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Science, cynicism and evangelism

SOME say that quality is like Mark Twain's description of the weather — everyone talks about it, but no-one seems to do anything about it. In this supplement we want to generate, not only talk, but thought and action.

We have attempted to provide you with a healthy diet of science, cynicism, and evangelism, believing that they all have a part to play in improving the quality of general practice. Evangelists can be inspirational; there are plenty of examples of successful improvement initiatives, such as that described by Hazel Stutely (page S44), driven as much by the enthusiasm of charismatic leaders as by what scientists might regard as rigorous evidence. However, as Kieran Walshe points out on page S46, evangelists can sometimes mislead and often irritate. Cynics, such as David Kernick (page S48) have a vital role in keeping ideas grounded in reality and by reminding us that sometimes the packaging is new but the content isn't. But, as Richard Grol and Sheila Leatherman point out in their view from outside the United Kingdom (page S3), cynics can be destructive.

What about science? The science of quality improvement, particularly in general practice, is currently underdeveloped. Science can help us ensure that time and resources aren't wasted. The science is developing at a rapid rate — both conceptually, as Kieran Sweeney and Russell Mannion point out on page S4, and practically, as Avery and colleagues illustrate on page S17. Wilcock *et al* (page S39) demonstrate that modern quality improvement techniques can work in primary care, while Campion-Smith and colleagues highlight the central role of education. But it would be dangerous for the quality movement in general practice to become dominated by science. Angela Coulter and Glyn Elwyn explore the role of intuition, Brian Hurwitz the role of philosophy, and Stuart Mercer and William Reynolds, the part played by humanity in conceptualising quality for general practice. And, of course, plain old-fashioned fun is an important facilitator for improvement, though increasingly rarely seen in clinical practice.

This is the first supplement to the *British Journal of General Practice*. Given the massive changes in the NHS and the continuing negotiations over the new quality-based GP contract, its topicality is obvious. Sponsored by the RCGP Quality Unit, it demonstrates the ongoing commitment of the Royal College of General Practitioners to promote improvements in care. You probably won't agree with all the views expressed in this supplement — the range of backgrounds and disciplines of the contributing authors guarantees this. But above all we hope that this supplement will stimulate you beyond talking about quality, to do something about it.

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