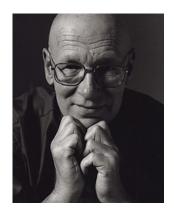
## The Review

# Viewpoint



### The College at 60

I have been a part of the College for 45 of its 60 years. What has it meant for me?

#### THE PLACE

On my first visit to Princes Gate, I was introduced to Robin Pinsent and immediately invited to join the morning meeting of the extremely friendly and committed Research Committee. The agenda — basically the Oral Contraceptive study, the late-running results of the last National Morbidity Study and the plans for the next one — was much the same. When I joined the Committee a decade later. So was the camaraderie.

Princes Gate was full of London doctors rushing in, changing the world, and rushing out. Those from abroad came for the day (or night); read the papers in the leather sofas. chatted to Margaret Hammond in the library, passed the time of day with James Wood, an administrator very much of his generation. We circled the gardens at coffee breaks: once to catch up with old friends or make new acquaintances, or twice to share a new idea or negotiate a collaboration.

At night we ate at The Ark or The Bistango forging lasting friendships; in the morning we enjoyed Jack's splendid breakfasts; on big occasions we had Pimms on the terrace.

### **THE PEOPLE**

My examiners were George Swift from Winchester, Lotte Newman from cosmopolitan London, Donald Irvine from Ashington, and John Owen from Wales. A cross section indeed of the range of skills and interests our early leaders shared. The regional advisors were strong, confident, and assertive, bringing a vital edge to the cause of vocational training and continuing education. Not surprisingly, many became chairs of Council and followed on to become presidents. Those involved in undergraduate education were more considered, and naturally evolved towards the AUTGP which had complementary but different challenges in dealing with the promotion of the discipline within the medical schools. The examiners were a cohesive mix of full-time GPs and academics. Leadership, national and international was the common denominator.

### ADDRESS FOR CORRESPONDENCE

4 Raverig Park, Balerno, Edinburgh, EH14 7DL, UK.

E-mail: john.howie23@btinternet.com

#### THE ACHIEVEMENTS

Three of many stand out.

Vocational training raised the bar for entry to principalship, an essential to improving the profile of pre-1966 general practice. The MRCGP examination, its first cousin, with its rigorous development and testing has cemented our credibility as a clinical discipline.

Sir Denis Pereira Gray defined one of the criteria of an independent discipline as having its own literature. This the College has led 'in spades'. The Balint-centred London Teachers Workshop provided the leadership for the 1972 publication of the seminal *The* Future General Practitioner. The Journal's series of committed and imaginative editors have fought for, won, and constructively used their editorial independence. Alongside the BJGP, the series of close to 100 Occasional Papers has provided a library of widely ranging and substantial contributions to clinical thinking, and the history of General Practice under the NHS 1948-1997, written largely by College members, fleshes out the College's great contribution to the NHS.

A founding aim of the College was to see a department of general practice in every medical school. It took 40 years for this to be realised, and although the AUTGP (now the SAPC) played a major role in the process, so too did the College through individual and local canvassing and by the sponsorship of the Jephcott visiting professorships that helped move things forward in some of the more resistant medical establishments.

Times change and we must change with them.' News-sheets and newsletters tell of hugely wide-ranging initiatives and of an impressive range of new activists with special expertise, e-this and e-that; energy; excitement; evolution.

If there is one cloud on the horizon it is that excessive administrative loads and distracting incentive schemes have caused some loss of focus on the centrality of patient's agendas, and the core values of continuity and comprehensiveness of care have taken a hit. Ditching 24-hour responsibility for care was a bad move for many reasons not least our public image. If we could at least partly reverse these trends, it would be hard not to be optimistic for the decades ahead. 'The more things change, the more they remain the same.'

#### John Howie.

Professor Emeritus of General Practice, University of Edinburgh, Edinburgh.

DOI: 10.3399/bjqp12X658331