

Cade said " the first finger is better employed by doing a rectal examination, than by writing a prescription for pile ointment ".

The greatest evil arising from the ' hush hush ' about cancer is the fact that the public has lost confidence in the medical profession if they themselves suspect the possibility of cancer, and it is even difficult to persuade a patient of a negative report.

#### REFERENCES

- Harnett, W. L. (1952). *A survey of cancer in London*. London. British Empire Cancer Campaign.
- Howson, J. Y. (1950). *Wins. med. J.* **49**, 215.
- Robbins, G. F., Conte, A. J., Leach, Macdonald, M.C. (1950). *J. Amer. med Ass.* **143**, 346.
- Stockholm Report on the Results of Treatment in Carcinoma of Uterus. Eleventh volume.

## CONTINUING EDUCATION

### GROUP DISCUSSION

J. DERMOTT GRENE, M.R.C.S., L.R.C.P., D.T.M. & H.  
Warwick

NOW THAT OUR GENERAL-PRACTITIONER discussion group has held its 36th meeting, it is time to review its progress and achievement. Those of us who originated the idea have been pleasantly surprised by the group's continued existence. We felt that an account would be of interest to other practitioners running or planning similar groups. As the spontaneity of the group is one of its characteristics the plan of development can only be seen in retrospect.

The origin of the group was a feeling among local practitioners that existing medical meetings did not cater for some of the needs of the general practitioner. The unfulfilled need was for a forum in which to discuss problems peculiar to general practice. Meetings of the local medical society usually followed the pattern of a specialist speaker addressing a mixed audience of practitioners and hospital staff. Local B.M.A. meetings are poorly attended except in times of crisis when emotional speeches and lack of constructive thought seem to be the order of the day. It was noticed that useful discussion often took place at refresher courses in the lunch intervals when practitioners from different areas were able to exchange views.

In May 1959 an inaugural meeting was held in the waiting room of one of us. Seventeen practitioners were invited from three neighbouring towns covering the same area as the local medical society. Our choice of names was directed towards young-in-spirit practitioners who were known to have expressed an interest in any method of improving general practice.

At this meeting it was felt that there was sufficient support for the idea

and a suggested programme was mapped out. It was decided to hold a meeting every two months. The meetings would be on consecutive days of the week so that everyone's preference for certain days would at some time be met.

The subject for discussion would be introduced by one member who would speak for not more than 20 minutes. Comment and discussion from other members would then follow, the whole being tape-recorded to make production of a transcript possible. Coffee would be provided by the practice caretaker after an hour. The expense of this and of stationery and postage would be met from a ten shilling subscription from each member. The caretaker would also monitor the telephone and take messages for any member on call. The chair would be taken by each member in turn. It became established practice for the member who had led the last discussion to chair the present meeting.

This projected organization proved satisfactory with one modification. Initially, it was left for each member of the group to produce a record of the meeting at which he spoke and to circulate the transcript. It was found more efficient to have one member responsible for these transcripts, for keeping a programme of meetings and for sending reminder postcards a few days before the next meeting. The problem of duplicating the transcript was solved by co-operation with the local mental hospital. At this hospital a commercial rehabilitation unit has been run for some years by a local vicar with journalistic experience. In this unit girls who were approaching discharge have been trained in office routines to prepare them for their re-entry into the community. The unit were happy to take our transcripts as exercises in typing and duplicating and to supply us with the results of their endeavours. Without this service the group would have foundered or have required a much greater financial outlay. The transcripts, which were edited to a reasonable length, were found to be very useful in maintaining the interest of members who could not attend meetings.

The average attendance has been eight members. On only three occasions has it been necessary to postpone a meeting for lack of support. The membership of the group has varied, the mailing list averaging 20 names. Of the original 17, three have emigrated, two moved to other districts, and three ceased to attend. Additions to the group have been made by members introducing their partners or other colleagues who had expressed interest.

The types of meetings have changed over the years. The subjects covered are shown in the table. During the first two years straight discussion of a clinical subject was the rule. Then a variation was introduced when a session on infant welfare revealed the feeling that the group had no real liaison with health visitors. At two subsequent meetings a group of eight selected health visitors attended and the chair was taken by the medical officer of health of a neighbouring area. This modified the attitude of the group towards non-general practitioners and, in the subsequent three years, three guest speakers were invited: a gerontologist, a dental surgeon and a teacher of the deaf. On three occasions films made available by drug firms were made the starting point of discussions.

TABLE  
SUBJECTS OF MEETINGS

<p><b>Clinical</b></p> <p><i>Surgical</i></p> <ul style="list-style-type: none"> <li>Minor orthopaedic disorders</li> <li>Road traffic accidents</li> <li>Dental aspects of general practice</li> <li>Minor injuries</li> </ul> <p><i>Medical</i></p> <ul style="list-style-type: none"> <li>Early diagnosis of cancer</li> <li>Coronary disease</li> <li>Treatment of skin disease</li> <li>Use of steroids</li> <li>Hypertension</li> <li>Obesity</li> <li>Care of the aged</li> </ul> <p><i>Psychiatric</i></p> <ul style="list-style-type: none"> <li>Behaviour disorders</li> <li>General practitioner's attitude to neurosis</li> <li>Psychodynamics of neurosis</li> <li>Hypnosis in general practice</li> </ul> <p><i>Paediatric</i></p> <ul style="list-style-type: none"> <li>Infant welfare</li> <li>Infectious disease in children</li> <li>Diagnosis in the 1st year</li> <li>Early detection of deafness</li> </ul> <p><i>Obstetric and gynaecology</i></p> <ul style="list-style-type: none"> <li>Antenatal care</li> <li>Maternal mortality</li> <li>Management of 3rd stage</li> <li>Abortion</li> </ul>
<p><b>Films</b></p> <ul style="list-style-type: none"> <li>Chronic bronchitis</li> <li>Perineal repair</li> <li>Pulmonary function</li> </ul>
<p><b>Liaison</b></p> <ul style="list-style-type: none"> <li>Meetings with health visitors</li> </ul>
<p><b>Organization</b></p> <ul style="list-style-type: none"> <li>The doctor's bag</li> <li>The awkward patient</li> <li>Secretarial assistance</li> <li>General practice in ten years</li> <li>Operational research</li> <li>Practice in U.S.A.</li> <li>The doctor's wife</li> <li>Inaugural meeting</li> </ul>

On one occasion the group was presented with an original paper by a member of the group, and on another a Government paper (the brief report of the confidential inquiry into maternal mortality) was used as a subject.

The clinical subjects covered have been those of most interest to the general practitioner. Psychiatric subjects accounted for four meetings which discussed behaviour disorders in children, two views of neurosis, and the use of hypnosis in general practice. Four meetings were devoted to obstetric subjects dealing with antenatal care, management of abortion, and of the third stage of labour, and perineal repair. Paediatric subjects were infant welfare, infectious diseases in children, and difficulties of diagnosis in the first year. One of the guests discussed the diagnosis of deafness in children. Surgical subjects were road traffic accidents, minor injuries, and minor orthopaedic problems. Medical subjects were coronary disease, hypertension, chronic bronchitis, the early diagnosis of cancer, and the use of steroids.

Over the last year the trend has been away from clinical subjects and towards problems of organization in general practice. This started with a session on the doctor's bag, went on to consider the awkward patient, use of secretarial assistance, and at the last meeting operational research in general practice. The meeting on secretarial assistance was preceded by the group's only social occasion. This consisted of a meeting at a rural practitioner's house at which members accompanied by their wives discussed the problems of the doctor's wife.

A meeting which improved our awareness of conditions of practice in other parts of the world was one at which a member of the group described his trip to U.S.A. on a Nuffield travelling scholarship to review conditions of practice there. The group had some months before received a letter from a member who had emigrated to Australia giving details of the practice he had settled in.

One of the immediate benefits of the group was the emotional relief in the discovery of the similarity of the problems confronting all general practitioners. As the tape recording was used only for production of an edited transcript and erased afterwards, discussion was unusually frank and free. The value of this abreaction is already recognized in group therapy of which indeed this group may be an example. Other benefits were the increased knowledge we had of one another as colleagues leading to easier communication.

A disadvantage at the onset was thought to be the informal structure of the group. This, in fact, has contributed to its success. At the outset members tended to try to avoid their turns at leading the discussion and there was a fear we should run out of clinical subjects. When the trend towards organizational problems of practice began ideas poured in and the programmed meetings now cover one year ahead. This was only possible because of the flexibility of the structure which led to the most active members taking the decisions for future programmes. In the early stage an attempt was made to use the group as a collecting unit for clinical details of treatment of coronary disease in general practice, but the in-

formality of the group and its inability to decide what form the recording should take led to the dropping of this subject.

The development of the group is difficult to forecast. Two projects promise interest. One is a series of visits to one another's surgeries to see details of office equipment, filing systems, communication systems, and appointment systems in use. The second project has great potential. A nearby school of management who run courses on operational research have offered to take the problems of general practice as class exercises and discuss their results with the group.

It would seem that the informality of the group should fit in well to become a group interested in discussion of new developments in practice. Fry and Dillane (1964) have already pointed out the need for such groups. They say

' Actions rather than more and more words are now needed from all general practitioners. They should meet locally and start to talk about plans for evolution of general practice in their own area, into small groups with all available help from a composite health team. At an early stage in this planning they must turn to their patients, the public, and get them involved actively in preparing for an exciting future '.

If and when patients are invited to take part in discussion we should be careful to use the knowledge of the large groups of state registered nurses we all have on our lists.

I would commend the principle of group discussion amongst general practitioners as a more constructive method of pointing to new developments in practice than the official forums of discussion currently available.

#### Summary

The formation and progress of a discussion group of practitioners is described. The organization was informal except for the appointment of a secretary to keep members advised of meetings. The range of subjects discussed is described and the trend from clinical to organizational subjects noted. The value of group discussion leading to rethinking of general practice from the ' grass roots ' upward is stressed.

#### REFERENCE

Fry, J., and Dillane, J. B. (1964). *Lancet*, 2, 632.