Towards quality in general practice

By now all the membership of the College will have had the opportunity to consider what is probably the most far-reaching document ever to come out of Princes Gate. It could even be of more importance for the future of general practice than the much delayed green paper. Let there be no mistake that general practice is at the crossroads. Alternative methods of delivering primary care are being examined, yet those who care deeply for the discipline will wish to see the many present strengths built upon whilst at the same time guaranteeing that an acceptable level of care is delivered to the whole population. Over the past few years there has been an ever increasing stream of documents from College headquarters — many inspiring, all full of good intent, but usually lacking clout. The refreshing thing about the present document is that good intentions are being backed by a serious declaration of will.

The fundamental step of proposing a searching assessment at the end of vocational training supplemented by accreditation at the end of higher training and subsequent reassessment not only puts the discipline of general practice on a par with other specialties but can even take it ahead of them. In launching the quality initiative two years ago the Chairman of Council pointed out that good general practice is irreplaceable, but the patchy distribution of high quality care is the main liability. This analysis has been digested and its symptoms fully appreciated and acted upon.

The combination of the high calibre of graduates opting for general practice as a career choice combined with assessment, accreditation and reassessment augurs well for the future, not only of the discipline but more importantly for the welfare of patients.

Other important issues highlighted in the document are totally complementary to the foregoing. For instance, the need to strengthen the academic infrastructure of general practice and the need to develop effective management in practices and primary care teams are areas of vital importance as is the need for a proper career structure for general practitioners, which should be linked to incentives for better performance.

It is to be hoped that the document is given the intensive consideration which it certainly deserves, not only by the membership of the College but also the Department of Health and Social Security and all those who express a concern about improving medical care. Young doctors especially should study and respond to the document as their future hinges so clearly on the proposals in the paper.

Towards quality in general practice is a Council consultation document, but no one should be left in any doubt that Council is deadly serious in its intent to bring about the delivery of highly acceptable medical care by practitioners proud of their discipline. Primary care is the foundation on which our national health service is built and it behoves us well to have strong foundations.

COLIN WAINE
Chairman of Communications Division

Scotland's health

JOHN J. FERGUSON
Associate Advisor in General Practice, Edinburgh

The 1985 Scottish National Trainee Conference took place in Edinburgh on 17–20 March. The theme for the conference — the recent data on Scotland's health — was designed to be real, relevant and to give the delegates something new to take back to their practices.

The first morning session, 'Deprivation and inequalities', was opened by Sir Douglas Black, who clearly demonstrated that social factors can influence disease and recommended further development of preventive medicine in primary care, particularly among the lower social classes. Dr Hugh MacKenzie of Easterhouse, Glasgow, claimed his practice had the highest rates of deprivation in the country. He felt that by moving to a new, well equipped health centre, and with a good primary health care team, a start could be made to improve the present depressing statistics of deprivation. Dr Roy Robertson of West Granton, Edinburgh, concentrated on the heroin problems in his practice, which he felt recent Government publicity would do little to help. He said that pharmaceutical companies were not interested in the problems of addiction to their drugs.

In the afternoon session Dr Mary Fulton looked at the relationship between diet and cardiovascular disease, and said that recommendations have been made to Government and the catering industry for a reduction in the dietary intake of fat, particularly saturated fat, and an increase in dietary fibre. Dr Graham Watt of the Glasgow MONICA Project, put Scotland's coronary mortality into perspective. He claimed that Glasgow holds the world record in this unenviable respect. People in Scotland have a higher average blood pressure, and excess alcohol exacerbates the problem. Unemployment, lower social class, living in a council house and not having a car are all associated with increased cardiovascular risks. Dr David Wood from Southampton asked what should be done to identify and treat high risk patients and emphasized that it is only worthwhile altering risk factors if this can be shown to alter outcome. He suggested that high risk patients should be identified through selective screening of members of families with a history of premature cardiovascular disease under the age of 55 years, of diabetics, and of women on oral contraceptives. Dr Jack Cormack of Edinburgh introduced the work of the Lothian Hypertension Group: an example of cooperation between physicians and general practitioners in dealing with a common problem.

A session on 'Alcoholism' was chaired by Sir John Crofton, whose report on alcohol and health has been published by the Scottish Health Education Coordinating Committee. After Dr Martin Plant's masterly introduction on the history, epidemiology and myths surrounding alcohol, Dr Ian Cunningham from Dufftown talked about the problems of practising in the 'malt whisky triangle' where most patients work in the distilleries, with its tradition of heavy drinking and alcohol related problems. Mr Grindal of the Scotch Whisky Association talked about the industry and its relationship with doctors. The Association funds research through the Medical Council for Alcoholism, but would welcome more cooperation with the medical profession over alcohol problems. Dr Peter Campion from Dundee talked about controlled drinking and the 'drams' project which has just started in the Highland Region — a self-help and education exercise to aid controlled drinking.

A session on 'The future of general practice' began with an outline by Dr Alastair Donald of advances in general practice in the last 30 years. He felt that there was a political move towards providing basic general practitioner services only, and, with the failure to consult with the profession which had been seen in the previous year, he was pessimistic about the future. Dr Michael Parry reflected on the renaissance in general practice associated with the Royal College of General Practitioners. Dr Ian McNamara talked about the RCGP study day on audit and the lessons to be learnt from it. Mrs Barbara Kelly of the Scottish Consumer Council hoped that more information would be made available for patients which would result in better understanding between patients and general practitioners. She also raised the problems of medical records and of patients making complaints or suggestions. It was felt that patients, consumer groups and the Government will all be increasingly interested in the quality of care in the future. Professor John Howie took up the problem of the attitude of doctors and their commitment.

On the last day the trainees' session started with a series of short presentations on training in the different regions. The trainee representatives spoke of the problems of the lack of

formal teaching of trainees and the question of time and distance which made frequent central meetings difficult in remote regions. Others outlined the form of the trainee courses in different regions. James Miller highlighted problems with hospital training, where schemes are too large for any proper identity to develop or for trainees to get to know their colleagues. The problems of trainee representation are not new but Dr Linda McPherson demonstrated ways in which this had been improved in the South East Scotland Faculty. An effective channel of communication has been developed by representation from each geographical area. The problems of lack of continuity from year to year could be overcome by keeping on a few representatives from one year to the next. The Chairman of the Scottish General Medical Services Committee came to talk about the Committee's work.

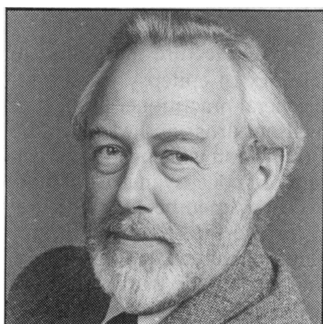
The final session of the conference on 'Career prospects' was given by Dr Mike North from Potters Bar, whose survey of new entrants to general practice was published in the January issue of the *Journal.*

A double life

F.M. (Robin) Hull
Senior Clinical Tutor, University of Birmingham and Professor of General Practice, Free University of Amsterdam

I acquired a nickname in infancy which often carries confusion. Why, I am asked, are you called Robin when your initials are F.M.? For years I have explained to the gullible that I am one of identical twins. It is a useful fantasy; it is always the other chap who is in trouble, gets the parking fines and forgets things. The trouble is the fantasy seems to be taking over. Life is doubling — I live in two countries and work in two medical schools needing continually to pinch myself saying 'Monday, Brum' or 'Thursday, Amsterdam.'

The Dutch government made the decision to support primary care and has raised a seven figure budget to show they mean it. This money was not new but came at the expense of secondary care departments. The huge sum was split between the medical schools of Maastricht and the Vrije Universiteit of



F.M. Hull

Amsterdam (known as VU). At the VU it was decided that the existing department of general practice should be expanded to include three professors with different backgrounds. One, it was felt, should be sought in Britain. So enquiries were made which led to my being invited to take up a full-time chair at the Vrije Universiteit. When the invitation came it reached me finishing a sabbatical spent in Australasia and the USA. At first I refused. Later I facetiously suggested a compromise: why not half Birmingham, half Amsterdam? To my surprise that idea has grown to the present undertaking.

I now work half the year in each medical school apart from a two-month stint of general practice in the summer. Each fortnight finds me crossing the North Sea; my home remains in Warwickshire but, increasingly, the flat in Amsterdam feels like home too. The job in the Netherlands is principally research but also involves teaching, fortunately in English.

Now beginning my fourth visit to the VU I am beginning to learn just how difficult the task is. First, the job is highly political: the fact that the funding was provided at the expense of other departments does not endear general practice to the rest of the medical school. Secondly, the money is for primary care and it is surprising how inventive some of the professors of highly technical medicine can become in arguing they have never practised anything but primary care. To these difficulties one must add the democracy of the Dutch that requires that every decision must be debated by everyone, and that is an extremely slow process.

General practice in the Netherlands with capitation payment and a list of patients has great similarities to that of Britain but the differences, too, are great, especially in the organization of practice. The expectations which doctors and patients have of each other are determined by culture. Here again there are differences, and it is this variation in primary care which provides a number of interesting areas for comparative research. Currently we are setting up comparisons between the two countries in referral patterns, in the doctor's use of time and in the health of minority groups.

Teaching too is different in the Netherlands. Candidates for the six-year medical undergraduate course who have gained adequate scores in school examinations put their names forward to be selected. In this preferential lottery exceptionally bright students have a bias in their favour. At the VU there is a maximum of 240 students in a year. Teaching is heavily didactic — they do not touch a patient for more than four years. As in research it is in the exploitation of these differences that there is a role for a foreign professor.

All this is challenging and exciting but more difficult than I imagined possible. When things get too much there is a new backdrop to my life in the beauty of the lovely city of Amsterdam with its tradition of painting, architecture and horticulture.

DHSS bulletin on faulty defibrillators

The Department of Health and Social Security recently issued a safety bulletin on defibrillators concerning a possible fault in Cardiac Recorders type 180 defibrillators. If any general practitioner users of this equipment would like to obtain this bulletin, they should apply to the address below. Technical enquiries on this topic should be directed to Dr R. Mellish (Room 610) at the same address. Department of Health and Social Security, Scientific and Technical Branch (Room 224), 14 Russell Square, London WC1B 5BP.

'What's it like being on Council?'

Richard Maxwell
Severn Faculty Council Representative

Having become the Council representative for the Severn Faculty just six months ago, this recent question, from a sceptical colleague, prompted me to pause and reflect.

I was conscious, from the outset, of being part of a continually changing process—albeit an essentially human one. The sheaf of thoughtfully prepared background papers, which are forwarded surprisingly promptly, confirm 'they know that you've arrived'! These go a long way to help answer many of the more obvious questions and anxieties which a newcomer has about central College business but, for me, they also raised some further ones. For instance, I wondered whether Council took its model of democracy from Julius Caesar, and recalling his fate, made a careful mental note always to watch my back from day one just in case. However, Chairman of Council's welcoming letter did its best to reassure me that I had now joined 'the

family'. Remembering 'The Godfather'. I now watch my back and front. Not that I can honestly say I have seen any knives out — yet. On the contrary, I was made to feel most welcome from the beginning by a subtly skilled process, operating both verbally and non-verbally, aimed at encouraging one's full participation — what has been referred to, somewhat euphemistically, as 'putting the College machine into operation'.

Perhaps there are many others who, like myself, were previously quite unaware of the complexity of that machinery, or the enormous volumes of material which the central secretariat have to process in servicing around 60 sub-committees. From my own experience, this task is carried out not only efficiently but also cheerfully and helpfully, which speaks volumes for staff morale at Princes Gate.

I estimate it took me the best part of a full working day just to read through the complete set of background papers for the last Council meeting — and that is an awful lot of dead trees. However, I have already learnt to appreciate the responsibility which rests with the faculty representatives for ensuring proper two-way communication between the central and peripheral parties of the College and trying to interpret the thoughts which lie behind the decisions reached, but I rather sense that this mantle may befit our more ambitious colleagues better than it does those who appear to be 'pressed men'.

What then of the proceedings of the meetings themselves? Initially, a somewhat sombre tone is set by the quasi-religious ritual entrance of the mace (Dr Who?) — followed by the sobering experience of hearing the President read a disturbingly long list of our colleagues who have died since the last quarterly meeting. I know ours is a risky job but I had not appreciated it was that dangerous. Nevertheless, both these practices are guaranteed to put one firmly in one's mortal place. The mood soon lightens though as the business of the collossal agenda, like the launching of a huge liner, slips smoothly into action under the firm captaincy of the Chairman flanked by his officers and divisional chiefs. The process is, however, essentially self-disciplined, requiring little more than a barely perceptible nudge or wink here and there. I was struck by the high level of participation from the 60 or so members — I estimate about two-thirds make at least one contribution each meeting — though you soon learn not to contribute too often, or risk finding yourself on yet another working party.

For a professional group unaccustomed to public speaking the quality of debate is remarkably high, and most members make crisp, fluent and carefully prepared interventions. An atmosphere of mutual respect and interest prevails without the tone being unduly serious. Nevertheless, a certain amount of 'needle' inevitably creeps in at times over contentious matters. Yet, on the whole, one feels privileged to participate and witness a considerable wealth of distilled wisdom from a wide perspective of background interests, pushed along at a brisk pace, by a Chairman apparently ever-mindful of our time constraints and who, if the proceedings appear to be flagging unduly, is likely to remark, characteristically: 'I take that silence to mean "yes" ' (or "no", as best suits the moment).

Everyone respects other people's time too much to be continuously flippant but, fortunately, the proceedings are occasionally punctuated by odd flashes of wit and humour, often arising from a momentary lapse of concentration. Recently the Chairman, uncharacteristically had one such moment himself, referring to the Emeritus head of the Education Division as 'Margaret', but hardly had he apologized for his mistake before Marshall sprang to his feet. 'That's alright, Daisy', he quipped in a flash, 'think nothing of it!'

Who says being on Council can't be any fun?!

COLLEGE SECTION

The Central Sales Office at 14 Princes Gate, London, was officially opened on 10 June, under the direction of Mrs Norma Wimbleton. It is open from 09.30 to 16.30 hours, Monday to Friday, for the sale of College publications to personal callers. Appeal goods are also available. In addition, there are samples of the College patient record cards on display.

The College's Prestel pages offer information about the services available from the College, details about publications and the *Journal,* forthcoming meetings and reports from Council. The results of the College examinations for membership are displayed in July and December. Response pages allow users to request more details and also to make comments on *Journal* articles which can be passed on to the Editor. The pages start on 54441. Further information can be obtained from the Communications Division Secretary at 14 Princes Gate.

DIARY DATES

'Great Expectations', Nottingham, 1985

The ninth National General Practitioner Trainee Conference is being held in Nottingham from 17 to 19 July 1985. The theme is 'Great Expectations'. Programmes and booking forms will be circulated to all trainees via course organizers. For further information please contact Mrs Barbara Barker, secretary to the Nottingham Vocational Training Scheme, Medical Administration Department, Sherwood Wing, City Hospitals, Hucknall Road, Nottingham NG5 1PB. Tel: Nottingham (0602) 608111, ext. 2218.

Epilepsy and general practice

The annual meeting of the International League Against Epilepsy (ILAE) will be held jointly this year with the Royal College of General Practitioners, and the subject will be epilepsy in general practice. The meeting will be held on 18 October at the National Hospital, Queen Square, London WC1N 3BG and a buffet lunch will be available.

The programme will consist of invited lectures in the morning on such topics as the epidemiology of epilepsy, quality initiative in epilepsy, the role of the general practitioner in the care of epilepsy, when to start anticonvulsant drugs and when to stop anticonvulsant drugs. The afternoon session will consist of scientific presentations covering any aspect of epilepsy in general practice, and abstracts are invited from any member of the Royal College of General Practitioners or the International League Against Epilepsy. The presentations should be 20 minutes long, and the abstracts should be no more than 200 words in length and should be submitted for consideration by 1 August to: Dr S.D. Shorvon, Institute of Neurology, Queen Square, London WC1N 3BG.

International Family Practice Symposium

This symposium will be held in Greece on 12 and 13 November 1985 at the Rethymna Hotel in Rethymnon, Crete, and will be continued on 16 and 17 November at the Hilton Hotel in Athens.

The topic of the symposium will be the education of the family physician and the delivery of comprehensive health care: an international perspective.

The symposium is sponsored by the Society of Teachers of Family Medicine from the USA as well as the Universities of Athens and Crete.

For further information please contact: Mrs C. Dimopoulou, Secretariat, 4 Monis Petraki, 115 21 Athens, Greece. Tel: 010 30 1-7229880.