# *Abstract*

**General practice as an academic discipline.** Reflections after a visit to the United States. IAN R. MCWHINNEY, M.D., M.C.G.P., M.R.C.P. *Lancet.* 1966. **1,** 419.

The author in this paper discusses the claim of general practice to be considered as an academic discipline in its own right—and gives detailed suggestions for suitable vocational training if this claim is to be taken seriously by our colleague in other branches of medicine. These suggestions stem, in the main, from his view of the American scene after a six-month visit on a Nuffield Travelling Fellowship in 1964.

Four essential criteria are proposed for a subject which claims to be a discipline:

(1) A unique field of action
(2) A defined body of knowledge
(3) An active area of research
(4) A training which is intellectually rigorous.

*The field of action.* The general practitioner's special competence should be "in the detection of the earliest departure from normal". This special competence derives from his skill in elucidating undifferentiated clinical problems, his personal knowledge of the patient, and his special knowledge of those parts of medicine which are relevant to his skill.

*The body of knowledge.* The limits here are of necessity difficult to define but the content can be included under five main headings:

(1) The evaluation of symptoms, signs and diagnostic tests
(2) The prevalence, incidence, distribution and natural history of disease
(3) The physical and mental development of human beings from intra-uterine to adult life
(4) Human behaviour and psychodynamics
(5) Social influences in the presentation of disease.

A doctor versed in this knowledge would "well be able to provide impeccable antenatal care", but the author regards practical obstetrics as a special subject within general practice, not one to be mastered by every practitioner.

*Area of research.* In the past, research in general practice was kept alive by a few individuals. Now with the development of new techniques we are witnessing a great expansion in general practice research.

Before considering the fourth criteria, "a rigorous training" the one which has been most neglected in Great Britain, the author discusses attitudes in general practice and the academic status of general practice in the United States.

As regards attitudes the main mark of the general practitioner is his overriding interest in patients as people as opposed to their disease labels. This attitude should extend to "a strong awareness by the doctor of the part played by his own personality in the dynamics of the doctor-patient relationship".

The low status of general practice in the United States has been causing concern for some years. At present an attempt is being made to improve matters by applying to the American Medical Association for a charter recognizing family practice as a new specialty discipline.

Some pilot schemes for vocational training in general practice have recently been tried in America and failed in most cases to attract sufficient trainees. The main reason for this is that they tended to exist *in vacuo* and provided no academic or financial incentive to enrol.

"There is more to learning than the acquisition of facts." In a study of general practice by Petersen and colleagues of North Carolina, it was found that a high

standard of practice was associated with a long training in internal medicine, and that those thus trained were giving better care in other fields (as paediatricians and obstetricians) than those trained in the corresponding special departments. They had, in fact, acquired a mental discipline which enabled them to solve problems even if these had not been encountered before. Drawing from his observations in the United States the author suggests that vocational training for general practice in this country should be based on the following principles.

(1) The courses should be of not less than two years' duration and should be planned as a whole.

(2) There should be a progression from lesser to greater responsibility during the whole period, rather than an abrupt reversion to junior status at the end of every six months.

(3) The teaching programme should be under supervision of a paid director (either a family doctor or a specialist).

(4) The hospital should have more house staff than required for the routine work so that all will have time for study.

(5) General medicine should be the core of the training programme.

(6) An attempt should be made to break away from the custom of separate six-month appointments. A trainee could spend 18 months or two years in the department of general medicine, at the same time attending well-baby and antenatal clinics and working on emergencies and minor surgery in the casualty department.

(7) The trainee should be given time and opportunity to follow up his patients in the outpatient department and at home.

(8) He should have the opportunity of dealing with undifferentiated clinical problems. There could be administrative difficulties here which could possibly be overcome by hospitals acquiring National Health Service practices.

(9) Training in psychiatry should be built into the programme throughout.

(10) The trainee should be guided from the beginning by a family doctor of good academic standing, preferably on the staff of the hospital.

*Transition to practice.* At present the transition from hospital to general practice is abrupt and often unpleasant. The shock is to some extent cushioned by the trainee scheme which "should be a natural continuation of the hospital programme". The present defects of the trainee scheme are noted and some suggestions made for obviating them including the use of seminars and concentrated courses of instruction on such aspects of family medicine as lend themselves to formal training.

*The fellowship year.* After the foregoing the student will be well grounded in his discipline but some will feel the need for further training often in some special subject—paediatrics, obstetrics or general practice research. This extra year "would greatly increase the physician's contribution to his field".

*Ways and means.* American experience has shown that the best programme in the world will find no students if it demands great sacrifices with no compensation of any kind at the end. After his training the physician should have both academic and financial reward.

An academic spearhead to give a lead in teaching and research should be provided by the creation of university departments of general practice and also by a reorientation of university outlook towards general practitioners. "Family physicians are not just empty vessels waiting to be filled; family medicine has something to give as well as something to receive; much to teach as well as much to learn."