

THE BRITISH COLLEGE OF GENERAL PRACTITIONERS*

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The College of General Practitioners was founded on 1 January 1953, and within the first 3 weeks 1,077 Foundation members and 147 Foundation associates were enrolled—a really remarkable response. What, you may ask, led to the establishment of this College? It is perhaps rather difficult to pin-point, but for several years, and particularly since the inception of the National Health Service, there was among general practitioners a feeling that their status had been debased, that their activities were being restricted, and that in many cases they were merely acting as sign-posts to the nearest hospital.

The publication of the Collins report aggravated that feeling of uneasiness. It was recognized that many of the criticisms in the report were factually correct, and that there was a real danger of general practitioners becoming academically isolated, and of many of the standards and traditions of good general practice being lost.

On the medico-political side the interests of general practitioners were in the very capable hands of the General Medical Services

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Committee, and on matters of terms and conditions of service a highly skilled and efficient organization had been built up by the British Medical Association. But, in so far as *scientific and academic matters* were concerned, the general practitioner had for many decades just muddled or drifted along. Those who were keen clinicians and had taken higher qualifications frequently obtained hospital posts but, with the coming of the National Health Service and the vast increase in the number of hospital posts of the Registrar and S.H.M.O. grade, the general practitioners were edged out, left out and, in many cases, after years of service to a hospital, pushed out. From the academic standpoint they were completely unorganized and they had no one of standing of the Royal Colleges to put forward their claims or their aspirations. Gradually, an ideal was formulating that a College of General Practice would inspire practitioners to regain their rightful place in the medical hierarchy.

ORIGIN AND FOUNDATION

In the year 1950-51 the General Practice Review Committee was in session and the final results of its deliberations were pub-

lished in the Hadfield Report, and in September 1951 two general practitioners, Dr. Rose from industrial Preston and Dr. Hunt from fashionable Mayfair, presented memoranda to the Committee both stressing in almost identical terms the need for a College of General Practitioners.

These memoranda occasioned widespread interest, and numerous doctors wrote in, commending the project by a majority of 50-1. Encouraged by this, a *Steering Committee* was convened under the Chairmanship of Sir Henry Willitt, a former Minister of Health. At this Committee were 5 general practitioners (increased to 10) and 5 consultants of eminence, and in December 1952 their report and recommendation were published in the *British Medical Journal* of 20 December. On 18 February 1953, the *Foundation Council* was created by the addition of 11 members to the 10 members of the Steering Committee. The Foundation Council was selected partly on a geographical basis because it was felt that this new College must be of country-wide appeal and that to concentrate its sponsors chiefly from London would be fatal to success.

The conclusions of the Report of the Steering Committee may be of interest to you who contemplate the establishment of a College in South Africa: 'General practice is the oldest branch of medicine; over 80% of this country's illness is cared for by family doctors and here, as in our great Dominions and the United States of America, it has been found that one of the most difficult tasks in medical administration and planning has been to find the proper role of the general practitioner in modern medicine. There is taking place now a world-wide reorientation of ideas about his capabilities and responsibilities, with a steadily growing conviction that general practice is fundamentally as important as the specialities and that it cannot be controlled by specialist organizations. General practitioners have been in the past, and must be in the future, good doctors practising medicine in their own right; they are essential to the heart and soul of medicine. It is being increasingly realized that this development and emancipation of general practice is not only a question of professional pride and status, but is an urgent economic need—to keep patients out of hospitals whenever they can be investigated and treated at home. (In passing, a hospital bed now costs anything from £18 to £30 per week.) Only by developing a higher standard of general practice, with full access to hospital and laboratory facilities, can the present overcrowding of out-patient departments and increasing specialist consultations be avoided.

'A golden opportunity now presents itself for general practitioners to found an organization of their own to watch over their academic interests, their privileges and their education. No existing body is doing now, or will be able to do in the future, what is required. The formation of a new College to lead general practitioners and to uphold their rightful place in the National Health Service will help them more than any existing organization can do, and the influence of such a college for the good of general practice cannot fail to be profound. There is an immediate need for general practitioners to establish for themselves an academic body.'

With these high ideals to inspire them, the Foundation Council got to work. Committees were appointed, viz. (1) Finance and General Purposes, (2) Postgraduate Education, (3) Undergraduate Education, and (4) Research.

To ensure the successful inauguration of a new Council of the College requires a secretary of vision and of driving force. The success of our College has been due in very large measure to the initiative, ability, charm and vision of John Hunt. He was responsible for the formation of the Steering Committee, for the selection of the right individuals, and for enlisting the support of the leaders of medical opinion in all sections of the profession; and above all for the efficient organization of the secretarial work. This has imposed a tremendous burden on his time and energy, but he has always proved more than equal to the demands made upon him. It has been said that, in times of stress and difficulty, a leader always arises, and we in our College can truly say that the unselfish leadership of John Hunt has been the major factor in our successful progress.

In 1845, an attempt was made to found a College of General Practitioners, and at a meeting of 1,200 practitioners it was decided to found a 'National Association of General Practitioners in Medicine, Surgery and Midwifery'. The feeling of the meeting was ardent, enthusiastic and unanimous, but many irresponsible and indeed unforgivable blunders were made. Of its first Council

of 60 members, only one resided outside London, and this aroused much indignation, especially amongst country practitioners, and a good deal of arrogance from the Colleges of Physicians and Surgeons, who felt that the new Association might weaken their authority. A vast amount of argument ensued in the medical journals of the day and it was finally agreed that the College of Practitioners might be founded as an equal College with the two existing Colleges. But the virtual exclusion of country practitioners from their Council caused the proposed College to lose its nation-wide attraction and, in 1846, the project was dropped and the College of Surgeons opened their doors to those general practitioners who were at that time interested in surgery, and general practitioners as a class again sank deep into the slough of despair.

Our young College received an enthusiastic welcome from almost every body associated with medical education and even with medico-political affairs, and from many overseas societies and associations. The young College was determined not to make the mistakes of 100 years ago and the first Foundation Council—admittedly self-selected—was elected on a geographical basis. Some of the members had considerable experience of British Medical Association activities, and were able to help in determining constitutional difficulties, but the great majority were men to whom the College was their initiation into administrative work, and they approached our problems with an entirely open mind, with no preconceived ideas about constitution. Invaluable help was given by the Company of Apothecaries, who gave us their Court Room for Council and Committee meetings. Two guiding principles were: (1) not to interfere with the work of other medical organizations, and (2) to avoid medical politics and to restrict College activities to the academic aspects of general practice.

A Liaison Committee of 4 Colleges and 4 G.M.S. members was instituted to discuss ways in which the two bodies—the British Medical Association and the College—could be of mutual assistance or help to general practitioners, and to exchange views on any problems which are common to both. It was felt that the work and activities of the College should be complementary to, and not in competition with, the work already being undertaken by the British Medical Association.

With regard to the Royal Colleges, it was, from the beginning, made clear that a College of General Practitioners would in no way interfere with the activities of the Royal Colleges. It will perhaps run parallel with them but it will not compete with them. We are all striving for the same goal—to give to the British people the best medical service that can be provided—a renaissance of general practice with its own headquarters directing it cannot but benefit every branch of the medical profession in the country. There should be no conflict between specialists and practitioners. Each group has its particular tasks; each is of equal value to the community; neither can replace the other; both are essential and both are complementary, the one to the other. For the first year or two of our existence, the Royal Colleges tended perhaps to keep aloof—they were not sure whether the infant was viable—but then they recognized our new College as one which was establishing itself firmly in the medical hierarchy and they have been generous in the recognition of the growing child and have shown to us every help and every courtesy. In particular the College of Surgeons has been most generous in offering us a site adjoining their building in Lincoln's Inn Fields as a home for the College which is to be provided for us by a generous donor who still remains anonymous, but who has the future of the College very much at heart. He is providing the building, which we hope will be completed in 1962-63, but we of the College must maintain it. For that we shall be launching an appeal in the near future, and I feel sure that that appeal will receive sympathetic consideration from Industry, from charitable foundations, and from men who wish to see the troops well equipped who are in the spear-head of the battle against disease. Already we have received many donations and encouragement, and we face the future full of confidence.

ORGANIZATION

The regional organization of the College is of the greatest importance. The Council felt that members must realize that this is no London-controlled organization but that those in the regions can play their full part and have a considerable amount of autonomy. Headquarters can help all its members and associates

wherever they live or work, and the Faculties in return can help Headquarters by supplying information about their needs and aspirations. For educational purposes and to facilitate arrangements for postgraduate study and undergraduate education, the Faculty headquarters have, as far as possible, been situated in opposition to a University centre, although in some instances this has not been possible.

To form a Faculty, at least 10 members are necessary, and in the case of overseas Faculties it was agreed that a quarter of the membership fee would be returned in the first year and a quarter in the second year, and that the remaining 50% would be invested by the Council and would belong to the mother College. Each Faculty will appoint Committees dealing with undergraduate education, postgraduate education, and research, and the Faculties will elect a Provost—an honorary position—Chairman, Deputy Chairman, and Secretary-Treasurer, and from 7 to 18 members according to the size of the Faculty.

The Foundation Council was much concerned with what should be the criteria for membership. The initial criteria were (1) doctors who have been 20 years in general practice or (2) 5 years in general practice and who give an undertaking to accept postgraduate instruction for 5½ days every 2 years, or (3) 5 years in practice and who possess a postgraduate degree or diploma. Since the foundation of the College, a great deal of discussion has taken place about criteria and, at the request of the Annual Meeting, an Examination Committee and a Criteria Committee have been formed, both of which have done most valuable work. Opinions on the necessity for an examination as a means of entry are still very divided, but each year there is a greater swing towards examinations; the most recent questionnaire shows 17 Faculties in favour, and 3 against, with 3 still undecided and unable to make up their minds.

It is rather significant that the demand for examinations comes primarily from the younger members who feel they want some type of diploma which would be of value to them when they apply for practices. Under our National Health Service, practices are awarded by Local Executive Councils who act as fairly as they can, but who have little knowledge or information concerning the academic standards of the applicants. The younger men feel that membership of the College by examination will at least ensure that they are well qualified to deal with the problems that arise in general practice, with which their University education gives them little opportunity of becoming familiar.

The initial criteria have been considerably tightened and to qualify for membership a candidate must now be sponsored by two College members and must submit a full statement of his appointments since graduation. These are considered by a Board of Censors who, if they are not fully satisfied that he will be a satisfactory member, may summon him for an interview, which now takes the form almost of an oral examination. It must, however, be admitted that very few candidates have been rejected but, as membership of the College at present gives, in Britain, no financial reward, it is fair to say that only keen and enthusiastic practitioners seek to join the College. We do not contend that our members are any better doctors than those who are outwith our ranks, but we do say that by joining the College you will meet those men and women who are anxious to maintain and increase their knowledge of modern advances in diagnosis and treatment and are willing to undertake a definite number of hours of postgraduate study. When one mixes with enthusiasts one becomes enthusiastic too, and enthusiasm for his job is the first prerequisite for a good College member. Our membership is now 4,804, including 1,357 associates.

Should you decide to form Faculties in South Africa you would then also form your own Council, which would to a very large extent be autonomous. You would have your own committees and, even if we prescribed an examination for our new members in Britain, that would not, at all events for some years, be enforceable on our overseas members. You would have your own Board of Censors, who would elect members in accordance with the bye-laws and constitution of the parent College and would then submit these names for formal approval.

I would suggest to you that membership of the College in Australia and New Zealand and Canada does confer very definite higher status, and consequently some financial reward to members, because the general public are well aware that membership entails a definite amount of postgraduate work and consequently ensures that the College members are *au fait* with all that is new in medicine.

In Canada, when remitting the annual subscription, the member must also forward a signed certificate stating that he has done 50 hours of postgraduate work each year. If that is not forthcoming, his membership lapses. I am told that, frequently, local authorities are asked by the town inhabitants for lists of College members, and a certificate of membership is granted which they may display along with their other qualifications. Similar benefits accrue to members of the Academy in the United States of America.

Since our early years, progress has been almost incredibly good. Our first President was Dr. W. A. Pickles, a practitioner from the Yorkshire dales who had attained world fame by his work in epidemiology in general country practice. He was a man of charm, integrity and outstanding ability, and he made for us a wonderful ambassador.

PRESENT SET-UP

The College Council now numbers 44 members, 32 of whom are Faculty representatives and 12 are elected at the Annual General Meeting.

We now have our new home in 41 Cadogan Gardens, London, through the generosity of the generous donor, and negotiations with the College of Surgeons are progressing smoothly for our new home in Lincoln's Inn Fields with their most friendly help and cooperation. The new building may well be the mortar which will eventually lead to an Academy of Medicine in Britain (Sir Ernest Finch).

We have Pfizer lectures, Upjohn scholarships, Butterworth medal, Burgess prizes, James McKenzie lectures. The Research Newsletter and Journal of the College is published quarterly. This journal is circulated to all members and associates and is recognized by general practitioners as being of an informative and readable character. All the contributors are general practitioners, and all the problems discussed in its columns pertain to general practice. Several of the Faculties publish journals of their own with a limited circulation to their own members—the cost of publication being met through the generosity of one of the drug houses.

The Board of Censors advises Council on questions pertaining to applications for membership and associateship of the College. The dates of their meetings are advertised in the *British Medical Journal*.

The Awards Committee advises Council on questions of awards, lectureships, honours, regalia and ceremonies.

The Practice Equipment and Premises Committee has been formed to advise on matters relating to practitioners' equipment and premises. A pilot scheme on the best type of lay-out for 4 different types of practice has now been completed, and any members or associates who are interested can obtain plans and advice for the lay-out of new consulting premises. A room has been provided in which to store plans of premises and items of equipment for members who wish to view various plans before deciding on the type of building they require.

The Examination Committee has held several meetings and has shown conclusively that an Examination in General Practice could be established. It is, however, considered that the time is not yet ripe and that, if possible, complete unanimity on the desirability of examination as one means of entry to the College should be attained before the Council introduces an examination. At present, from the reports received by Faculties, it is clear that there is a widespread feeling, particularly in the younger age-group, that the present criteria for membership need strengthening, and that the majority of Faculties in the United Kingdom are in favour of examinations.

SUMMARY

May I summarize the aims and the hopes of this new College:

1. We hope to establish an academic body with the broad educational aim of steadily improving the quality of general practice.

2. To promote the teaching of general practice to undergraduates by general practitioners both by lectures and the student attachment scheme.

3. To promote postgraduate education for general practitioners and to provide symposia on subjects with which the practitioner is in daily contact.

4. To promote research in general practice. Here we have a vast untapped field unknown to the purely scientific research

worker but which can by good team-work yield information which will be of the greatest value in the diagnosis and treatment of disease.

5. To publish in our own Journal original articles by general practitioners.

6. To regain the right of entry to hospital for general practitioners as full members of the staff occupying a definite place in the unit team. The practitioner must of course regard his hospital session as a first call on his time and only doctors with suitable deputizing arrangements could take advantage of a hospital appointment.

7. To improve the status and prestige of the general practitioner.

Our acceptance of membership attests that the member by post-graduate study is keeping pace with modern medicine, for that is essential.

General practice is that branch of our profession which brings the greatest benefits of modern medicine to the broadest cross-section of the public. To every patient we bring some specialized knowledge, and to many patients we bring the only measure of specialist medical care they are ever likely to need. As the consultant brings his skill to treat the small number of critically ill persons, so we, as general practitioners, should strive to increase our ability to keep the great multitude of others from reaching that critical illness.