

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.

DENIS PEREIRA GRAY
General practitioner, Exeter; director
Postgraduate Medical School, University of Exeter

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

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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).

Address for correspondence

Professor D Pereira Gray, Alford House, 9 Marlborough Road, Exeter EX2 4TJ.

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.

ALASTAIR F WRIGHT
Editor of the Journal

Address for correspondence

Dr A F Wright, British Journal of General Practice, 12 Queen Street, Edinburgh EH2 1JE.