Editorials

REFLECTIONS ON THE GILLIE REPORT

WHEN Lloyd George conceived the National Health Insurance Scheme he was firmly convinced that he had done something which would reduce to an almost insignificant quantity, the amount of sickness and the human misery resulting from it. In this he failed; nevertheless the reduction in the number of cases of preventable, grave sickness has been remarkable. Why then is the general practitioner still over-worked? Why does he find that he can look after adequately less and less patients as the years pass? Why are the hospital waiting-rooms still crowded? Why is the pressure on hospital beds so great that patients are discharged before they are ready to go? Why, when the number of doctors increases, is there still a shortage? How is it that whole armies of nurses, social workers, almoners, physiotherapists, chiropodists and other less authentic auxiliaries are now needed to help us in our work, who long ago were striving to fight the battle with disease alone or with the willing but often ill-directed help of a nurse and a few, untrained night-watchers? Redoubtable battles they were in those days, often bringing a glow of achievement at the end of the long day's labour. Not so today; the work has become more humdrum. The management and treatment of such diseases as pneumonia, rheumatic fever, and nephritis is replaced by the detection and treatment of the first deviations from the normal, particularly of the young, the aged, and those whose adjustment to life is poor; yet the changes in the ways of practice have been slow. There are still the same surgeries and the same visiting rounds as of yore, but their content is different.

By setting its sights on farther horizons the subcommittee under the chairmanship of Dr Annis Gillie has been able to demonstrate these changes more clearly than any of the numerous committees that have previously examined family practice. The wide interest that this report has aroused is therefore not unexpected. The membership of the subcommittee was well chosen; it included

practitioners of great wisdom and sought the knowledge and experience of various bodies who represent the general practitioner, but, although its report was unanimous, it must not be assumed that all those subscribing to it held the same opinion in all its conclusions. This is too much to expect; even less can we expect those who had not spent two years in studying the subject to agree with all its statements. Some of these have already expressed their views in the columns of the weekly medical press. By and large, the report has been received favourably. It is now for the profession and the government to come together and carry out its recommendations. In doing so, each interested party must look at the plans which are already in being; the hospital plan, the welfare plan, and the plans of the other branches of the profession such, for instance, as the accident plan.

Because of the great interest to the College of this report we have asked the chairmen of several of the committees of Council to express their views on it and to these Dr Gillie has subscribed the postscript.

Undergraduate Education

It is always heartening to read a report with which one is in complete agreement. The hope, of course, is that other readers are like-minded and in consequence pressure of opinion will help its recommendations to be implemented. The reflections on undergraduate education which the report contains may be summarized by four quotations from it.

In addition to the study of organic pathology, it states that " medical education must be presented against the background of social pathology and the total environment of the individual ".

" In the pre-clinical years education in normal psychology and sociology is as important as any pre-clinical subject."

" In the years of clinical training . . . is the time to appreciate the value of the welfare and preventive services, their integration into general practice for meeting family needs and the significance of access of the public to medical care through the family doctor."

" The evolution of university departments of general practice is at its beginning."

Here are statements with which surely we can all agree. The introduction of the student to illness outside the hospital, and its social pathology, is an essential addition to hospital medicine. Otherwise he will not see that increasing part of medical care, only seen in general practice, which completes the picture of health and disease; nor will he experience the family doctor's techniques of prognosis and diagnosis, his choice of therapy, and the availability

and usefulness of the welfare and preventive services.

The evolution of university departments of general practice is certainly at its beginning, but once it is realized that general practice is today an academic discipline, as valuable and necessary in the education of the student as any other subject, such a department will be recognized as the only means of providing this part of the curriculum.

The report stresses the importance of keeping up to date in this age of discovery and suggests that keeping in touch with hospital and consultant is the best way of achieving this. It emphasizes once more that too much work and too little leisure are the chief reasons for poor practice.

Three of the four objectives which the report states can be achieved in the next 10 to 15 years are:

1. Greater application of scientific medicine to domiciliary practice.
2. Greater interchange of medical personnel between those working in hospital and those outside.
3. Continuing expansion in the opportunities for continuing and developing medical education.

One can hope that a department of general practice will help in these objectives by keeping family doctors in constant touch with hospital medicine, and that this stimulus to good work will cause doctors to revolt against the large volume of time-wasting work which daily faces them, and for which they are not even trained. The pre-eminent requisites are the provision of secretarial help and aid to the betterment of practice premises, both of which are done for our consultant colleagues in hospital, without any financial contribution from them.

Alastair Murray Scott

Postgraduate Education

During the past ten years much has been said about the problems that face general practice, and many suggestions have been made to improve one or other aspect of family doctoring. The committee over which Dr Annis Gillie presided has performed a great service to the profession by bringing all these problems together in one document and drawing attention to possible solutions.

Every member and associate of the College should read this report and ask himself two questions. Do I agree with the recommendations, and what am I, personally, going to do about it? The College was established to raise and maintain the standards of

general practice, and to do this it must establish a policy which may or may not be based on the report. Whatever we do we must give a clear lead to the profession.

The report gave me cause to wonder whether our energies have been somewhat misdirected during the past few years. The accent in the section on education in the report is on creating opportunities for vocational training for general practice, and for stimulating continuing education. It speaks of the need to enrich the young graduate, and the sadness of loss of intellectual appetite as the years pass. I found no reference to any test of ability for the young man, or any suggestion that sanctions should be taken against an established practitioner whose ideas become out of date. Have we, in the College, any right to discuss tests and sanctions before we have established throughout the country an enlightened training for general practice and a favourable atmosphere for continuing education?

Training for general practice falls into two parts, the first in hospital, the second as an assistant or trainee in practice. The need in the hospitals is for a large number of resident posts designed especially for future general practitioners, and for an increased number of junior obstetric posts. The college council, the faculties and individual members serving on committees of the hospital service must use their influence to stimulate regional hospital boards and hospital management committees to provide the necessary posts.

The greatest challenge to members of the College is to provide an adequate number of training posts in general practice. The college council and many of the faculties have given much thought to this problem; a booklet has been written on *Training for General Practice*, and a syllabus listing those subjects with which a general practitioner should be familiar has been published. What is needed now is for individuals to take an active part in teaching undergraduates and young graduates in their own practices. Training for general practice will not be carried out in committee rooms but in our consulting rooms and our patients' houses.

Though formal courses will continue to be held, the Gillie Committee visualizes the establishment of medical centres at the larger regional hospitals as the most important likely development in continuing education in the foreseeable future. Experience has shown that these centres appear where the demand is greatest. If we want these centres we must ask for them. Where they are established they provide accommodation for formal courses and

meetings; a place where all sections of the profession can meet in small or large groups and where in the library individual studies can be pursued. Once they are established the College and its members will have a continuing responsibility to see that the best use is made of them.

Now that we are established in 14 Princes Gate we have the structure of a centre for general practice. Already we have a fine library. The next step must be to develop a programme of teaching for young doctors, and of meetings where we can learn from one another through exchange of ideas and experiences.

Unlike the hospital plan and the report on the public health services which preceded it, the Gillie Report is not a directive but a challenge to the whole profession. The College must take up this challenge and decide just what it wants and where it is going.

George Swift

Practice Organization and Method

The subcommittee considered that one of the objectives which could be achieved in the next 10 to 15 years was " greater experimentation in the methods of organizing domiciliary care ".

In this section, as in the rest of the report, a great deal that is discussed and recommended is already being practised by numerous general practitioners, and has been discussed in college circles. These recommendations, now being made by such an authoritative body, should go a long way towards helping general practitioners as a whole to implement them, especially if the ministers concerned take cognizance of the subcommittee's observations on the " heavy expenses required for a high standard of premises, staff, equipment, and organization ".

Among the subcommittee's observations which are commonplace to some general practitioners, but may be new to others, are the following:

There is a growing tendency for practice premises to be apart from the family doctor's home, so that in large practices a resident housekeeper is needed. Work not specifically that of the doctor must be delegated to others in order to economize medical time and skill.

To be an economical unit a group should be of four or more doctors, and their premises should be specially planned, particularly where there is attachment of local authority personnel. (This grouping should not be allowed to prevent the general practitioner from being the " leader of the team " in community health.) In planning such premises, consideration should be given to the beneficial effect on the patient of comfort and convenience. Central premises, the subcommittee says, ensure that doctors and all members of staff meet regularly; they also say that " the use of a separate examination room does more

than anything else to enable the doctor to use his time effectively". Some of us would question the validity of both these statements.

The suggestion that limiting consulting to specific "hours" should be questioned, and consideration be given to spreading the consultation work more widely throughout the day seems good, and has been put into practice successfully in some places.

Because of building costs and other economic factors, there is a need for architectural, medical, and legal advice. The desirability of encouraging expansion by the provision of interest-free loans is emphasized. The urgent need for a Ministry-operated service to give advice on equipment, premises, organization, and kindred matters, to all general practitioners, free of charge, is outlined. Mention is also made of the two-way working of such a service so that experimentation and advances in one part of the field of general practice could benefit all others. Whether such a service could be operated through a reformed Regional Medical Officer Service we would take leave to doubt.

The subcommittee frankly states that objective data about the work of the family doctor are lacking. Belief in the value of the traditional concept of the family doctor, and subjective assessments of his needs, have been relied upon. The report emphasizes the need for objective studies of what the general practitioner does today, or of alternative methods of organization for doing it.

Some studies—mostly embryonic—along these lines have been initiated by voluntary bodies, including our own. It would appear that until a Ministry-operated, or a profession-operated service financed by the National Health Service is in being, voluntary bodies must continue, with the help of well-wishers, to carry out these studies.

The Gillie Report, while not breaking any completely new ground, is an excellent summary of the best of the past, and a stimulating springboard for the future.

Lowell Lamont

The Field of Work of the Family Doctor

The flight of doctors from within general practice is shown to be accelerating. Activity needed to reach the full potential of the family doctor's work in the community, and also in relation to the rest of our profession must be intensified. This is urgent, both to bring satisfaction in achievement to those who are now family doctors and in order to attract more young doctors into general practice. Satisfaction needs to be felt early in the years of establishing as a principal, whether this is for the whole, or perhaps only the early part of professional life, leading on to other possibilities.

It was the subcommittee's primary job to demonstrate this potential and to outline the principles upon which its active development could be based. It is obvious that much of this must depend upon improved recruitment as well as on maximum easing of work load by securing the best conditions for carrying it out. Only when the full potential is apparent and effective will the problems of profes-

sional status and differential earnings fall naturally into place. Similarly, it must become clear through experiment and activity that the National Health Service as a whole, and our own share in the intra- and interprofessional organization and relations are the means of securing full wellbeing of the population and not ends in themselves. Modification and development of our fine tradition of domiciliary care may be required as years pass and social conditions change.

In spite of all changes, the health of men, women, and children, and the families they comprise in hazards of sickness and in the shadows of danger and death, make the personal doctoring of each individual, basically by his own doctor, needed as much as, if not more than, before.

The report suggests that the next five years should be used to produce objective studies of the working of general practice. These must cover methods of organization and delegation, the securing of relief to maintain elasticity of the doctor's body and mind, varieties of means of co-ordination with hospital and welfare services and the possibilities of variety in vocational and postgraduate education. Much of this can only be carried out if an adequate establishment of family doctors can be maintained.

It was the good fortune of timing that this College had familiarized members with conceptions that are often new and can be disturbing to some doctors outside it. For instance, the idea of intimate and daily co-operation with the preventive services is shown convincingly to be possible by those who have practised it. It is still received with doubt and misgiving by others in both divisions of the Health Service. In the same way the full educational scope and its demands that face us today has little reality for many among the mature and often very weary doctors in practice.

As Dr Swift writes, this College is faced today with a challenge to implement in a wider *milieu* all that it has stood and worked for during the last ten years. Time is short and the expectancy is a temporary one. Full evaluation of established family doctors, stimulation and indoctrination of every young principal in the country with a sense of the mobility of our own work in every sense of that word, is very largely in our own hands.

The other divisions of the Health Service are more ready both to give and to receive than before to their as well as to our advantage, and above all to the advantage of a healthy society.

This will mean more effort for some who are already overstriving

family doctors, but the pool of latent activity within the College membership and throughout its faculties is much of it as yet imperfectly used.

Annis Gillie

GENERAL-PRACTITIONER HOSPITALS

THE Hospital Plan for England and Wales was presented to Parliament in January 1962. The threat it contained to close many of the small general-practitioner hospitals throughout the country aroused immediate wrath; not only by general practitioners but also in the conclaves of the local authorities many bitter things were said. The reasons put forward by the authors of the plan were those of efficiency and economy. To many readers the real impulse behind it lay in the title of the report. A plan must be neat and tidy and purposeful in its objective. Sickness and ill-health are seldom that, and any attempt to plan for their management is full of pitfalls.

The South-east of England Faculty has carried out a survey to ascertain the use made of the hospitals amongst the members and associates of the College in their area. The report on their investigations was published on page 638 of the November *Journal*. It is stressed that the views expressed in the report are those of practitioners who by virtue of the connection with the College represent the keener type of doctors, and is therefore not representative of general-practitioner opinion in the area. But if it is conceded that it embodies the opinions of the more interested doctors, it is surely all the more valuable for that. We believe that better family doctors are to be found in those areas where there are hospitals in which they can work, and the report of the South-east of England Faculty bears out that the presence of an active hospital is much valued by those who are so lucky as to be able to use it.

The South-east of England Faculty covers one of the largest areas in the country and contains the greatest number of members and associates. This report, therefore, carries considerable authority. The writer points out the need for further surveys in other faculties. The South-west of England Faculty are already in the process of collecting information and as announced elsewhere they are holding a symposium on the subject at Torquay on 6 June 1964.