

Life & Times Books

Medical Professionalism and the Public Interest: Reflections on a Life in Medicine Sir Donald Irvine

Royal College of General Practitioners
Heritage Committee, 2018, HB, 168pp,
£27.67, 978-1389188404



MAKING MEDICAL REGULATION MORE PATIENT CENTRED

This is a crucial book by one of the most important leaders of the medical profession in recent times. It is a memoir that begins with interesting chapters about his childhood when his father was also a family doctor, but the wider interest will be in his professional career where as a GP he made major contributions holding several key posts in medicine.

He was the regional adviser for general practice in the Northern region, achieving nationally high standards in the GP training practices. As Chairman of Council of the RCGP, he introduced the 'quality initiative' encouraging colleagues to describe and evaluate day-to-day care in their own practices. In 1979 he was the first RCGP nominee to the General Medical Council (GMC), which was the stage for his most important contributions.

As Chairman of the Standards Committee, he pioneered the reform that led to *Good Medical Practice: Duties of a Doctor*, which transformed the policy of the GMC by setting

out what patients could expect of doctors. This won widespread acclaim and proved to be an international model for other regulators.

In 1995, soon after being knighted, and in a hotly contested election, he became the only GP ever to be elected President of the GMC and in this role he was centrally involved in two of its most high-profile events.

First, as President, he chaired the Conduct Committee that handled the Bristol cardiothoracic surgery case, the best known disciplinary case in the history of the GMC. With babies dying in Bristol, the medical profession was under pressure and the GMC under Irvine responded professionally. This was a legal battle royal with high-powered QCs on both sides and Irvine faced criticism both personally and professionally. The end result was that three doctors were found guilty of serious professional misconduct. A cardiothoracic surgeon, and another consultant, who had been in a senior hospital management role, were struck off the Medical Register. The appeal went to the highest court in the land, then the House of Lords, which ruled firmly in favour of Irvine's actions and the Conduct Committee's decision.

Thus a policy of the GMC became the law of the land and it was established that a doctor is a doctor, including in non-clinical management roles.

The centre point of Irvine's presidency was introducing the policy of professional revalidation. He led from the front and its voluntary agreement by the Council, then with over 100 members, was a landmark example of the medical profession seeking to do right by patients. The GMC conceived it as a professional process, but later on revalidation changed when the government turned the GMC into a quango.

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he never wavered on the profession's duty to patients. Since 1858, and the establishment of the GMC, no one has done more to make medical regulation in the UK more patient centred.

There are some inaccuracies. The Bristol case did not conclude in 1987 (page 112) but in 1998. Fellowship by Assessment (FBA) of the RCGP was not approved in 1998 (p75) but in 1989. Irvine's focus on revalidation may have led him to misquote me (p75). FBA was never intended as a method of achieving revalidation, but as an aiming point for GPs, to give them a sense of achievement and pride in high standards in day-to-day work, demonstrating what good general practice looked like. No doctor talks with pride about being revalidated, which is a compulsory, summative process to keep doctors practising. By contrast, many GPs talked, and still talk, with huge pride about voluntarily, formatively achieving the high standards of FBA. There are several useful appendices, but an index would have been helpful.

This is a unique book, because the author has had a singular professional experience at the top of the medical profession. It can be warmly recommended to all doctors who hold or aspire to leadership roles, to patients and their advocates, to medical historians, and to health policymakers.

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DOI: <https://doi.org/10.3399/bjgp18X699257>

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