

The Royal College of General Practitioners: its growth and influence over the past 40 years

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WHEN I was invited to write a piece for the *Journal* on my experiences during the first 40 years of the Royal College of General Practitioners, I was honoured to accept. However, longevity is inevitably accompanied by some memory loss and this account of my 38 years in general practice in Scotland may well have omissions and inaccuracies, for which I apologize. This is a personal account of how my practice and my life was influenced by the College until the time of my retirement six years ago.

When I became a principal in practice in 1948, a few months before the introduction of the National Health Service, I was not well equipped for the task. Vocational training was unheard of and there were no departments of general practice in the medical schools. I had been trained in a small medical school with a shortage of junior staff in the early years of the second world war and I had gained a tremendous amount of practical experience, although this was largely unstructured. My vocational training took place as a regimental medical officer in the army during the later years of the war and in the immediate post-war period. I did not realize it then, but in fact I learned much that was to be of value to me in civilian practice.

My first years in practice marked the nadir of general practice in the United Kingdom. The Collings report,¹ published in 1950, was a damning indictment of our discipline but good came of it. The more thoughtful of our colleagues were stung into action and against great opposition from the medical establishment, they succeeded in founding the College of General Practitioners and began to coordinate their efforts through it. Their struggle to achieve success is well documented in *A history of the Royal College of General Practitioners. The first 25 years.*² The aims of the new College were to set standards of good general practice where none existed, to promote education for the discipline, to encourage research and to provide a fellowship of like minded men and women.

The faculty

The foundation of the College and its aims attracted me and from an early stage I became involved in its work. In their wisdom, the founding fathers had agreed that the College should not be London based but should function by a faculty structure throughout the UK and with a number of faculties overseas. It was in the east of Scotland faculty that I became involved with the various tasks of implementing the aims of the College. In those early years it seemed that progress was slow but in fact, much was achieved. I well remember our efforts to establish the teaching of general practice to undergraduates at the University of Dundee. It was difficult but with the help of Bill Hylton and John Henderson we were eventually successful and a chair of general practice was funded at the University. Similar efforts were taking place throughout the UK.

The most rewarding and stimulating effect of the setting up of College faculties was the contact between enthusiasts who shared a common aim — the improvement of standards in general practice.

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Scottish council

The efforts in each faculty required to be coordinated and in Scotland this was carried out by the Scottish council. This met at the department of general practice at Edinburgh University and many active individuals took part in the fierce debates: Lowell Lamont, John Henderson, Willie Gardener, Dick Scott, Ekke Kuenssberg, Willie Fulton, to name only a few. These strong characters gained the respect of those on the College council and their efforts were instrumental in helping to achieve many of the aims of the College, particularly, the introduction of a membership examination. Throughout the years the Scottish council has contributed much to influence the thinking of the College on important events. We owe a tremendous debt to Dick Scott who was secretary of the Scottish council from 1953 to 1969 and who held the first chair of general practice in the UK in Edinburgh. With his quiet efficiency he guided us through many difficult problems.

It had always been the wish of Dame Annis Gillie, who was president of the College from 1964 to 1967, that the College should have a mace for use on ceremonial occasions. When she came to Edinburgh in 1968 to receive an honorary doctorate of medicine, the Scottish council presented her and the College with a mace, handcrafted in Scotland. As I sat beside her at the dinner following the ceremony, it became obvious that no one had told her that she was required to make a speech. She was silent for a few moments and then gave one of the best after dinner speeches that I have ever heard. She was a remarkable woman of many talents, who contributed much to the College and to general practice as a whole.

College council

In the early 1960s I was asked to represent our faculty on the College council and attended my first council meeting. Initially I was overawed by the occasion, sitting among so many leaders of the discipline. However, this awe soon passed, to be replaced by admiration for the standard of debate, the wit of such as Pat Byrne, George Swift and James McCormick, the quiet wisdom of John Horder, the erudition of 'Mac' (RMS McConaghey), the first editor of the *College Journal*, and the energy of Ekke Kuenssberg. The research activities were in the hands of Ian Watson, Robin Pinsent, Tev Eimerl and many others. It was stimulating to be so closely involved in the advances being made in undergraduate and postgraduate education.

In addition to the formal debates of council and its committees, much was learned in small informal groups. It seems a pity that as the College grew in size and stature, these informal 'think tanks' became less frequent. It was here that young faculty representatives could express their views more easily than in the formal atmosphere of the council chamber.

For many years it has been said that the College council has taken decisions without consulting College members. However, the faculty representatives are the direct link between the council and the faculties and their role is probably the most important in the College. The secretary of the College has regular meetings with all the faculty secretaries and, in addition the council recommendations on the most important topics, are sent to the faculties for discussion. Still, however, one hears this criticism and as the College has increased in size, so has criticism been expressed more frequently.

Leadership in general practice

Denis Pereira Gray, in his excellent review article, has given a lucid account of the development of the College during its first 40 years.³ In particular, I would stress the importance of leadership in general practice. The General Practice Steering Committee realized that there was no true leadership in our discipline and they pointed the way in their original report.⁴ The College is now frequently consulted by government and organizations of medical importance, and has achieved direct representation on many medical decision making bodies. This has shown its increasing influence nationally but it has led to it being accused of dabbling in medical politics. Where the maintenance of standards in general practice is concerned, the College has every right to do so, but at times, there is a fine dividing line between the maintenance of standards and the question of terms and conditions of service. I have been pleased to hear that there has been much less friction of late between the bodies concerned.

Vocational training

During the 1960s and 1970s the main energies of the College were directed towards the field of education. In these two decades much time and effort was given to the preparation of evidence to be given to the Royal Commission on Medical Education,^{5,6} the Merrison committee⁷ and the Royal Commission on the National Health Service.⁸ The need for vocational training and its introduction was an important topic. The profession was reluctant to accept the need for such training and many battles were fought, both within the College and in the profession as a whole. Two of the milestones on the way to the introduction of vocational training were the publication of *The future general practitioner*⁹ which defined educational objectives for the first time, and the introduction of the Nuffield Provincial Hospital Trust course,¹⁰ led by Paul Freeling, the first 'teaching the teachers' course.

The idea for the formation of the Joint Committee on Postgraduate Training for General Practice was, it is said, conceived by Ekke Kuenssberg on the top of a London bus. It evolved from the College's vocational training committee and is a partnership with the General Medical Services Committee with additional members from the postgraduate deans, the councils for postgraduate medical education in Scotland and England and the Conference of Regional Advisers. I had the privilege of being appointed the first chairman of this committee and in the early meetings many conflicting views were expressed with vehemence. However, in the end an extremely good working relationship was established and the committee succeeded in its task, the introduction of a three year training programme following registration before a doctor could become a principal in general practice. This was embodied in the vocational training act of 1977.

The College originally believed, and many members still do, that post-registration training should last for five years. The additional two years were to be used by trainees in the practice of their choice to acquire further skills in research methodology, practice management and teaching skills. It is interesting that almost a decade after the introduction of mandatory vocational training, criticism of the relevance of some of the hospital posts to the vocational training needs of general practice continues.

International developments

It was suggested recently that the College needed to widen its international horizons.¹¹ The College has been a leader in the advancement of general practice over many years, and from the foundation of the College there were overseas faculties in Malta, Kenya, Australia, New Zealand and South Africa. With the help

of the College, independent colleges were founded in some of these countries. The College's help and advice has been sought by many other countries seeking to set up academic bodies. During my years as chairman of council and as president I visited Australia, Canada, New Zealand, Malaysia, Singapore, Hong Kong, Finland, Zimbabwe, Saudi Arabia and Kuwait. Each of these countries was keen to hear of the progress of our College in education and research, and to learn of the establishment of university departments of general practice, the introduction of vocational training and our efforts to establish standards of general practice.

The College has been closely associated with the World Organization of Family Doctors (WONCA), and at present Douglas Garvie, chairman of the College's international committee, is chairman of their council. Stuart Carne, the College's immediate past president, was president of WONCA in 1976-78. Over the years members of the College have contributed to the work of the *Societas Internationalis Medicinalis Generalis* (SIMG) and in 1988-91 Lotte Newman was the president of that body. In March 1992 the east of Scotland faculty hosted a European conference of general practice. It cannot therefore be said that the College has neglected its international role.

Conclusion

I look back on my years of association with the College with great affection and humility. It was exciting to be part of the renaissance of general practice, to exchange ideas with fellow members and to learn from them to the benefit of my patients.

I was often asked in the early years by interested colleagues 'What will the College do for me?' My reply was 'What will you do for the College?' This is as true today. The College depends on the time and effort that individual members are prepared to put into advancing its work for the benefit of patients. Much has been achieved over 40 years but much remains to be done. I hope that this and succeeding generations of doctors will derive as much pleasure as I have done in helping the College to improve the standards of general practice. The College requires help from all its members, not merely a dedicated few.

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