Correspondence

Begging the question

Sir,

It has come to my knowledge that the Oxford Institute of Psychiatry which runs postgraduate refresher courses for general practitioners is in danger of having these courses stopped on the grounds that psychiatry is a specialized knowledge and this should not be the province of the general practitioner.

I should be interested to find out through your correspondence columns the feeling of your membership to this attitude of the dean of postgraduate studies in Oxford.

I should be especially interested to hear from fellow members of the Royal College of General Practitioners.

Crawley.

R. I. Muir.

Birmingham 25.

The general practitioner and the hospital

Sir,

I would like to draw the attention of Dr D. Burrell (The general practitioner and the hospital—J. roy. Coll. gen. Practit., 1969, 17, 335) to the article by Wilkinson, B. R.—Brit. med. J., 1968, 1, 436–438, where he states “A fee is payable by the hospital on the basis of bed occupancy”. In fact the sum accrued to date is to form the basis of a travelling fellowship for the benefit of general practitioners.

I would therefore dispute his comment about the same unit that “...a method of payment for this work does not at present exist.”

Bernard A. Juby.
Secretary, Bed Committee, Beauchamp and “H” wards.

Book reviews


This is an account of a detailed study about medical education and career choice, based on 12 medical schools in the United States.

The study starts from an assumption, which the authors consider to have been proved in three previous studies, that longer training and ‘better’ training (residencies as well as internship, in teaching rather than non-teaching hospitals) creates greater clinical competence. The clinical competence of the doctors studied is not measured in the present book. Instead ‘training’ is measured, although it is admitted that this is a less satisfactory criterion. (The meaning of the word ‘training’ is not clearly enough defined.)

So the study sets out to determine which factors influence an individual doctor to seek and get longer and ‘better’ training. It shows that there are clear differences in the background of those who get the least and the most training—such factors as lack of personal financial support from family, lower academic record, higher age, earlier marriage are correlated with less training.

It also shows that there are different tracks in medical education—a high road and a low road’ which become obvious in what happens to people immediately after qualifying. Once on the high road the best doors are opened; once on the low road the best doors are closed. The low road leads to less satisfaction during training, less satisfaction with training after it is completed and lower clinical competence. It also leads predominantly to general practice, particularly solo practice. There are ‘deprived’ medical students and these are the future general practitioners. They contrast with the other group of superbly-trained physicians who are equipped for teaching and research in academic medical centres. “Varying groups of students, who differ in social and personal backgrounds, age, financial resources, marital status and, to some extent but not greatly, ability, obtain entry to medical school; one fairly well-defined group of students tends to do poorly in school and another to do well; the former receive less encouragement and support, the latter much more; those who have done less well are much more likely to enter a much shorter postgraduate training period, unassociated with the teaching hospitals, while