THE COLLEGE OF GENERAL PRACTITIONERS

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The College of General Practitioners was founded on November 19, 1952, and within the first month of its existence 1,077 foundation members and 147 foundation associates were enrolled—a really remarkable response. At the end of 1958, 533 members and 216 associates resident in Australia transferred to the newly-founded Australian College of General Practitioners but, despite this very considerable secession, the membership of the parent College on September 30, 1959, was 4,915. The foundation of the Australian College was undertaken with our whole-hearted support and goodwill. As President, it was my privilege to attend the first annual general meeting of the Australian College in Sydney, and it was very evident that the new College was established with the goodwill of the whole medical profession in Australia, and that the influence it will exert cannot but increase the very high standards of general practice which already obtain in that great Dominion.

What, you may ask, led to the establishment of this College? It is perhaps rather difficult to pinpoint, but for some years, and more particularly since the inception of the National Health Service, there was amongst many general practitioners a feeling that their status had been debased, that their activities were being restricted and that in many cases they merely acted as signposts to the appropriate hospital department.

In so far as academic and scientific 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, sometimes even in the teaching hospitals, but with the advent of the National Health Service and the great increase in the junior staff of Registrar-grade, the general practitioners were edged out, left out and in many cases after years of devoted and honorary service to a hospital, were pushed out. From the academic standpoint they were completely isolated and they had no organization comparable to the Royal Colleges to put forward their claims and their aspirations.

Gradually an ideal was formulating that a College of General Practice would enable practitioners to regain their rightful place in the world of medicine. Inspired by two memoranda submitted to the General Practice Review Committee by Dr. John Hunt and Dr. Fraser Rose an influential Steering Committee was convened under the chairmanship of Sir Henry Willink—a former Minister of Health—and their final conclusion may be quoted: '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.'

Inspired by these high ideals a Foundation Council—admittedly self-selected—got to work and four main committees were appointed: Finance and General Purposes, Undergraduate Education, Postgraduate Education and Research. The young College received an enthusiastic welcome from almost every organization associated with medical education and with medico-political affairs. From the beginning our Council was guided by two cardinal principles: (1) we would not encroach upon the work of any existing medical organization, and (2) we would avoid all medico-political controversy and would restrict College activities to the academic aspects of general practice.

With regard to the Royal Colleges it was from the beginning made abundantly clear that the College of General Practitioners would in no way trespass on the activities of the existing Colleges. We will, we hope, run parallel with them, learning from their wisdom and striving to obtain for our members the privileges and prestige which members of their Colleges enjoy in their particular

spheres of practice. We are striving for the same goal—to give to our people the best medical service that can be provided. A renaissance of general practice, with its own headquarters directing its activities, cannot but benefit every branch of the medical profession in the country. There should be no conflict between specialists and practitioners. Each has his own particular task; 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.

Although the headquarters of the College are situated in London, the regional organization is of the greatest importance. There are 22 faculties at home and 12 overseas. The home faculties have, as far as practicable, been situated in apposition to a university centre as this very greatly facilitates arrangements for postgraduate study and undergraduate training. Each faculty enjoys a considerable amount of autonomy and each faculty elects a representative to the College Council. Each faculty, while playing its full part in the central activities of the College, is at liberty to sponsor any project which particularly appeals to local members, e.g. weekend conferences, a symposium on some particular subject, or even social occasions to which members may bring their wives.

In recent years there has been a demand from many faculties for the institution of an examination for admission to membership. The College Council view this demand sympathetically but do not wish to introduce an examination until it commends itself to at least 75% of the members. During the past seven years our progress has been uninterrupted and we have had no real dissension on any project which we have instigated. *Festina lente* has been our watchword and we desire to avoid as far as possible any serious controversy amongst our members. The criteria for membership have already been strengthened. Each candidate must now be sponsored by two members of the College and must complete a questionnaire giving in detail the posts he has held since graduation. This application is then considered by the Board of Censors, who, if they are not fully satisfied, may invite the candidate for an interview which may be quite searching in character. It must be admitted that very few candidates have been rejected, but as membership of the College at present gives 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 better doctors than those who are outwith our ranks, but we do say that College members are men and women who are anxious to maintain and augment their knowledge of modern advances in diagnosis and treat-

ment and who give a firm assurance to undertake a definite number of hours of postgraduate study each year.

The Postgraduate Education Committee is perhaps the most important committee of the College because the basic criterion for membership is an undertaking to do 20 hours of postgraduate work each year. It is therefore incumbent upon the Postgraduate Education Committee to ensure that the classes arranged are likely to be of interest and value to the general practitioner as opposed to the highly-specialized training necessary for the aspirant to consultant rank. At first many of the Deans were doubtful if general practitioners would attend, but their doubts were quickly dispelled and now on each faculty postgraduate education committee the Dean or his representative attends our meetings and invites our opinion as to what subjects are desired by our members. Fifty years ago epoch-making advances in medical knowledge were comparatively few and an occasional visit to a teaching hospital sufficed to keep the general practitioner *au fait* not only with his own problems, but also with the new techniques in the specialties. But with the advent of chemotherapy, antibiotics and endocrinology, new drugs and new techniques are appearing with such bewildering frequency that the young graduate is almost out of date before he begins practice. He must combat each bacterium with the appropriate antibiotic, otherwise he may encourage dangerously resistant strains of bacteria. It is a sobering thought that almost 80% of the drugs in common use today were not known 25 years ago.

For the recent graduate probably the best type of postgraduate training is obtained by taking a trainee-assistantship with a practitioner of high professional standards. There has been considerable criticism of this scheme. Some say the trainee is exploited and treated as an ordinary paid assistant; others say the trainer does not bother to teach. While these criticisms may be valid, they apply not to the scheme but to the individuals who are working it. The College has given much thought to this problem and has published a booklet covering the type of training which should be given to the young graduate.

For the established practitioner self-education by reading, by attending medical societies and by picking the brains of the consultant at a domiciliary consultation—one of the greatest contributions the National Health Service has given to general practice—may to some extent keep him up to date, but in addition the College Council considers that there is a real need for annual organized formal study. The Ministry of Health will pay the class fees and the salary of a locum for a maximum of two weeks in any two years, and the

policy of the College is to develop and improve the postgraduate facilities in all medical schools and in co-operation with the Deans to organize courses which will be of real interest and value to the practitioner in his everyday work. In many areas these courses are now over-subscribed.

The gradual exclusion of the general practitioner from the hospital has automatically tended to lower his standards and the best stimulus which could be given to general practice would be the appointment of a few enthusiastic and able general practitioners as full members of the hospital team. There is no greater mental stimulus than to take responsibility for, and to share in, the treatment of a difficult and perplexing case, and the contribution which a skilled family doctor can make, even when the patient is in hospital, can be of infinite value.

For isolated country practitioners the College has developed a series of lectures recorded on tapes and long-playing gramophone records which are sent at regular intervals to those who join this medical recording service. Each faculty of the College has complete autonomy to organize its postgraduate study in the way most appropriate for its own members. We may not always attain success in the treatment of our cases, but we can ensure by constant study and careful case-taking that we deserve success.

In its most recent recommendation to medical schools the General Medical Council stated: 'It is desirable that the student should be given opportunities to learn something of the work of the general practitioner. During the study of all clinical subjects the attention of the student should be continuously directed by his teachers to the importance of the inter-relation of the physical, psychological and social aspects of disease.' The first task of our Undergraduate Education Committee was to ascertain in how many of our medical schools there was attempted any teaching in general practice. In only 9 schools out of a total of 28 was there any instruction in general practice, and in only two was there a teaching unit. In pre-war years several of the teachers were men who had spent many years in general practice; a few were still engaged in part-time general practice and they were able to teach students quite a lot about the management of illness in the home. But today all teaching is done by highly-skilled specialists who have rarely had personal experience of family practice. The College believes that we should develop more collaboration between general practitioners and hospital doctors, and that all students should know more of the good general practitioners' standards and methods and thereby more accurately judge the quality and significance of his work.

From this was born the student-attachment scheme whereby, on a purely voluntary basis, a student may enrol with a specially-selected and approved general practitioner for a period of one or two weeks, during which time the student sits in at the consulting hours and accompanies the practitioner on his round of visits. By the end of 1957 over 1,000 students had taken advantage of this opportunity. All too often in the past the achievements of those working in hospital have tended to suggest to students that only in hospital can satisfactory medicine be practised. The attachment-scheme has quite changed that outlook and those students who return to hospital after two weeks in general practice, and more particularly in country practice where still is conducted a considerable amount of minor surgery, midwifery and even simple laboratory work, are now convinced that a satisfying and rewarding career can be found as a family doctor. I am one of those who are firmly convinced that the good general practitioner is of just as much value to the community as is the good consultant, each in his chosen sphere serving society in complete equality.

The most spectacular work of the College has been accomplished in the field of research. In general practice we see the beginning of disease, and we see the end results of the chronic degenerative diseases. There was an era in the history of medicine when all research was done by general practitioners. Advances were made through the careful observation of facts during the routine daily round. In this way Jenner recognized the relationship between smallpox and cowpox, and Withering noted the diuretic effects of the leaf of the foxglove. The opportunities which an academic organization of general practitioners could offer for observational research were immediately appreciated by the Foundation Council and in January 1953 the Research Committee was established. A Research Register, now numbering over 700 doctors, was established and a panel of experts willingly agreed to give guidance and advice whenever needed.

College research workers may be classified under three main headings:

- (a) Individual workers with an interest in some particular subject of research, who would appreciate guidance but who prefer to work alone;
- (b) Group researchers, undertaking a common investigation, and who are willing to share their observations and clinical material with other interested practitioners;
- (c) Group researchers or individual workers willing to take part in centrally-organized and planned studies.

The Research Committee agreed that no work

would be sponsored which could better be performed by other organizations and every project undertaken by the College would be an investigation which would yield information applicable to and of value in general practice. Seven centrally-sponsored College projects have already been completed, and work is still progressing on 16 others. Numerous faculty research projects have been completed. May I instance the National Morbidity Survey, the investigation into Chronic Bronchitis, the Epilepsy Study, the Pernicious Anaemia Survey and the Diabetes Survey. The Epidemic Observation Unit was introduced last year and is working very satisfactorily and efficiently. A hypertension study, a study of ischaemic heart disease and a Cancer Study Group have all attracted a large number of interested workers not only in the United Kingdom but also in Australia and New Zealand. All these projects, of course, require money, and it is hoped at a very early date to establish a Research Foundation, the majority of whose trustees would be persons other than general practitioners with qualifications which would make them in the public mind suitable custodians for money which might be donated to a Foundation for General-Practitioner Research.

Since the beginning of the century most advances in medicine have been based on scientific observation in hospital and in laboratory, and observational research at the bedside, as was so brilliantly exploited by the late Sir James Mackenzie, has been comparatively neglected. Little has been learned or written about the influence of

living and working conditions as a factor in morbidity, a contribution which can only be made effectively by the family doctor. The College of General Practitioners has already, through its Research Committee, provided a means whereby this faulty balance can be corrected. By co-ordinating the work of many keen and practical practitioners, the College can correlate the patterns of presentation of disease using and adapting statistical techniques evolved by industry as well as by medicine itself, and it can do this all the more effectively because no other medical observer is so well placed to conduct these observational studies as is the general practitioner.

General practice is that branch of our profession which brings the benefits of modern medicine to the greatest cross-section of the public. To each patient we bring some specialized knowledge and to many patients we provide the only measure of specialized care they are ever likely to need. The consultant employs his skill to treat the comparatively small number of patients who are critically ill. We, as general practitioners should strive to increase our knowledge and ability in order that we may preserve the great majority of our patients from reaching that critical illness.

It is our hope that through membership of the College much of the academic isolation which is felt by so many general practitioners will disappear and that association with keen and enthusiastic colleagues will evoke a fresh interest in general practice which, after nearly 40 years' experience, I still regard as the most arduous but also the most satisfying of all the specialties.

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