

Life & Times

Sir Donald Irvine:

an appreciation



Portrait on loan from the GMC.

Born 2 June 1935; died 19 November 2018

The death of Donald Irvine, aged 83, on 19th November this year marks the passing of one of the giants of medicine. He was among the architects of modern general practice and ushered in the era of professional assessment across the whole of medical practice. The son of a GP who worked from his own home during a bygone era, he was central in driving a new vision for general practice based on training, quality and standards. He kept in touch with what he felt were the essential requirements of general practice; the attributes of a good doctor and the centrality of the patient. He put this succinctly, 'All patients are entitled to a good doctor'.

His death diminishes the number of north-eastern GPs who were once considered the powerhouse of general practice thinking and whose influence stretched across the world during the 70s and 80s.

Donald will perhaps be remembered for being the first (and only) GP President of the GMC, from 1995 to 2002. This was a turbulent and pivotal time as the GMC had to come to terms with patient and public expectations in the face of well publicised medical failures. He was caught in the midst of a storm of crises — the Shipman scandal and the Bristol enquiry into paediatric cardiac surgery mortality. The resultant patient, public and political pressure questioned the way in which the medical profession was regulated. As Chair of the GMC Standards Committee and subsequently as President

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he led the extensive reforms of professional regulation and was the instigator of the now ubiquitous guide, and perhaps his best known legacy, *Good Medical Practice*.

Donald held that patients were at the heart of his motivation. He was among the first of our senior medical leaders to connect with patient organisations and with public and charitable bodies representing people's interests. This dialogue was inevitable given the circumstances at the time but did not go down well with all doctors. Many felt that the power and influence of the profession was being eroded and that they would have to practice under increasing threat. Donald received much opprobrium for this and remained unpopular with some but he maintained a resolute and resilient approach, with the GMC having to undergo major reforms in its structure and organisational representation.

A Durham graduate, Sir Donald started his GP career in his father's practice but unusually for a GP, completed an ambitious MD. This earned him the respect of his hospital colleagues at a time when GPs were considered very inferior. His sharp intellect and leadership qualities were evident in his role as a regional advisor in general practice at Newcastle University and he was an early instigator of vocational training, particularly influencing the curriculum and later, audit and standards as essential training components.

Donald's role with the RCGP stretched back to the early days of its creation and he served as Chair of Council from 1982-1985. His international standing led to

many accolades, even as recently as last year when the American Board of Medical Specialities honoured him.

And what of the person? Outwardly he seemed a towering, forbiddingly intellectual person with the ability to see though lesser mortals. Perhaps an interview in *The Independent*¹ back in 1998 captured him well, 'There is something else unusual in his demeanour. With his immaculately groomed silver hair and half moon spectacles he fits the image of the eminent practitioner dispensing wisdom from on high. But his manner is earnest, rather than patrician.'

I, personally, received great kindness from him over the many years after I met him as a very junior doctor.

Essentially shy, he never held back from a generous favour or counsel and was known to provide time for people who sought his help. During his last year, as he became frail, he revealed more of himself — his surprising love of aviation, especially the Spitfire, the sound of which was deeply evocative to him, his interest in the abundant birdlife in their garden and his love for his family and thoughtfulness towards his friends. That his final illness was managed by his old practice was a source of great pride to him — he marvelled at the expert care he received from his doctors and the team and held it up as an example of what good general practice can achieve, sadly perhaps a model no longer replicable where continuity is now in decline.

He will be sadly missed by Cynthia, his wife, whose love he cherished and who unfailingly cared for him in the last year. Many of us will miss him as a friend and as someone who made things happen.

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