

Annis Gillie

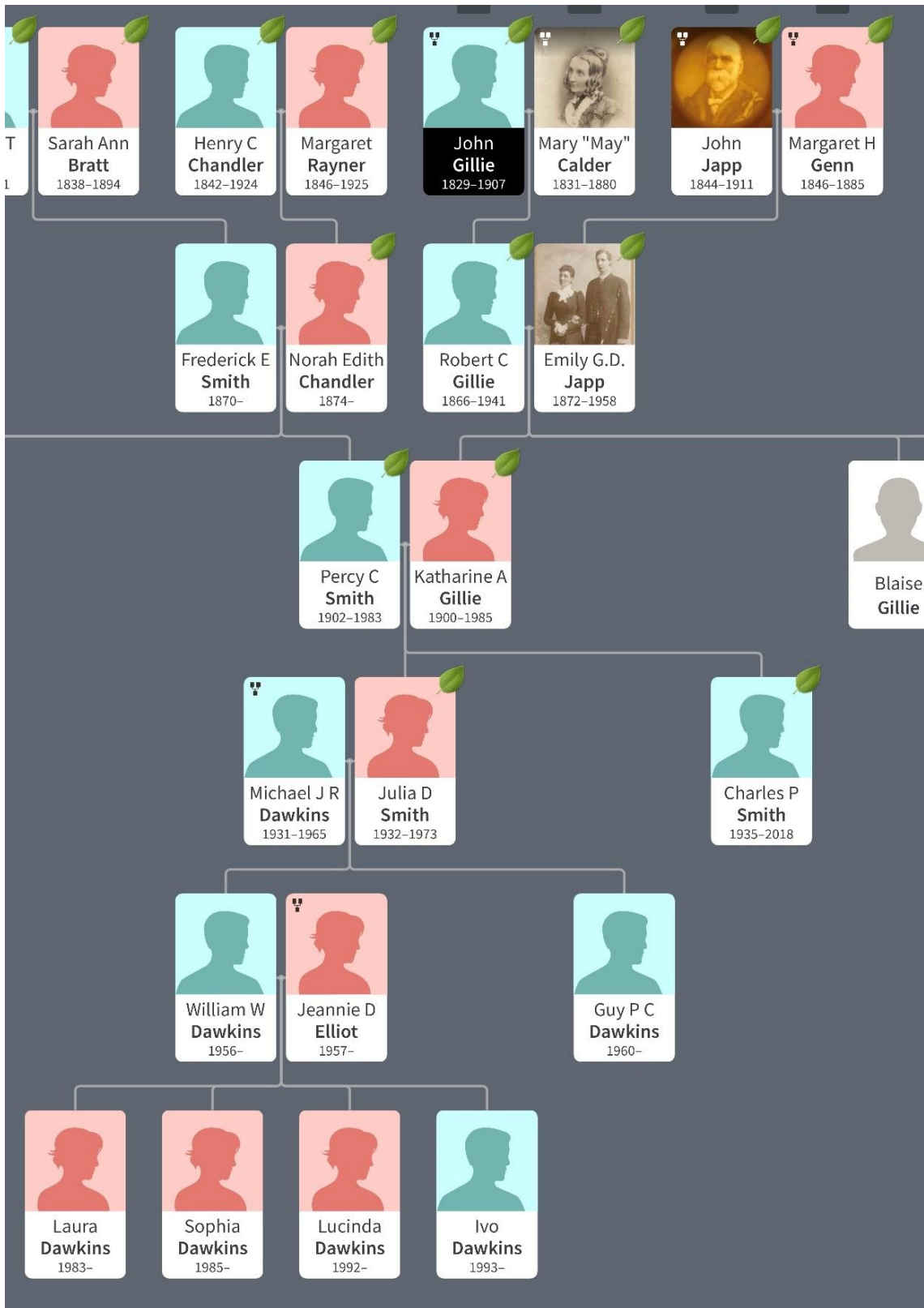
Born 1900. Leader in the development of general practice.

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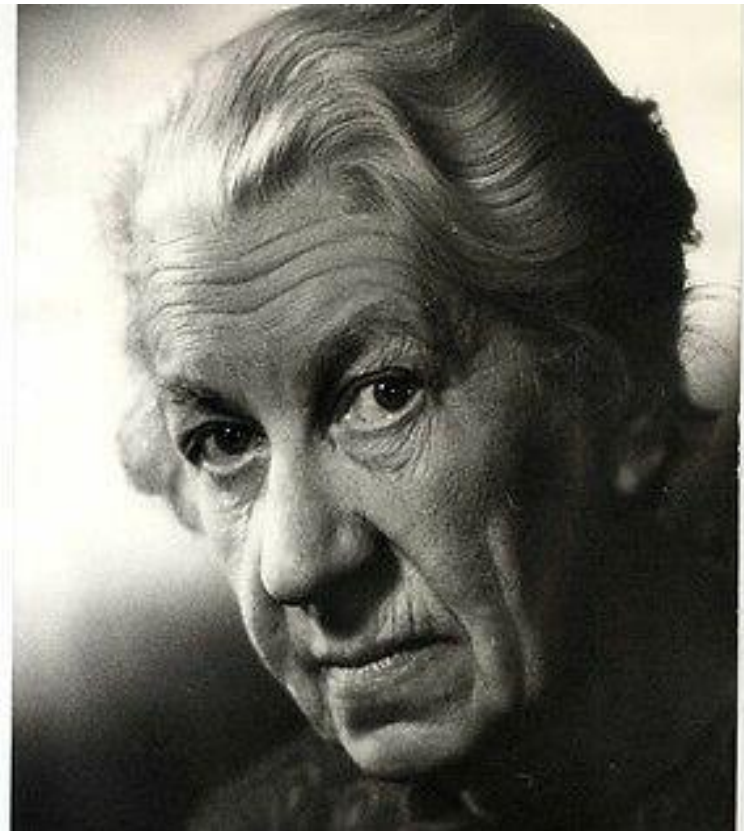
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The family tree above, provided by her grandson William Dawkins, shows Katharine Annis Calder Gillie (known as Annis) in the third row.

1. Introduction



Dame Annis Gillie.

The following biographical note on Annis Gillie was archived in 2021, with acknowledgement and thanks, from the website of the Royal College of Physicians. It was written by Dame Albertine Winner (below), former Deputy Chief Medical Officer, and the first woman to hold that post.

Dame Annis Gillie was one of the great ladies of medicine, and by that I mean that she had a most unusual dignity and charm. She attracted attention from the moment she entered a room. When young she was tall and very dignified, but as she got older she became very bowed.

She died, aged 84, very much retired and out of the round of hospital services and general practitioner services to which she had contributed so much. She was devoted to her family, especially to her husband Peter Smith who was ill for many years with multiple sclerosis. She nursed and cared for him unsparingly. They had two



children; a son and a daughter. The latter was a medical practitioner and died young.

Annis was born at Eastbourne, a daughter of the Manse. She was educated at Wycombe Abbey School and University College Hospital, qualifying in 1925. She entered general practice in West London and remained active until 1963, when she retired to Gloucestershire to look after her husband. She was a Fellow of the College and of the Royal College of General Practitioners, and was given an honorary MD by Edinburgh University. After the College of General Practitioners received its Royal Charter she became its first president; being the only woman to become president.

She was a member of the Central Health Services Council from its inception, and from 1956-70 she chaired the Council's committee which produced in 1963 the Gillie report on the fieldwork of the family doctor. She was a great champion of women in medicine, and in 1954 was president of the Medical Women's Federation. From 1950-64 she was a member of the Council of the British Medical Association. She served on the North West Metropolitan Regional Hospital Board, and later on the Oxford Regional Hospital Board for ten years. She received the OBE in 1961, and the DBE in 1968 during her presidency of the Royal College of General Practitioners.

Annis Gillie was quite the best general practitioner in London during the late 1930s and early 1940s, and had practically all the professional women in London on her list. She also had a considerable number of very distinguished men, including Sir Hugh Casson, president of the Royal Academy, and Lord Clark. She knew just how to run this rather difficult and articulate group of patients and had just the right light hand on the reins, knowing exactly when to pull them up sharply and when to let them run. Altogether, her contribution to medicine and general practice was very great, and her influence on women doctors was considerable.

William Dawkins (right), grandson of Annis Gillie, explained in March 2021 how she was descended from John Gillie, born 1829. The life story of John Gillie, a sea captain in the age of sail, is also in the Lives Retold collection, together with that of Charles Dawkins, William Dawkins' paternal great grandfather.

John Gillie's son, Robert Calder, became a churchman, Presbyterian of course. His first job was assistant Minister in Sefton Park, Liverpool, where he met the stunningly beautiful and intelligent Emily



Japp, whose wealthy shipbroker father was Lord Mayor. They had a long and sounds like a happy marriage, with four rather interesting children.

They were Annis, my grandmother, later made a Dame for services to medicine; Darsie, a famous foreign correspondent for the Guardian newspaper; Christopher, a delightful Cambridge academic who taught English literature; and Blaise, an expert in town planning who was also a Druid. Blaise gave me John Gillie's diary.

Annis's daughter - that's my mother Julia - followed in her mother's footsteps and became a doctor. She married a fellow medic, whose parents were both doctors. My parents died young, leaving two sons: my brother Guy, who is a doctor, and me.

I am a reformed journalist. I spent 23 years on the Financial Times as a foreign correspondent with postings in Paris (where Darsie Gillie used to be based), Tokyo and Brussels, and short term missions to Iran and Russia among other delightful and not so delightful spots. I am now a head hunter, though partly retired. I and Jeannie, who is an environmental lobbyist and a force of nature, have four children, aged from 27 to 36; an aid worker, two PhD students and a creative producer/director.

2. The Development of General Practice

The following account of the post-war development of general practice in the UK was archived in 2021, with acknowledgement and thanks, from the www.gponline.com website. It was written by Emma Bower in June 2018.

The NHS at 70: General Practice 1948 to 1967

In the years following the start of the NHS, GP workload increased significantly and by the late 1950s it was clear a new approach to funding and training family doctors was needed. GPonline looks at key events in general practice during the NHS's first two decades.



Aneurin Bevan pictured on the first day of the NHS (Picture: University of Liverpool Faculty of Health & Life Sciences).

1940s

In 1945 a Labour government was elected and new health minister Aneurin Bevan set about implementing the party's manifesto promise for a National Health Service.

Convincing the medical profession to back the NHS was not easy. While many doctors generally supported the principles of the NHS, they also feared their loss of independence and were concerned about remuneration. Some 84% of GPs voted against the introduction of the NHS in a BMA vote held in January 1948.

However Mr Bevan was an astute politician who first won over the royal colleges and hospital specialties to the NHS cause, with GPs eventually following suit.

1948

On 5 July 1948, 86% of all GPs joined the NHS and over the next six months the proportion rose to 96%. GPs in the NHS received a capitation fee for each patient who registered with them and they had to meet the costs of running the practice out of those fees.

Given that people now had access to a doctor free of charge, unsurprisingly the early years of the NHS saw a steep rise in GP workload. The average consultation rate per person per year rose from 2.8 in 1947 to 5.6 in 1950.¹

1950s

The 1950s were a difficult period for general practice. A highly critical report by Joseph Collings in 1950 concluded that ‘the overall state of general practice in England is bad and still deteriorating’.³ He believed there was no planning for general practice and few incentives for good practice.

The report provoked an angry response from the profession, with many believing it to be unfair. However, it did lead two GPs, Drs John Hunt and Fraser Rose, to the conclusion that the profession needed a college to help raise morale and improve standards. Their discussions led to the founding of the College of General Practitioners in late 1952. It received its royal charter in 1967.

1960s

During the late 1950s and early 1960s it became apparent that there were huge challenges in general practice, perhaps key of which was the way GPs were funded.

GPs had huge workloads and many tasks could have been carried out by nurses or secretaries, but there was no funding to enable this to happen. There were also concerns about training and education for GPs and a lack of research in general practice. A number of reports in the early 1960s helped to define the problems facing the profession and suggest solutions.

The Gillie report

The most important of these was the Gillie report, published in 1963 and authored by Dr Annis Gillie who had been the first female chair of the College of General Practitioners from 1959 to 1962. The report made a series of recommendations about how the profession could change including mandatory vocational training, the expansion of post-graduate

education, more research in general practice and easier exchanges of staff between general practice, hospitals and public health. November 1963 also saw the publication of the very first issue of GP newspaper.



The first issue of GP, November 1963

The editorial of that first issue discussed the Gillie report: ‘The central problem in general practice is the increased load of work, while the present method of remuneration offers scant encouragement to good work,’ GP argued. ‘One wonders after reading this report not why the entry of new young doctors to general practice has been falling off, but that there are any applicants at all.

‘The committee’s recommendations are far reaching and fundamental... All this is stirring stuff. Let us hope it will stir the minister and his advisers.’

The report did eventually stir the government to act, but not quickly enough for many. In 1964, the profession came close to mass resignation from the NHS. Finally, in 1966, following negotiations between the government and

the BMA, new terms of service – the family doctor charter – were agreed. The charter was first proposed by the BMA in 1965, at which time GP said: 'It may prove in years to come that this charter is as important to family doctors as the Charter of the United Nations is to human freedom.' Which perhaps gives some indication of the pressures GPs were under in the early 1960s.

Family doctor charter

The charter delivered major changes in the way GPs were paid, under a system which became known as the red book. This enabled GPs to claim 70% of the cost of employing ancillary staff and 100% of premises costs. It also paid additional fees for GPs who accepted responsibility for patients outside of ordinary hours and financial incentives were introduced for group practices of three or more doctors, for work in under-doctored areas and for undertaking continuing education. In addition, there was a commitment to encourage the creation of departments of general practice in all medical schools.

The charter was a turning point for the profession allowing GPs to improve their premises, employ practice nurses, receptionists and secretaries and form partnerships. As Dr Fry explained in 1988: 'In one leap general practice moved into a new era. It was up to GPs themselves to use the opportunities. This they did to the full. Group practice grew, many more staff were employed, better premises were built and working conditions improved.'

3. Helping to Save General Practice

The following was archived in 2021, with acknowledgement and thanks, from the www.pulsetoday.co.uk website.

Through her chairmanship of the 1963 Gillie Report, *The Field of Work of the Family Doctor*, Dame (Katharine) Annis Gillie helped save general practice. The profession was in decline; with GPs under the enormous strain of long working hours and poor working conditions, there was considerable medical emigration and recruitment was floundering.

Dame Gillie saw GPs as essential, and their future as one where they co-ordinated hospital and community care. The Ministry of Health's response to the report resulted in a Family Doctor Charter and a new GP contract. This improved pay and conditions, introduced a maximum list size of 2,000 patients and provided funds for professional education, improvement of premises and hiring support staff.

Before the inception of the NHS Dame Gillie worked as an assistant to a practice of three female doctors – themselves amongst the first women to graduate from medical school – in a Connaught Square, west London practice that exists today, still with a female partner. Upon their deaths and retirements she took over the practice and was for some years a single-handed GP to a list including a rather select group of distinguished and professional women and men, including hospice founder Cicely Saunders.

She was the sole wage-earner for her family, her architect husband being ill with multiple sclerosis. She was also his carer and retired to the country in 1964 to care for him full time. A champion of women in medicine, Dame Gillie was a president of the Medical Women's Federation, first female RCGP chair and first female vice-chair of the BMA. She became a Dame in 1968 during her presidency of the Royal College of General Practitioners; the first family doctor to receive such a high honour who had not been a GP to either the Royal Family or a Prime Minister – or been Chair of Council of the BMA.

General practice during the NHS: 1960s

The Gillie Report of 1963 on *The Field of Work of the Family Doctor* describes general practice as a 'cottage industry' with too many doctors struggling with 'barely tolerable pressure' and extremely long working days.

It finds GP recruitment is being adversely affected, while the need to have a patient list 'adequate for financial security' means such lists are too large for GPs be able to work effectively. General practice is largely unregulated,

with many GPs entering the profession because their hospital careers are not progressing rather than because they wanted to work in the community.

With considerable medical emigration to America and Australasia, and GPs threatening to resign en masse from the NHS, action is urgently needed to boost morale and improve working conditions. The Ministry of Health's response to the report results in a Family Doctor Charter and a new GP contract in 1966. This introduces major changes to remuneration such as an increase in pay, a maximum list size of 2,000 patients, doctors being reimbursed for much of the wage costs of nursing and/or ancillary staff and schemes to subsidise the cost of premises development. General practice becomes recognised as a speciality in its own right following the 1968 Royal Commission on medical education.

4. Reactions to the Gillie Report

The Gillie Report was very well received, an example being the following, which was archived in 2021, with acknowledgement and thanks, from the Journal of the College of General Practitioners.

In June 1961 the Standing Medical Advisory Committee of the Central Health Services Council set up a subcommittee under the chairmanship of Dr. Annis Gillie to study the future scope of general practice. The Minister had already in the course of publication ten year plans for the hospital services and the local health authorities, but the work of the family doctor does not lend itself to such treatment.

Unlike the other two services general practice is still largely administered by the doctors themselves. Positive planning and direction from without are, therefore, impossible. As has so often happened in the past, the subcommittee had first to look at the present content of general practice and study those trends which had been developing over the last ten years, before they were able to make suggestions how those trends which they considered good should be encouraged and how those which seemed bad could be curbed.

The subcommittee has now reported. Members of the College will be gratified that so much which they have been striving for in education and research is supported by the subcommittee.

The report is an important document which must be studied in detail by all concerned with the health services. We trust that both the profession and the Ministry will bring forward proposals and that agreement on methods for implementing, where practicable, those parts of the report which call for action will not be long delayed.

5. Obituary

The following obituary was archived in 2021, with acknowledgement and thanks, from the website of the British Medical Journal, www.bmj.com. It was published in May 1985.

Dame Annis Gillie, a former president of the Medical Women's Federation and of the Royal College of General Practitioners and a vice president of the BMA, died on 10 April at her home in Oxfordshire. She was 84.

Katharine Annis Calder Gillie was born on 3 August 1900 and was educated at Wycombe Abbey school and University College Hospital, London, graduating with MB,BS in 1925 and taking the MRCP two years later. She entered general practice in London as assistant to a partnership of three women. When one senior partner died and the others retired Annis Gillie worked single handed from just before the second world war until a partnership was resumed in 1954. A member of the Central Health Services Council from 1956 to 1970, in 1961 she was appointed chairman of a committee set up by the Council, which produced the Gillie report on the future of medical practice. She retired from general practice in 1961.

Annis Gillie played a prominent part in many medical activities outside her general practice. Thus she was a member of the General Medical Council from 1946 to 1948 and was president of the Medical Women's Federation in 1954-5. A founder member of the Royal College of General Practitioners, serving on its council from 1952 to 1967 (as chairman from 1959 to 1962), she was elected president in 1964 and held this post until 1967. She was elected an honorary fellow of the college in 1966. From 1948 to 1960 she was a member of the Medical Practices Committee.

She served as a member of the council of the BMA from 1950 to 1964 and was also a member of several BMA committees. She was honorary secretary of the Metropolitan Counties branch from 1953 to 1955 and president of the branch 1958 to 1959. She was honorary secretary of the section of general practice and preventive medicine in 1963. Elected a fellow of the BMA in 1960, in 1968 she was elected a vice president of the association in recognition of her valuable services, the first woman to be so honoured.

Many other honours came her way. She was appointed OBE in 1961 and DBE in 1968. In 1964 she was elected FRCP, and she was also awarded an honorary MD by Edinburgh University.

Dame Annis married Peter Smith, an architect, in 1930, he died in 1983. She is survived by her son Charles. Her daughter Julia, who was also a doctor, died in 1973.

The following personal tribute by EVK was published in the same issue of the British Medical Journal:

Dame Annis Gillie was a most remarkable woman of a remarkable generation. The Gillie report on general practice, a seminal one for general practice, was largely written by Dame Annis, as chairman of the working party, a precedent in such publications, where civil servants customarily wielded the pen. The report insisted on the value of training at all stages. This example of her imprint on the affairs of medicine and particularly general practice was multiplied in the 1960s and 70s.

Her chairmanship of conferences and organisations has become a model, though time may have blurred the specific Annis touch, so many outstanding successors have followed her. She controlled the cross currents and hostilities at meetings and, when necessary, criticised sharply unconstructive thinking. Her erudite and masterly summing up at the end of debates in a council meeting or conference often paved the way for understanding and progress. It was rare for such meetings not to achieve a positive result.

Skill and clear sightedness and a refusal to be crowded by unessential emotive stances were backed by a vast experience of the frailties of the human race accumulated through the hardworking years of general practice - in particular during the second world war - in the centre of London, combined with the bringing up of her family.

As we assembled for the annual dinner of the RCGP at 14 Princes Gate one of the arriving guests heard over the radio of the assassination of President John Kennedy. The house had been his boyhood home, and no one will forget the manner and dignity with which she as president of the college passed on this grievous news.

Dame Annis valued her opportunity to assist the launch in 1951 of the BMA's *Family Doctor*, an enterprise in health education that has proved its worth. She had a midwife's pride in it.

Her architect husband, Peter Smith, who had worked with Lutyens, became increasingly an invalid. After she retired from practice, she withdrew gradually from the many organisations and devoted herself to looking after him. They both took great pleasure in designing their enchanting country home, a converted bakehouse, in a Cotswold village. As she sat by him she embroidered his designs for the village church. Her superbly equipped mind kept her wide ranging interests active until she was cruelly struck last by a cerebrovascular accident. Her knowledge of and curiosity for history and literature appeared bottomless and did not stop short of a keen interest in witches.

Dame Annis was utterly faithful to her chosen profession, to her friends, the organisations she undertook to assist, latterly her village community, and above all her patients, never shirking an effort on their behalf. She holds a special place in the annals of the Medical Women's Federation, eventually as its president at a time of considerable struggle. She played an outstanding part in the development and rescue of National Health Service general practice and the firm foundation of the Royal College of General Practitioners.
