

A chairman responds

I am very grateful to David Carvel¹ for writing to the Journal. While not agreeing with Carvel's conclusions, I think he has done us a valuable service by highlighting some key issues. As Chairman I am determined that we increase opportunities for members to get involved in the work of the College and make it even more inclusive.

Council² comprises 33 elected faculty representatives; up to 18 members elected by a UK postal ballot of all fellows and members; and observers, who cannot vote. In any 1 year there are up to 18 elected members of Council. Council is empowered to appoint additional members who are often members of the College with a particular expertise, for example in research. It is also customary for a number of individuals to be selected as observers to Council — these include the lay Chairman of the College's Patients' Liaison Group and two elected GP Registrar representatives.

Readers will see from this that the composition of Council is such that it allows a system of checks and balances. Representation is obtained by three routes: geographical, UK ballot and special interests. The College is a broad group and it is important that diverse perspectives — including the voices of patients — are heard at Council.

Carvel states that the current slate of candidates in the national ballot does not seem to him representative of grassroots GPs. The national ballot is run by the Electoral Reform Society, and any member in good standing can put themselves forward. I am very impressed that this year we have a strong slate of 12 candidates for six places, as in the past there have been instances where we have not had sufficient candidates, leaving unfilled spaces. Turnout is normally about 25%, and as a College community we should be determined to increase this by dealing with the issue of voter apathy. I am very glad that Dr Carvel is voting!

Carvel also feels that those standing are so 'great' that he feels disconnected from

them. My response is that there is certainly a place for experienced GPs on Council. Council does benefit from such members who have considerable ability, knowledge and standing in medical politics. Often these GPs are ambassadors for the general practice and the RCGP.

Carvel mentions that those standing seem so much older than himself! Many members on Council are young 'jobbing' GPs and we have a youthful officer team. The elections are widely advertised throughout the College community, and any member, irrespective of age, can become a Council member. Taking time out of practice is proving an increasingly difficult hurdle for many prospective council members, and we must look at how we can promote involvement and ameliorate barriers where they exist.

Carvel does not feel close to the College, and wonders how to make it feel more inclusive and representative. I think this is the nub of the issue. I am determined that we continue to increase the relevance of the College and promote stronger relationships between members and the RCGP. This will be evident from our strategic plans.^{3,4} I believe that my being a member of the College enables me to be a better doctor.

Involvement of members can be at three levels. Faculty; regional; or national and UK level. In addition, members may become involved in special interest groups. Many GPs would want to contribute to the work of the College but do not wish to become Council members.

I do not want anyone to be in any doubt — the College is a forward-looking organisation, and I am determined to continue the modernisation process of an organisation whose membership is now at an all time high.⁵

Council is the governing body of the RCGP and Council members are trustees. It is a privilege for me to be guided by the wisdom, expertise and support of Council. With recent changes to charity legislation, many organisations are now reviewing their structure to ensure that they are fit for

purpose and meet modern day requirements of good governance and best practice, particularly in respect of discharging trustee responsibilities. Your officers are determined that we have a debate about this issue, particularly as from 2007 we will be recommending the MRCGP as the standard of entry for independent general practice.

This is your College. The College values of quality and standards have been created by members. You have a chance to make a difference. Council membership is open to any member of the College. I am aware that his might be seen as a 'glib' answer, and so I want readers to be aware that we are not complacent. My personal goals include a stronger leadership role for the RCGP and to bring about unity in general practice — both of these require greater participation and representation from GPs.

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RCGP chairman

REFERENCES

1. Carvel D. The RCGP Council: a worm's eye view. *Br J Gen Pract* 2005; **55**: 473–474.
2. RCGP. The college council (UK). <http://www.rcgp.org.uk/corporate/council/collegecouncil.asp> (accessed 16 May 2005).
3. RCGP. Chairman. <http://www.rcgp.org.uk/corporate/officersdetails/mlakhani.asp> (accessed 16 May 2005).
4. RCGP. Strategic plan. <http://www.rcgp.org.uk/corporate/strategic.pdf> (accessed 16 May 2005).
5. RCGP. RCGP membership increases by over 20%. <http://www.rcgp.org.uk/press/2005/0010.asp> (accessed 16 May 2005).