

# Good general practice — fellowship of the RCGP by assessment

STEPHEN TAYLOR'S book *Good general practice*,<sup>1</sup> published in 1954, was a careful description and analysis of a series of visits made to working general practitioners in many parts of the country. He compared and contrasted different arrangements and drew conclusions about what constituted good general practice at that time. This work and this book did not derive from the Royal College of General Practitioners, which had then only just been founded, but it was based on the practices of many RCGP members, and RCGP leaders in turn were greatly influenced by it. It was frequently cited in the 1950s and 1960s.

In the 1970s the work of the RCGP was, as it always will be, concerned with improving general practice, but the emphasis was on practice organization, research and education. Defining the characteristics of good general practice was moved forward by Donald Irvine in *Teaching practices*.<sup>2</sup> He made it clear that the lead in standard setting was moving to the then newly emerging vocational training system and to the regional advisers in general practice who were first appointed at that time.<sup>3</sup>

A few years later the Joint Committee on Postgraduate Training for General Practice, first formed in 1975, produced an important and influential booklet<sup>4</sup> on the criteria for the selection and reselection of trainers in general practice which in effect offered a first definition of national standards of practice for trainers. This in turn spawned a whole series of basically similar regional criteria and standards.<sup>5</sup>

Although as a parent body the RCGP had great influence on the Joint Committee, the fact remained that the College had never promulgated any standards for itself even though its royal charter specifically charged it with the task of 'encouraging, fostering and maintaining the highest possible standards of general practice.' The question 'What are the highest possible standards?' directly relates to the question 'What is good general practice?'

It is the special responsibility of royal colleges to seek out and to encourage what constitutes good care for patients, so it is logical to ensure that statements about good general practice should be related directly to patient care and to nothing else. Since the RCGP is committed to pursuing quality<sup>6,7</sup> and moreover to doing this through peer review,<sup>8</sup> the need for a College definition of good practice became ever more urgent.

How this has been achieved and why it was done in relation to fellowship of the College has now been set out in the fiftieth occasional paper, *Fellowship by assessment*.<sup>9</sup> This new publication lists in detail all the essential criteria which the RCGP has adopted for entry to fellowship, the highest grade of membership, and then specifies in operational and measurable terms what has to be done. The RCGP has at last entered the standards arena and has chosen to take the high ground by concentrating on 'the highest possible standards'.

Fellowship by assessment is a radical development. It moves medical assessment away from remote examination halls to the place where patients are seen and cared for. It assesses what doctors do rather than what they know, or say that they know. It carefully preserves the principle of peer review — the three assessors are all general practitioners and fellows of the RCGP — and it offers the candidate a wide choice of subjects of importance to the practice, for example protocols. It invites the doctors to audit themselves and discuss their results with their peers. It also includes organizational issues such as the ability

to be informed of an emergency call within a specified number of minutes, and it requires applicants to present a videorecording of 12 consecutive consultations with patients seen in their own consulting rooms and to be prepared to discuss these. Communication skills are at the heart of personal doctoring, so skills of listening, interpreting, explaining, sympathizing and informing are now open for discussion.

The new RCGP system is radical in organizational as well as clinical terms. It offers the chance of fellowship to every member in clinical practice who can meet the RCGP's standards and it opens the door to younger fellows who can earn their fellowship on merit, applying either on the combined practice list or through their own personal list,<sup>10</sup> as they choose. Furthermore it devolves a major responsibility to the faculties — local faculties provide two of the three assessors as well as leader visitors for other faculties. Each faculty can choose whether to help local members prepare, and if so in what way. Some faculties are holding study days, others have local groups. Most of all, the scheme offers faculties a whole new educational agenda whereby they can provide local educational events to help and support local members who wish to prepare for fellowship. The most successful arrangement so far is to have a named faculty coordinator who can give encouragement and support to local colleagues. One faculty is already giving an honorarium for this work.

When looking at the daunting list of essential criteria it is important to remember that members will normally have several years to prepare for the assessment. Most new members join the College in their late twenties. They will now be informed on joining that they are eligible to apply to proceed to fellowship, once they have completed five years' continuous membership. The current criteria will be available to them, as they are to the public, for the RCGP has nothing to fear from public discussion and nothing to gain by secrecy.

Such a complex exercise could not have happened without the cooperation of many people. Its development, described in *Occasional paper 50*, has lasted for a decade. Nevertheless it was in the last few years that dramatic progress was made owing to strong thrusts from the faculties, in particular, north west England and Tamar. The former fired the starting gun and the latter hit the target. Simultaneously, the education division, through its fellowship by assessment group, and the council executive pressed hard for the new policy, stimulated by the small but important group of members who, having been proposed for fellowship by the council, had the courage to decline it until this new route was opened. Fellowship by assessment was finally approved by the RCGP council in June 1989 and six College fellows from four counties have now been appointed by this route.

*Fellowship by assessment* is relevant to every RCGP member. It is not just a document for the minority of members who may apply for fellowship in the next year or so, or even for the much greater number who may apply in the next 10 years. It is a document for every practice interested in standards and concerned with its own organization and way of working. Even for those for whom at first it all seems too difficult, this is a clear directional beacon and in future there will be more relevant education available locally. For the wider world this development is a signal of the concern of general practice to set its own standards and its ability to do so.

It is of course too early to judge the significance of the publication of this occasional paper, but it may be appropriate that it is the fiftieth in the series. Although all the criteria described are certain to be overtaken in time by advancing general practice research and improved methods of working, it may turn out to have historic significance. It is the first time that a royal college dedicated to improving standards of care for patients has been able to define these in operational terms. The Royal College of General Practitioners is the first college to do so in the United Kingdom, and further afield only the College of Family Physicians of Canada has gone far down this road.

However, the main impact of fellowship by assessment may be not so much on the small number of doctors who apply, but on the whole system of continuing education for general practitioner principals. This subject has been bedevilled for years by the absence of an agreed endpoint. Since no one had defined good practice, there was no yardstick by which continuing education for principals could be judged. Fellowship of the Royal College of General Practitioners by assessment now provides just such an endpoint and opens the door to a whole new world of educational evaluation.

The theoretical implications of this development are interesting and complex, but the main message is clear: fellowship of the RCGP by practice-based assessment is simply another step on the road to good general practice.

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## Fifty up and still batting

THE Royal College of General Practitioner's fiftieth occasional paper marks a key stage in the evolution of a definition of good general practice and of a standard for continuing education in our discipline. Its appearance also represents a milestone in the development of RCGP publications.

In 1954, only two years after the foundation of the College, *Research Newsletter no. 1* was published. By 1958 the series had evolved to become the *Journal of the College of General Practitioners*. The first book published on behalf of the RCGP, *The future general practitioner — learning and teaching*, appeared in 1972. It has been reprinted several times and translated into four different languages. In 1976 the RCGP introduced the occasional paper series as a new publishing development. Between 1976 and 1980, Denis Pereira Gray, the honorary editor of the occasional papers, was also honorary editor of the *RCGP Journal*. The two posts were separated at the end of 1980. The Exeter publications office has continued to take responsibility for the occasional papers, reports from general practice and books published by the RCGP since then.

The occasional paper series was introduced to provide an outlet for academic work which was too long to be suitable for publication in the *Journal*, but too short to be published as a book. Occasional papers are not commissioned but are submitted by authors; they reflect the views and opinions of the authors and do not represent RCGP policy unless specifically stated. Like original research papers, they are subjected to rigorous academic assessment including peer review.

The first occasional paper to be published was *The international classification of health problems of primary care*. Ten years ago the series published pioneering work by general

## References

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*Fellowship by assessment, Occasional paper 50* is available from the Sales Office, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £7.50 including postage. Cheques should be made payable to RCGP Enterprises Ltd. Access and Visa welcome (Tel: 071-225 3048, 24 hours).

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practitioners on computers in primary care, the inner cities and the practicalities of medical audit, all subjects of considerable current interest. More recently, *Occasional paper 45, Elderly people: a framework for progress*, described the challenges in caring for the elderly in relation to the new contract and made recommendations for good practice. *Primary care for people with a mental handicap, Occasional paper 47*, tackled the problems facing those patients and again made proposals for improving their care. *Occasional paper 48, The interface study* described collaboration with European general practitioners in order to explore the interface between primary care and secondary care and the relationships between general practitioners and specialists. In view of the closer links with Europe scheduled for 1992, the appearance of this publication is particularly timely for all those involved in health care systems in Europe.

The latest occasional paper, *Fellowship by assessment*, traces the development of the definition of good general practice and announces essential criteria which are directly and exclusively related to patient care for the highest grade of RCGP membership. The RCGP's main function is to enhance the quality of care received by patients in general practice. It continues to map out the potentially enormous territory of general practice by promoting the literature of general practice and by stimulating interest in the role of primary medical care.

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