly, and for that I'm grateful, but the field for study is enormous—there is a long way to go. I hope my faculty will attach a high priority to looking at ways of developing periodical assessment within the faculty; perhaps if each member undertook to spend one week observing, and one week being observed by, a colleague every five years, a useful start would have been made. Techniques could be developed within the faculty to enable observers to make the most effective use of their time. The visit, and the preparation for it, would, of course be a valuable learning experience for the observer too. There would be no element of pass or fail, but a learning process of more value, I suspect, than a good deal of study leave, as presently taken. In time, I believe, the normal route to fellowship will be by the demonstration of the member's willingness, over a certain period of time, to undertake such activity.

### The role of the faculty in the NHS

Our faculty members have some very good ideas about the way primary care should develop within our region. I want my faculty to play a much more active role to promote these within the framework of the NHS. There is a real danger, otherwise, that College thought and developments within the NHS will proceed quite independently of each other, the faculty board exerting no influence in the region and acting as little more than a talking shop.

I want my faculty to identify where, in the NHS, the important decisions are taken that affect the future of primary care in our region; and I want my faculty to ensure that our members play an effective part in that decision making. The faculty might wish to organize study days for those of its members who sit on DMCs, DMTs, or the new Unit Management Teams, for just that purpose.

We need, as a faculty, to develop contacts with com-

munity health councils within the region, to establish a dialogue with health visitor, district nursing and social worker representatives, as well as with organizations representing the interests of receptionists, secretaries and practice managers.

The faculty might exert greater influence in the region if our own structure reflected that of the NHS: a faculty boundary coterminous with that of the RHA and district branches coterminous with NHS districts. I hope my faculty will give some thought to this.

Many of my contemporaries and I believe that with smaller lists we could offer a much better service to our patients in the fields of health education and prevention; aspects of general practice which, if fully developed, could bring about as significant a change in the health of the population as the public health measures of a century ago. As individual doctors we cannot bring this about. I look to my faculty to discuss these issues and to establish closer links with our politically skilled colleagues on local medical committees. By this means, and by further effort at Council level, fundamental changes in the way we practise can be brought about.

### Development at district level

Much of the benefit I gain from membership of the College derives from my membership of the faculty board. My sense of belonging to the College is a strong one. Faculty board meetings give me the opportunity to see valued old friends and to make new ones. In a sociable and friendly atmosphere I can hear and discuss new ideas and, over the supper table, obtain expert and practical advice about every aspect of my work. Such important and pleasurable benefits of membership are not, and cannot, be available to the vast majority of the members of our faculty. I look to the board to foster and encourage the development of comparable activities on a district basis.

Such activity might centre around a regular district members' forum. The district branch of the College should be like a club. Its members should have the opportunity to meet in a convivial atmosphere, the opportunity to exchange ideas and develop their own with the resources of the College more readily available to them. Members should feel they really do belong to the College, that their voice will be heard and their opinions listened to. The College cannot afford to do otherwise. This forum would not only consider local issues but act as a source of opinion and expertise for the faculty board. I should like to see officers of the faculty board circulate between the various district meetings within the faculty to listen and to give, where possible, advice or help. The social aspects of local College life must not be forgotten. Members' spouses are playing an increasingly important role within the life of the College and this role could be developed at a local level with great benefit to the College and to general practice.

### Conclusion

I want my faculty to commit itself to a major expansion in its activities. I want my faculty to make a much more effective contribution to the professional development of the individual doctor and to the future development of primary care in the region. I want to belong to a faculty which cares about its members as well as for its patients. I want to belong to a College that cares.

There is much to be done. At present too small a proportion of the membership is actively engaged in faculty affairs. There is a great resource of talent among our members. If this resource can now be tapped by the skilful development of locally based activities, much can be achieved. I want a lot from my faculty.