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Academic general practice: supported by the RCGP

This article¹ by one of our esteemed former presidents and academic leaders sets out the history and continued challenges in ways we all recognise, but we want to challenge some claims made in the article. We disagree that the RCGP no longer inspires GPs. We are constantly working to engage with our members and non-members at all stages in their career. The NHS environment for GPs may be causing recruitment and morale problems, but the recent RCGP campaign has been our most successful ever, and we spread our active membership engagement ever wider through social media, conferences, and evidenced resources.

We do not understand the claim that the RCGP 'abandoned' its Research Committee — it chose to develop the Clinical Innovation and Research Centre (CIRC), which has a much wider remit and impact. Under the auspices of CIRC, the Research Surveillance Centre continues to publish weekly reports, and has just had its tender renewed for another 3 years; the Scientific Foundation Board awards research grants that are constantly generating innovative and highly relevant research. The College annually celebrates high-quality primary care research through its Research Paper of the Year award,² and there is a huge regular opportunity for academic units to showcase research and its impacts on practice at both regional and national conferences.

Many current officers and clinical leads additionally hold or have held senior academic appointments; and they all work to encourage relevant, timely research and encourage interested colleagues to follow this path. The RCGP and the Society for Academic Primary Care have regular cross-representation, including with the heads of departments of general practice and GP teaching.

We assure the author that academic general practice continues to be at the heart of the RCGP. Thanks for the challenge — and we respect the lifelong effort made to make this all work, for which we are all grateful.

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Competing interests

ACH was an officer of the RCGP until December 2015.

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Response from the CQC: the importance of effective leadership

The intention of the special measures framework is to make patients, providers, and commissioners aware that we have serious concerns and to identify the need for urgent coordinated support within clear timescales. As you highlighted,¹ there can be local awareness of issues long before the CQC inspects. We strongly back the need for earlier identification of problems rather than waiting for an inspection to unearth the issues. This will involve closer collaborative working with CCGs, NHS England, and the local health economy.

At the CQC we are passionate about improving standards. We have for the first time provided a comprehensive description of good-quality care.² We encourage improvement by championing examples of good, innovative, and outstanding practice.³ Indeed, the vast majority of England's GP practices are providing a good service to their patients, so why are the 4% rated inadequate

falling significantly short? As identified in our State of Health Care report,⁴ the key may be in effective leadership.

The CQC assesses leadership and organisational culture of providers in the 'well-led' key question; by well-led, we mean that the organisation assures delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture. Every practice in special measures has been rated inadequate in 'well-led'.

Investing in leadership has consistently been shown⁵ to pay off in the ongoing running of a successful organisation. This has been a central theme in supporting Acute Trusts in special measures, and should be for general practice. The RCGP's Pilot Scheme has been doing essential work. However, we must take more collective responsibility in identifying struggling practices early, championing innovation, driving improvement, and providing long-term support.

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