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## ALASTAIR DONALD ESSAY PRIZEWINNER

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### What I want from my College faculty

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One of the faculty secretary's regular functions is to inform the faculty board of changes in membership. At the last meeting he told us that in the previous two months three doctors had joined the faculty and ten had left. The board was somewhat taken aback and asked him to write to each asking for their reasons.

ONLY a minority wrote back but their comments were interesting. The most frequent was to note that whilst the College has a central function to represent general practitioners' academic interests it has not succeeded similarly at a local level. Faculty members feel more closely allied to their local postgraduate centre than to a nebulous regional faculty whose organization is too large and cumbersome to be sufficiently intimate.

#### A changing role?

Older members expressed disquiet that the College had not involved itself appropriately with the BMA, GMSC and LMCs to represent general practitioners' interests, saying that an obsession with remaining outside the political arena was preventing a legitimate College voice being heard on issues such as relief services, the problems of women in medicine or the financial implications of preventive health and child health screening.

Traditionally, the College has seen itself as essentially an academic institution, as befitted its original purpose. Nevertheless, there are signs that the membership would like to see some change. These days nothing, however academic can be discussed in a sterile atmosphere divorced from reality. Contractual arrangements, finance and above all politics influence the implementation of recommendations and thereby the health of our patients. Not to involve oneself in the factors which will influence the implementation of recommendations is to make those recommendations less meaningful.

Younger doctors also have criticisms of the College. Some vocational trainees express resentment, saying that its role is, via the MRCP examination, simply to set an 'end-point assessment' for vocational training and that this is an anachronism which should not be. (Older doctors feel that the examination is inappropriate for other reasons.)

Younger members often criticize what they see as an obsession with ritual and regalia, and it is perhaps unfortunate that their first experience of the College is often the Annual General Meeting. Most (myself included) find gowns, braid and gilt out of place in modern general practice, unnecessary and simply an attempt to emulate the other Royal Colleges. Only a minority of younger members attend the AGMs of either College or faculty despite their forming an ever increasing majority of College membership. Younger doctors are not impressed by the authority of the traditional medical peer group. (Vocational training has bred it out of them!) They are more concerned with equality of opportunity and the ability to make their voices heard. Perhaps it is time for junior members to recognize the influence which their numbers justify.

Finally, and perhaps most importantly, their replies contained an inference: that the College is an anachronism; that vocational training, its founding purpose, has succeeded and that nothing has taken its place. This is somewhat unfair, for over the recent years the College has placed

major emphasis upon preventive health, computers, patient participation, research and much else. Nevertheless, it is probably true to say that none of these issues has caught the imagination of the membership nor involved so many as did vocational training. For these members at least, the College has lost its role and needs to find another.

#### My own expectations

When I joined the faculty I did not know what I expected, and I do not think that I was alone in this. With hindsight I can see that I had several expectations. I assumed that it would provide the same forum for exchange of ideas that I had experienced during vocational training. I assumed that I would meet interesting people and that they would be good doctors; that there would be opportunity to develop knowledge, skills and attitudes such as was not available in the postgraduate curriculum elsewhere, and that small group work would be widespread within the districts. I hoped that a social life for both my wife and myself might be founded on relationships formed within the faculty and that she would find as much support as myself from the experience of others. I was certain that there would be a successful faculty newsletter, a register of members' interests and that I would soon know of others who shared my own.

Fortunately, shortly after joining I was assimilated into the faculty board where, in our faculty at least, the main College activity occurs. This fulfilled some of my unrealized expectations and provided some sort of forum. But for those peers who were not so fortunate . . . I assume they are still in limbo somewhere in the faculty. The faculty board provides an ideal forum to discuss sensitive issues free from the constraints of contract or legislature, free of political inhibitions and fear of publication. I have enjoyed the debate we have there. Princes Gate devolves some discussion documents to the faculties for debate, but not many. Whilst representation of national general practitioner opinion involves a growing proportion of the central College's time, at regional level such a function is not even embryonic. Whilst the LMCs, the BMA and BPMF are all heard at regional level, the College's voice is silent.

When I joined the board I had hoped that trainees' views and interests would be actively represented. The faculty has only seven trainee associates and until recently none was a member of the board.

Outside the faculty board, however, the picture is less happy. Whilst we have a newsletter it is an irregular event and contributions from the membership are non-existent. At faculty study days it is common for those attending to be predominantly nonmembers and trainees. Although the College *Journal* itself has attempted to develop a faculty section in *News and Views*, delays in publication render this largely out of date before it appears. The membership can be forgiven for feeling that their knowledge of College activity is gleaned more from the free tabloids than from College publications.

In retrospect, I expected too much from an organization which covers more than 1,000 square miles, has 500 members, is organized by officers who work on a totally voluntary basis and within the constraints of a budget which devolves to them less than five per cent of the subscription fee.

### Personal contacts locally

I have now been in general practice five years. Looking back, it was not the regional College faculty which met my needs. Rather it was involvement at a district level which was of more significance. The local new general practitioners' workshop and trainer-trainee sessions are organized and function largely through personal contact and initiative. Whilst my involvement in the faculty board has enabled me to learn more about what other postgraduate centres are doing and has provided a forum to organize meetings of special interest, what has been of more educational value, what filled that void between the end of vocational training and becoming a trainer myself, was organized at a much more local level and largely through personal contact. It is in local, personal contact that I believe lies the future of the faculties and in which the College could find a new role.

The College already has representation at district level. The College tutors are elected from district College members and represent them in each postgraduate centre. They know all the members in their districts and are able to welcome and integrate new members as they join. All faculties are inevitably different, but in ours at least, the tutors are chosen for their proven ability and past involvement in other district activities (particularly vocational training), and not necessarily for their College activities. Whilst many other posts are remunerative, College activities are not (and reasonably so). Nevertheless, the tutors are busy and this means that faculty activity may have to take lesser precedence.

If the College membership is to become active then it must be at a level which is accessible to them. Experience in our faculty reveals that meetings which necessitate travelling 40 or 60 miles are poorly attended, and that these 'one-off' events are of dubious educational value. On the other hand, those which occur once or twice a month at lunch time in the local postgraduate centre are better attended. Such a venue for College activities would have the advantage of enabling participants to identify with a building and not simply with a nebulous regional faculty.

### District faculty boards

I believe that the College, like the NHS before it, has one layer of administration too many. That the ideals of self evaluation and improvement for which we all strive can be founded only upon trusting personal relationships and a sense of successful involvement. It is at this level that I feel my faculty should be most active, creating in effect a myriad of 'district faculty boards' centred around the College tutors; groups of College members who could warm a niche for new entrants. Each tutor should have a paid secretary. There is a need for some sort of regional faculty organization, but it should be slimline and effective; a secretariat liaising between the tutors with an elected representative to serve on the College Council. The faculties have served the College well. In the days when there were 50 college members per faculty they were ideal. Now that there are 50 members per district they are unwieldy.

I now know what I expect from my faculty. I want personal relationships with peers I respect and with whom I share common ideals, peers with whom I feel able to look at myself, my practice and my performance. I want a forum to discuss the clinical, academic, political and administrative questions of the day; one which is able to draw on the collective experience of regional faculty 'experts' and whose voice is heard. I want an active, immediate and successful regional newsletter. I want the opportunity to involve my family. I would like to see more devolution of discussion documents to the districts before minds are made up at Princes Gate. Above all, I want a College faculty which is seen as successful at a district level and which appeals to younger doctors and trainees: an organization which can fill the void between the end of vocational training and becoming a trainer oneself.

I once heard someone say that the College was its faculties and that the faculties were the members. I heard but did not understand.

Nowadays I only ever seem to hear people asking when the College is going to do something for them. The College has nothing to offer members but the opportunity for involvement—the opportunity to do something for themselves. There is massive inertia in the system and change comes slowly. This will continue until each of us recognizes the responsibilities which membership of the College entails. Past members fought to improve the College past. Present members must not be complacent about the College present but must assume responsibility for the College yet to come.

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## FROM THE FACULTIES

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### Audit in general practice

The second Syntex Symposium on Audit in General Practice was held in Shrewsbury on 19 November 1983. Dr Richard Moore describes the proceedings.

**A**S in the first Symposium in 1981, doctors had been invited to submit an audit which they had done, both for discussion at the meeting and for consideration for the prize of £150 awarded by Syntex Pharmaceuticals. Seventeen such papers were submitted by 15 doctors, the subjects including among others the post-natal examination, time-keeping and appointments, out-patient referrals and deaths in the practice.

The Chairman was Dr John Horder, who started the proceedings by inviting members of the audience to ask themselves (as an audit of themselves perhaps): 'Why am I here?' and 'What do I hope to achieve by being here?'

#### Audit defined

Professor Robin Fraser defined audit as a systematic enquiry into an activity with the intention of making an improvement. He outlined the steps an effective audit should take; defining the area of enquiry and its aims, setting standards defining methods, collecting and analysing data, identifying and implementing change and then evaluating that change. As an example he described an audit in his own practice concerning the use of vitamin B<sub>12</sub> injections. Basic reading led to a definition of reasons for using B<sub>12</sub>. Patients receiving it were identified. Some were receiving it for appropriate