Getting Better All the Time

Two years after taking early retirement I suffer a recurring nightmare. I have agreed to do some locums, but remember that without GMC registration and MPS membership I cannot work as a doctor. I wake with a start, relieved. I offer to read this book. Why? Willis’s career predated mine by a few years but covered many of the same years, and I seek both the context of an alternative view and, perhaps, some corroboration of my own.

Willis is an optimist, an enthusiast, an apologist. General practice was OK in his world, and getting better. He calls his book a memoir, but the real detail is in his travels, and probably, some diaries. Occasional diary entries and letters are offered up, and professional outlook. Occasional passages are among the most engaging and informative of the book. A man ready to report the President of the GMC to his own organisation is always going to be worth reading. Colman’s reflective final chapters reveal too a man thoughtful and insightful about what he has passed through. His meditations on professionalism and consumerism are especially thought provoking. These chapters would serve well as a model of reflective writing to those currently in general practice training.

The book is not perfect. It is self-published and might have benefited from professional editing. In particular, he is not particularly revelatory on how his travels have influenced his personal and professional outlook. Occasional diary entries and letters are offered verbatim, adding little to the narrative. In conclusion, this is an interesting book from the enthusiastic amateur, the ‘organised curiosity’ of cottage epidemiology, before his eyes light up in response to the potential of collecting and organising information, whether in card index systems or computers. They improved their premises, recruited nursing staff to take on the routine tasks of CDM, developed a patient participation group, pioneered locality-based commissioning as an alternative to the fundholding system, and piloted computer networking and electronic prescribing. I am delighted to share his memory of the cooperative pre-1990 NHS, in which — before the government bastardised the word ‘choice’ — GPs were free to refer to any hospital, anywhere. Willis allows a moment of nostalgia for ‘the day of the enthusiastic amateur’, the ‘organised curiosity’ of cottage epidemiology, before his eyes light up in response to the power of universal practice computing in an era ‘when no working GPs will remain who experienced the need to create paper systems themselves’.

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