“A Camel is a Horse designed by a Committee!”

The quote is unkind but partly true…so rather than carp and criticise, as a GP, it seemed better to work at trying to make clinical guidelines easier to follow and practical. Curiosity and the fascination of 50 years in medicine made walking away completely impossible – and led me to register as an RCGP Clinical Adviser.

It was my good fortune to have worked in several different spheres of medicine - dentistry, hospital medicine, general practice, public health medicine - and as an academic in England, Africa and Papua New Guinea. I’ve also had the opportunity to work as a teacher and researcher, struggling with research and after all the hassle - still have that precious paper rejected.

There have been opportunities to work with the Information Standards Board, with NICE as both external and internal adviser, and to be involved in trying to write guidelines for good practice… so gamekeepers can also become effective poachers.

I have found the RCGP Clinical Adviser role is one of gentle, positive criticism. There is a plethora of guidelines and most practitioners will have neither the time nor enthusiasm to read them; there is some cynicism about their usefulness and concern about medico-legal implications in the event where guidelines have not been followed and the outcome has been poor, leading to litigation.

Retirement gives time for reading, contemplation and perhaps some perspective. The advances in medicine have been spectacular, but the medical care of the common man still requires effective primary care, good communication, application of judgement and simple skills in diagnosis and treatment. Doctors and their patients have not changed much in all these years.

So while there is the fascination of reading in the guidelines the new approaches, investigations and therapies, it is helpful to have another perspective and to challenge the model proposed on cost, applicability, side effects, effectiveness – this is where the Clinical Adviser comes in.

The consultation documents from NICE and other guideline and standards organisations are of high quality and meticulously referenced and researched. It is clear that a huge amount of work has been done by very able people.

From the perspective of general practice, most often it would be helpful if the organisations producing the guidelines were to:

**Clearly state the epidemiology of the condition and its management**
- Time, Place, Person
- Natural History of Disease
- Costs and Benefits

**Mortality and Morbidity**
- Effectiveness of treatments
- Primary, secondary and tertiary prevention

**Summarize the guideline on one page**
Guidelines are not page turners: less is more and guideline developing committees would benefit from encouragement in the art of summary and the skill of brevity.

In my experience, being an RCGP Clinical Adviser is fun - and a chance to give something back to medicine, while occasionally to point out - like Hans Anderson’s little boy - that:

“The Emperor has no clothes”

Prof Peter Sims
Retired GP/academic in Public Health