EDUCATION FOR GENERAL PRACTICE

An Australian point of view

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Almost the entire issue of the most recent number of the *Annals of General Practice*, the journal of the Australian College of General Practitioners, to reach us here is taken up with a masterly survey by Dr Clifford Jungfer of the general practice scene in that country. After presenting a report of a critical and systematic evaluation of clinical standards and performance of 114 practitioners whom he visited, and then discussing the important factors which make up the background of Australian general practice, he goes on to consider measures to promote a high standard of practice. These are chiefly concerned with education for general practice and it is with this aspect of Dr Jungfer's paper that this summary is concerned.

Education for general practice is examined in three phases: the undergraduate period, the first five years after graduation and the continuing education of the established practitioner. The common factor in these three situations is the need to have a body of general practitioners competent to teach. It is recognized that general practice alone of all branches of medicine now has no tradition of teaching. The necessity to train selected practitioners in modern teaching methods and to nominate approved practices as Teaching General Practices is emphasized again and again in this report. It is proposed that selection and supervision of such teachers and indeed the overall organization of facilities for education in general practice should be carried on by a number of Fellows in General Practice, who would be appointed by the College.

The undergraduate phase. The further development of the student attachment scheme is considered important as a means of widening the clinical horizon of all medical students so that they can appreciate that individuals and their families need integrated and comprehensive medical care. One of the problems facing the doctor with an attached student is to decide what to teach and a useful list of suggestions is given here emphasizing aspects of medicine unique to general practice.

Vocational training. We are reminded that the first Australian conference on postgraduate medical education held in Sidney in October 1960 recommended that all medical graduates should undergo training for the first five years after graduation. The first two years should be regarded as a basic training period common to all graduates and the next three years should be devoted to training for general practice or a specialty. The Australian College should accept responsibilities in both periods. In the basic two year period it is suggested that all graduates spend three months in a teaching general practice, that the programme of hospital training cover a wide range of experience and that gaps in undergraduate education be remedied. In the final period of three years the College should accept full responsibility for the training of all those electing general practice, in

approved teaching practices, in hospital posts and in special courses of instruction.

Continuing education. Dr Jungfer considers that the College should accept responsibility for the continuing postgraduate education of all Australian practitioners whether College members or not. Facilities should be available to all wherever they practise and a wide variety of methods of communication will be required to meet the needs of individuals as well as groups. Educational programmes should be tailored to suit the doctors they will teach and emphasis is laid on training in special techniques and the better application of clinical knowledge, on disease prevention at the clinical level and on attention to psychological and social factors in the cause of ill health.

This is a summary of what is in effect a comprehensive statement of the educational policy of the Australian College of General Practitioners. It is surprisingly similar to the programme being evolved by our own College though their practice circumstances are very different and the Australians seem to be prepared to accept full responsibility for some aspects of education which we wish to share with others: in this connection it is surprising that their policy should not embrace university departments of general practice. We must acknowledge that Australian planning is some way ahead of ours and that we are indebted to them in our thinking. The plans are made; the harder task for them as for us, is their implementation.

OUT OF THE PAST

MUSEUM NOTES

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THE ACCOMPANYING PHOTOGRAPH FROM our collection illustrates Professor Wützer's ingenious instrument used in the radical cure of reducible inguinal and femoral hernia. The operation was first described in the literature in this country by Spencer Wells (1818–97).[1]

Wützer was of the opinion that the best plan of closing the inguinal canal would result if an equal mechanical pressure could be exerted upon its whole inner surface up to the internal ring, and this, increased or lowered as desired. While keeping a compressing instrument of the type shown here firmly fixed in the canal for several days, all use of the knife or caustic should be avoided and air-entry into the peritoneal cavity carefully prevented.

It is observed that the instrument consists first of a cylinder of hard, durable wood. This is about 4″ long, made in different diameters, to allow for variations in the size of the inguinal canal, an item to which we will later refer. The cylinder is designed to replace the index finger, after the latter has invaginated a part of the scrotum through the abdominal