Quality in general practice—again

AT a meeting of Council last June, the Chairman, Dr Donald Irvine, said that general practice would only achieve its full potential when we were all willing and able to show our personal commitment to a range and standard of services that the community at large would find not merely acceptable but also highly desirable.[1] He proposed a three-pronged approach to quality assurance: the individual general practitioner should cultivate the habit of regular self-audit as part of his (or her) continuing professional development; the contract that general practitioners hold with family practitioner committees should be rigorously administered so that abuse is minimal; and, in due course, the profession should ask the General Medical Services Committee to work out a contract that would encourage high standards of patient care by relating income more closely to performance. Council adopted the first of these proposals in what has become known as the Quality Initiative and the other members of the College were encouraged to do likewise, the object being to make self-audit (or performance review) a commitment of every Member. Standard-setting was seen as the hallmark of any profession, to be abandoned to the Government only by default. Although a number of individuals have caught the spirit of the Initiative and see the need for it, the overall impression so far is one of continuing complacency, even among those of us who do already practise self-audit. Furthermore, it seems that the notion of a corporate responsibility among independent contractors for the way in which general practice as a whole presents itself to the general public is still something of a pipe-dream.

In this context it is only to be expected that others will seek to influence the way in which general practice is carried out. In his draft circular on deputizing services,[2] Mr Kenneth Clarke, Minister for Health, described plainly what Government can do if the profession is unwilling to correct obvious faults. He stung medical politicians into an unnecessarily defensive posture.

As general practice comes under closer public scrutiny, it is almost inevitable that there will be questions from the Government and from patients' organizations on such matters as our availability and accessibility, practice premises and records, prescribing policies, our competence in diagnosis and in management generally and in relation to specific diseases, and our overall attitudes to patient care. The extent to which the independent contractor status is reconcilable with society's expectations for primary care will be examined. The strengths of good general practice should encourage us to approach this period of external assessment confident that we can provide a personal service of a high standard; but our weaknesses today, if allowed to go uncorrected, are bound to lead to a major restructuring of general practice and, in parallel, its partial replacement by other disciplines in medicine and nursing.

For the College there are specific questions. Some angry Members have complained that Council has not represented them in the deputizing dispute: but how representative can a College be when setting standards? Looked at from another viewpoint, a large and active membership committed to personal self-audit may be a prerequisite for acceptable standard setting.

The controversy about deputizing has also drawn attention to the appropriate roles for the university departments of general practice and the General Medical Services Committee. The GMSC could, and should, identify potential problem areas in the provision of general medical services. In this instance they had to respond defensively, and the general impression—wrong though it may have been—was that they were more concerned with practitioners than with patients. The academic departments and units also have a major role in the measuring and analysing of current general practice. There is a clear need in this controversy for more information about the different systems of deputizing so that the debate can continue in a rational and less emotive way. Joint sponsorship of research in this field by the Government, the GMSC and the College, to be undertaken by one or more academic units, may serve as a model for future collaboration.

The reverberations from the Minister's attack—and from those attacks that have yet to come from various directions—should evoke positive responses from us. Both collectively and individually, we should be stimulated to review the quality of care given to our patients.

References

1. Irvine D. Quality of care in general practice: our outstanding problem. *J R Coll Gen Pract* 1983; **33**: 521-523.
2. Clarke K. Doctors deputising services. Guidance for family practitioner committees. (Draft) Circular HC(FP)84). Ministry of Health, 1983.