Towards quality in general practice

Sir,

I have recently read the RCGP Council discussion document *Towards quality in general practice.* I think it is an extremely important initiative for several reasons.

First, the standards of general practice in the United Kingdom are so varied. It is to their great credit that many general practitioners offer standards of care which are exemplary. Many of those I have had the pleasure to work with in the College are in this category. The care they provide is second to none, yet we all know that there are other general practitioners whose standards of care are deplorable.

Secondly, the College has always stood for, and promoted, the highest standards in practice. The College's educational initiatives such as vocational training and the examination for membership have played a role in producing changes which are now well known. But hitherto the College has been reluctant to stand up and be counted on the subject of quality of care *per se.* Specifically, the College has so valued all general practitioners that it has undervalued the best by overvaluing the worst.

Thirdly, as Government is bent on limiting the amount of cash available to the National Health Service, there is now much less slack in the NHS to make up for those doctors who are simply not up to it.

In order for this document and the ideas it contains to gain acceptance the College will have to weather a storm of accusations of elitism. My voice is on the side of quality. If that makes me an elitist, then so be it.

The College must, however, ensure both that the standards whereby quality is to be judged are known, and that it provides a means whereby those whose performance is thought to be lacking are helped to improve.

I would strongly urge the College to hold fast to the drive to improve quality whatever the immediate reaction. In the long term, this move will be seen as a major departure; a rite of passage.

DAVID PENDLETON

King Edward's Hospital Fund for London
King's Fund College
2 Palace Court
London W2 4HS

Sir,

I am writing to record my amazement at the latest College initiative. It appears that it is seriously proposing that after years of examinations during school, university and vocational training my partners and I should submit ourselves to further assessments on pain of loss of income.

It is proposed that we should allow our 'peers' free run of our practice records and procedures even to the extent of placing video cameras in our consulting rooms. Then if their (debatable) suggestions are not acted upon, we could lose money. After 10 years as a full partner in general practice I do not take kindly to this threatened loss of independence and do not see why I should contribute £100 a year to the proponents of it.

I understand that the career-minded Minister for Health is to have consultations with the College. No doubt he will ignore the suggestions which will cost money, for example, extra training and study leave, but will accumulate ammunition to use against general practitioners in future negotiations. It is noted that he took not the least notice of the Colleges' views on the limited drug list. The College has a reputation for naivety in its negotiations with government and should leave this work to the British Medical Association.

It seems to me that the College is giving itself a poor image by its preoccupation with 'standards' and 'audit' which give College utterances a carping tone and are not the sort of thing to attract new members. Personally I would like to see a retreat from politics and compulsion and more trust placed in the individual general practitioner, together with practical suggestions for the benefit of patients and doctors.

R. HUMPHRY

509 Aberford Road
Stanley
Wakefield
West Yorkshire WF3 4AH

Sir,

In the discussion document *Towards quality in general practice* I read 'a high standard of primary health care is the right of every man'. The public has no right but may enter into a financial agreement with the profession to provide a preventive medical service, but any steps to agree this as an extension of the National Health Service should be taken with great caution. Past and present experience of the Government's willingness to abide by financial agreements should lead the profession to be most suspicious.

Hitherto, the Royal Colleges have restricted their attentions to proclaiming standards while leaving financial bargaining to the British Medical Association. It seems now that the Royal College of General Practitioners is prepared to soil its white kid gloves with filthy lucre. Such behaviour will diminish its popularity with the Ministry and Government, but may well result in its being on better speaking terms with more doctors.

H.W. ASHWORTH

The Robert Darbishire Practice
Rusholme Health Centre
Walmer Street
Manchester M14 5NP

Membership examination

Sir,

I had understood that our College originally developed its membership examination as a means of tempting aspiring members to try to raise their academic standards. In recent times, most doctors completing vocational training in general practice take the exam and many seem to believe that the cachet of College membership may help them in the difficult search for employment. Although there is no good evidence that this is the case, the College exploits this popular myth by allowing doctors who have not quite finished their training to take the exam, presumably to allow them to append an exam success to their job applications. I believe that this slightly dishonest practice should stop as it neither reflects credit on the College nor helps the young doctors to get jobs. Furthermore, the focus on swotting up on exam technique during the final months of vocational training certainly seems to be an interference with the more appropriate activity of learning about general practice. This hardly seems to be a behaviour defined in any academic catalogue of worthwhile educational objectives. Perhaps it would be better if the exam could only be taken after a period of time as a principal in a practice.

OLIVER SAMUEL

The Pinn Medical Centre
8 Eastcote Road
Pinner
Middlesex HA5 1HF

Generic prescribing

Sir,

I felt the June issue of the *Journal* was particularly interesting, and I would like to comment on two articles and a letter, which had the common thread of discussion on prescribing.

In relation to the article 'Prescribing — a case for prolonged treatment' (June *Journal,* pp.284-287), I believe that only if the participants in group discussions on prescribing draw up their own formulary will they make any long-term change in their prescribing habits. Otherwise good intentions are quickly overtaken by individual idiosyncracies. Such formularies