THE SECOND WORLD CONFERENCE OF COLLEGES, ACADEMIES AND EQUIVALENT ACADEMIC ORGANIZATIONS

(Held in Salzburg, Austria, September, 1966)

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INTERNATIONAL CONFERENCES ARE QUITE RIGHTLY regarded with considerable suspicion as just an excuse to get away from the humdrum everyday life. However, the second world conference of colleges, academies and equivalent academic organizations of general practice proved to be an exception: hard work, clear debating, with a tight schedule of speeches which did not allow any time for relaxation.

The sub-title The Renaissance of General Practice was well chosen, and its four main themes were:

Advanced Training in General Practice
Family Medicine
Research in General Practice
The General Practitioner as Teacher, and General Practice at Universities

The aim of the second world conference was to project a new image of the general practitioner and to assure the public of an even better general medical service. The 20 academies and equivalent academic organizations represented at this conference did this well. Austria, Australia, Belgium, Norway, Denmark, East Germany, Canada, Great Britain, Holland, Iceland, India, the Philippines, Sweden, Thailand, Switzerland, the U.S.A., West Germany, Yugoslavia, Rumania, were all represented by official delegates. Approximately 150 observers attended who took part in the debate but had no voting right.

The three days were divided into two sessions, each of which had a chairman in rotation for each new session along with two vice-chairmen rotating equally amongst the different countries. The languages for the conference were German, French and English.

Ten minute papers, on the four headings as outlined earlier were given during each session by a number of speakers and then opened for debate.

On the first day the chairman of Council of the British College, Dr H. Levitt, having just given evidence to the Royal Commission on Medical Education, opened the papers on Advanced Training. This paper, along with that of Dr Pat Byrne, chairman of the Education Committee of the College of General Practitioners, who followed him, were brilliant

expositions of the British College's belief in postgraduate training for general practice. This was soon echoed from Australia, from Canada, from the United States, and from west and east Germany.

The debate established that whilst the morbidity patterns of general practice are being documented by numerous surveys and research, these merely define what the general practitioner sees now; they must not continue to define exclusively what he will be taught in the future or what he may have to attend. As general practitioners we must care for the whole man and not only for his specific diagnosis. This lesson, which is being taught to the hospital-trained young clinician must be widened and taught to the general practitioner in its new application, along with the teaching of the teachers for general practice. It was soon common ground that vocational training must include more of preventive medicine, social medicine and above all the behavioural sciences. It is no longer sufficient to create a ' basic doctor ' and expect him also to be a safe general practitioner, or a self-taught general practitioner without specific vocational training for general practice. This was the obvious message from these first sessions. " We are not, in the future, attempting to create a general practitioner, a ' Jack-of-all-Trades '." We are to create a new specialist, the Community Clinician. When we have done this, let the name ' general practitioner ', ancient and honourable though it be, take on a new meaning in the emphasis as the " community clinician ".

Naturally, of course, the problems of the less developed countries begin to take on a serious significance in such a discussion, and it is quite obvious that different stages in the development outlined would have to be followed by different nations until all achieved what the conference hoped to achieve as a whole. The stark reality of the dearth of doctors makes it seem necessary for them to turn out a safe ' utility doctor ' initially, who can develop later into the more accomplished and more sophisticated general practitioners of the western countries.

It was fascinating to hear from the countries where examinations for general practice, after a period of in-service training in general practice, usually four to five years after qualification, had become established (East Germany, Yugoslavia, Rumania, Switzerland). Also of the steps taken in Australia and Canada to establish, perhaps in the near future, such examinations, and the efforts by the American Academy of General Practice to achieve Board of Certification in Family Practice in the United States. All these careful and slowly exploring steps towards achieving a higher standard of general practice all round were a useful exchange of ideas and progress notes. The urgency of these steps and of the need to create an academically more attractive general practice was emphasized: from Sweden, where recruits for general practice are getting extremely rare, as well as from many other countries.

From one part of Austria we heard that the average age of their general practitioners has now risen to 52, and general practitioners only represent three per cent of their new entrants into the profession of medicine.

Dr Donald Rice, executive director of the College of General Practice

in Canada, in a most able paper, emphasized the need and the beliefs of the Canadian College of General Practice to train a family physician—a general practitioner—to provide primary continuing medical care of a comprehensive nature to the family as a unit, using available ancillary and consulting services to ensure exemplary medical care is being provided to the patient. It became increasingly clear right through the conference that in order to achieve this, the content of general practice would have to be defined.

The need for definitions was implemented in a most fundamental paper by Dr Carl Whitten, president-elect of the American Academy of General Practice who, as the chairman of a special working party, had produced a document, yet to be presented to their Academy, called The Core Content of General Practice.

Throughout the second and third day the programme of Future Training for the General Practitioner brought some interesting discussion on experiments from Yugoslavia, eastern Germany, and from Australia with their ' fellows of general practice '. More, it made it quite clear that it was no longer sufficient to have the future general practitioner, or the undifferentiated, recently qualified doctor, taught by the specialist in other subjects. He must be taught by the general practitioner and this teacher of general practice must, in turn, receive teaching instruction. The degree of unanimity on these basic truths, though unpalatable to many, did come as a surprise.

The session devoted to research was perhaps not so revealing to us from the United Kingdom, but needless to say, it was one of the sessions where the United Kingdom delegation's contribution was greater. There was a demand for the definition of general practice terminology, and for publication of such definitions, and it was fortunate that we could promise the conference that the Research Committee of Council of the College of General Practitioners in Britain was about to publish such a document.

The Dutch Institute of General Practice, with its new Professor for General Practice, who received an ovation, naturally made a great impact with his contribution on General Practice Research Methods and Scope. The most telling point, however, came from one of his Dutch colleagues who could show that, since he had started taking part in the teaching of students at the university of Nimjegan he had been able to produce a reversal of the trend of doctors leaving general practice. From 15 per cent it had gone up to a nearer 50 per cent. Clearly then, here lay the message for the whole conference, that in countries where the general practitioner takes part in the training of medical students and young doctors, the academic status of the general practitioner is enhanced. Further, that as a result of this participation in educational training there will be an increase of entry into general practice. Special training for general practice should be in-service training with planned return to the hospital for special courses in scientific methods and specialized skills. Sooner, rather than later, official recognition of the special training for general practice will have to be made, possibly in the form of special degrees, or special financial recognition.

The discussion on General Practice Research soon came out of the

clouds to the basic facts that such research is not a luxury nor a status symbol; general practice research must be carried on within the scope of daily general practice but is only an expression of the quality of general practice; general practice research should be directed towards the epidemiological studies and clinical studies, but also it must not neglect the life history of disease, and most urgent of all, attention towards the social economic considerations of where general practice can make its greatest contribution when the financial resources available for community care are already limited, as they are in most countries. It obviously means that by preventing the expensive care and treatment of a patient with advanced malignant disease, any advance in the knowledge of the early symptoms and diagnosis of such disease will be an economic proposition which any government will understand.

During the final sessions we had four papers, one on each side, which set out the case for and against an international organization of colleges of general practice. The need for such international organizations, of course, were clearly determined by the standing and importance accorded by each country's individual government towards family care. However, it was decided at the end of the day that a steering committee should be set up by the supporting colleges and academies of general practice and equivalent academic bodies to go into this question of setting up an international organization and that its report should be presented to the third world conference which it was decided to hold in India in 1968.

A personal impression which became stronger during the three days of this conference was a tremendous affinity of the general-practitioner concept. The needs of the general practitioner and the necessity for general-practice postgraduate training, and the establishment of university departments of general practice was voiced by all the delegates, particularly from those countries which border the North Sea and our colleagues from Canada and U.S.A. As it is unlikely that a large number of delegates from these particular countries will be able to attend the conference in India in 1968, a preliminary conference might be held in London.

The general arrangements for the conference, with its simultaneous interpreting service for all speakers, whether during debate or papers, were excellent, as was the secretariat provided for the conference by Messrs Upjohn. The versatility of general practitioners was clearly demonstrated at the final banquet which was held on the last evening, when practitioners showed their ability as impersonators, as exponents of the latest dances, or gave recitals of their respective national poetry, all spontaneously and unrehearsed.

The following motions were carried:

Resolution 1

The changes occurring in medicine and society make it necessary for special training to practice medicine in the community. This will evolve from the current concept of the general practitioner who will continue to serve as the personal and family physician. Every country must define their physician and his training as particular circumstances demand.

Teachers must then be trained who will in turn train and teach the individuals providing this service to assure the public of an ever better medical care. We strongly urge that these programmes be implemented without delay.

Resolution 2

Subsequent world meetings of colleges, academies and equivalent academic organizations will hereafter be referred to as ' World Conference on General Practice ' as sponsored by the national colleges, academies and equivalent academic organizations of general practice.

Resolution 3

This conference accepts that research is a fundamental need of general practice as it is in all other medical disciplines; that all endeavours should be made to enable general practitioners to participate in it. At the next world conference on general practice we hope that research in and into general practice will be one of the main themes.

Resolution 4

General medicine should remain the basic core and domain of general practice.

Resolution 5

There is the need for institutes or departments of general practice at the level of medical schools. These departments will be charged with responsibility for research in and into general practice as well as partaking in medical education at all levels. That this conference welcomes those countries where this has already been achieved and endorses the principle that the general practitioners themselves should be thus engaged.

Resolution 6

It is resolved that the conference decide to hold its next session in New Delhi, India, in 1968 on the dates to be decided by liaison committee.

Resolution 7

That this conference considers the formation of a world organization of general practice with membership open to national colleges, academies of general practice or equivalent academic bodies. That the conference therefore approves of appointing a special committee to draw up a constitution for the same which will be presented for adoption to the third World Conference on General Practice.

Resolution 8

It further recommends that the next conference be organized as a workshop conference and that it be designed to provide continuity in our studies and recommendations.

Resolution 9

That it be resolved that in the preparation of agenda for the next meeting, consideration be given to a discussion of a system for recording the description of responsibilities of general practice and the knowledge,

techniques and attitudes acquired by the doctor who would assume these responsibilities.

Resolution 10

The Second World Conference on General Practice, 1966, appeals to all universities, governments, authorities and the World Health Organization to give the general practitioner the same opportunity and facility in teaching as the specialist, and therefore to provide medical education and training in general medicine in general practice by experienced general practitioners and by teachers in all fields of community medicine.

ACCOMMODATION AT COLLEGE HEADQUARTERS

The College of General Practitioners' Club, to which all members and associates belong, provides temporary residential accommodation for them and their families at 14 Princes Gate, London, S.W.7 (Tel. KNIghtsbridge 6262). There is parking space for cars. Children under the age of 12 years cannot be admitted, and no dogs are allowed.

The charges, including breakfast, are as follows:

For single rooms	£2 per night
For double rooms	£3 10s. 0d. per night
For a flatlet (bed-sitting room for two, bathroom and dressing room)	£5 per night or £30 per week
For a self-contained flat (double bedroom, sitting room, hall, kitchen and bathroom)	£35 per week

Members and associates may, subject to approval, hire the reception rooms for social functions and meetings. The charges for these are:

Long room (will seat 100)	25 guineas for each occasion
Common room and terrace	15 guineas for each occasion
Damask room (will seat 50)	15 guineas for each occasion

A service charge of 10 per cent is added to all accounts to cover gratuities to domestic staff. Inquiries should be addressed to the **Administrative Secretary, 14 Princes Gate, London, S.W.7.** Bookings should be made, wherever possible, well in advance.