

The College in my faculty

TOM DAVIES

THIS article, in the personal view series celebrating the 40th anniversary of the Royal College of General Practitioners focuses on the College and the faculties, and in particular my faculty in East Anglia. Being a 'young' College member who joined the faculty board in 1980, most of the account relates to the last 12 years.

The need for faculties

Soon after its inception, the College decided on a regional organization. The first annual report stated that 'through it [regional organization] — not only will the College be able to help all its members and associates, but they will also be able to help the College in return by supplying information of their needs and about many other aspects of general practice'.¹ The report also stated that 'The duties of the faculties would be to relieve the College Council of local responsibilities connected with the activities of the College in the regions concerned. These activities would deal largely with undergraduate education, postgraduate education and research working in close liaison with the local medical school and the postgraduate and research departments of the local University. Later it is expected that many other functions of the College may devolve upon the regions'.¹

Becoming involved with the East Anglia faculty

I qualified as a doctor in 1973 and after house officer posts in London and Nottingham, I joined the vocational training scheme in Peterborough in 1975. During this training I was fortunate in coming into contact with many enthusiastic teachers, several of whom were eminent members of the College. Hospital consultants were keen to teach and to be involved with vocational training; vocational training senior house officers were seen as capable and interested doctors. Consultants and general practitioners met regularly and seemed to understand each others' roles in a way that I had not previously witnessed. The half day release programme introduced me to small group discussions and the ideas of Michael Balint.² The protected time spent in educational activities was very important and undoubtedly had a major influence on my subsequent career.

Having finished my vocational training I passed the examination for membership of the Royal College of General Practitioners and joined my present practice in Yaxley. After three years I became the College district tutor for Peterborough, responsible for planning and running the local educational meetings for general practitioners. Meetings occurred approximately every three weeks with at least a dozen like minded general practitioners, at which all aspects of medicine and general practice were discussed. Rather than the traditional lecture format, all those attending were encouraged to be actively involved. Projects and audits were presented by general practitioners and included studies of deafness in one practice and the management of asthma. A local consultant would comment on the presentation and join in the discussion. Visits were made to each others' practices and ideas were shared. In my first year as tutor, Peterborough hosted the regional symposium and annual general meeting on communication in general practice.

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Helping to run three of the faculty MRCGP courses brought me into contact with trainees and since then I have tried to maintain a close interest in trainees. Quarterly meetings with the seven other district general practitioner tutors were established, allowing discussion of education in the broadest sense. Towards the end of my time as district tutor, the regional adviser was far-sighted enough to find funding for a small honorarium for our time, which in later years became a proper sessional payment.

The role of the faculty

In 1982 the East Anglian faculty had 300 fellows, members and associates. The faculty area was virtually coterminous with that of the regional health authority which was some 110 miles from end to end and covered eight health districts. As district tutor I was now on the faculty board which met quarterly in Bury St Edmunds. These meetings would go on late into the night and we would often send our council representative back to the College to state our case to try and effect a particular change.

I was invited to become secretary of the faculty board in 1982. This involved the handing over of two cardboard boxes of archive material and leaving me to get on with it. Martin Barker, a neighbouring general practitioner in Stamford, who had been a previous secretary, was a great help to me. He was a mine of information of what was required, having been mainly responsible for drafting the faculty's constitution some two years previously. The first faculty annual general meetings that I organized were nerve-racking as some procedure or other had not been properly carried out. However, I survived.

Stephen Oliver, a faculty board member and ex-College council representative won the Alastair Donald essay prize in 1984 with his essay entitled 'What I want from my College faculty'.³ This remains a farsighted essay and in it he implored the College and faculties to become more involved with:

- Providing career advice for schoolchildren, the College giving Christmas lectures similar to those provided by other royal colleges.
- The selection and education of medical students.
- Vocational training, providing personal contact and support of trainees throughout their training, not only at the examination stage.
- Continuing medical education, particularly support for new principals.
- The National Health Service, being more involved in decision making and exerting greater influence.
- The development of the College at district level.

At this time the faculty board had an increasingly large agenda, discussing issues of training and research in general practice together with other aspects of general practice in the region. Many documents from the College at Princes Gate were copied and circulated for comment. A dilemma facing faculty boards is whether they should be setting their own agendas or be waiting to respond to the College. Should the board meet before council and then send its representative to council to articulate the board's views, or is a meeting of the board more meaningful after a meeting of council where the representative can give an account of what has taken place? I would hope that increasing faculties will set their own agenda.

Communication within the faculty is vital, and our newsletter is a key document. Started in the late 1970s by Martin Barker

as an informal one page information sheet, it has developed under the present editorship of David Haslam and the previous editorship of David Willams into a high quality straightforward and informative newsletter that is valued by members. Regular reports by the district representatives highlight activities in the districts.

Faculty administration

With general practice getting busier all the time it was becoming increasingly difficult to deal with faculty administration from home in an amateurish way from what had now developed to a dozen cardboard boxes. A well reasoned proposal for administrative support resulted in the East Anglia faculty being chosen to pilot an administration support project in 1983. Audiotapes were sent backwards and forwards to the College and preparation of the agenda suddenly became easy. Within a short period we had clearly shown the benefits of such support.

Nationally, other faculties were exploring new developments and in 1984 the faculty liaison group was formed. This was formed for two reasons, first, to help faculties develop professional administrative support and secondly to encourage faculties to communicate and exchange views with each other.⁴ In addition to East Anglia six other faculties (North West England, South East Scotland, Severn, South London, Thames Valley and the Vale of Trent) were allocated an initial budget of £20 000. In East Anglia the first administrative assistant, an ex-postgraduate administrator, was appointed. The faculty increased its efficiency and we were able to respond professionally and promptly to the work.

The growth of the faculties' administrative support was rapid, and in April 1988 Jacky Hayden was appointed chairman of the faculty development committee. The committee's terms of reference were to encourage and foster the development of faculties, to promote the College aims in the faculties and to administer the faculty development fund. By 1989, 30 faculty offices had been established and all faculties had administrative support.⁵

Computerization of the faculties was started in 1987 with Wessex faculty receiving funding to computerize its office. The following year 15 faculties had personal computers and by 1991 every faculty had a computer. The computer enables the faculty to hold up to date information on its members, subdividing them by districts, and also to hold information on special interests, helpful for putting like minded general practitioners in touch with each other. The East Anglia faculty was chosen in 1990 to pilot the use of a modem to facilitate computer communications.

In 1990, the North West England faculty was able to appoint a fulltime faculty administrator and Wessex has been chosen as the second faculty to make such an appointment. A third faculty will hopefully be able to appoint a fulltime administrator later in 1992. It is encouraging to note that in the near future a good proportion of the salary of the administrator in the North West England faculty should be funded by the faculty itself as a result of the work done within the faculty. Educational meetings and courses are the main source of income generation.

The budget for the faculty development fund for 1992-93 is £214 000. In addition, capitation for the faculties is another £99 570 and the pilot administrator's study £43 000. The budget for the College's services to members and faculties division is £886 000 and the overall College budget is £3 123 000. These figures show that a considerable part of the College budget goes directly to the faculties.

Developments and achievements

What has our faculty board achieved during this time? In 1988 the board was responsible for obtaining locum payments for council members attending meetings of the College other than

council meetings or attending meetings on behalf of the College. This ensured the representation of fulltime general practitioners at a national level which would enable the College to keep in touch with the rank and file. In 1991 a decision was made at the College's annual general meeting to have postal votes for the election of faculty representatives, thereby drawing attention to the aims and hopes of the candidates and publicizing the role of such a key person. Unfortunately, the role of the faculty representative is still poorly understood. The faculty representative should ideally be the first point of contact for the members in the faculty when they wish to influence what happens in the College centrally. The representative can take an issue directly to College council.

The faculty's involvement in research has been more patchy. The East Anglian reporting scheme was started in 1985; practices collected data on various topics and these were collated. For example, studies of the workload of practice nurses and of the work involved in providing care for elderly patients were carried out and the results fed back to the participating practices. Funding was a problem, but it is hoped that the reporting scheme will recommence in the autumn and recruit more practices. Martin Roland at Cambridge has been a stalwart figure in arranging study days on research and has always been happy to give his advice on research matters.

In 1988 I was appointed as the East Anglian faculty representative on council and had the daunting task of following Stephen Oliver, Martin Barker and Philip Evans. In East Anglia this is post rotated every three years, to enable fresh ideas to be taken to the College and around the faculty. I believe our faculty has always been one with good ideas and over the years has managed to provoke council and College to respond to the views of the membership.

In March 1989 an extra meeting of council was held to debate the government's white paper.⁶ The East Anglia faculty had agreed to write to each member and associate with a simple questionnaire and a meeting was held in Cambridge a week prior to the London meeting. There was almost total opposition to the proposals and the manner of their imposition and it was satisfying to receive several letters from members stating their gratitude for the opportunity to be consulted. I know many faculties throughout the United Kingdom did the same and the historic debate in March at the College showed the College's central organization at its best, with every member of the College receiving the response within a few days.

In early 1990 several members of the East Anglia faculty board expressed their concern with the problems of a faculty board that comprised over 30 members, which for two or three meetings had had a poor attendance and had been concerned with items that seemed irrelevant to the wants and needs of the increasingly stressed College member. Ian Campbell and Roger Atkins presented a paper to the annual general meeting and we subsequently held a 24 hour retreat at Southwold in Suffolk in November 1990. Eighteen members and fellows of the region drew up future aims and a new structure for the faculty which were accepted at the following faculty annual general meeting. The nine aims included involving members in local College activities, increasing local activity in promoting higher standards of care, facilitating research and helping general practitioners to cope with stress. The new faculty comprises eight district groups, three sub-faculties and a regional executive, giving the College a real presence in each district. It is early days yet, but in several areas there has been much activity. In my own district in Peterborough there are regular monthly educational meetings and social events.

One development that I have been pleased to be associated with is the establishment of the small group discussions which

take place on the evening prior to council meetings. This is a format that I am sure suits general practitioners more than the formal debating chamber. It gives younger members of council an opportunity to air their views and share their anxieties on matters that may or may not be coming up on the following day's agenda. The ever increasing workload of council is a problem, and faculties could be commissioned to take on much of this work.

Conclusion

After 40 years it is appropriate to be taking stock. Denis Pereira Gray's article on the history of the College is an excellent summary of all that the College has achieved and should give us all encouragement for the future.⁷ The rate of the development of the faculties over the last eight years has been a triumph for the College and I am optimistic that we are well placed to approach the turn of the century with the faculties in a strong position to take general practice forward.

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