

medical sciences that technology is bringing to life.

Of the founders, many still remain working willingly for their brain-child. It would be invidious to mention them by name. Fifteen years ago, most of them were in their forties—a time of life recognized as that in which the general practitioner is most productive in his professional work. These men have become old in the service of the College. Only too soon will they be laying down their burden for younger men to shoulder. In a world of ultrasonics, the laser beam and the digital computer, young men with a different approach to practice will be needed to reinforce their seniors, and 'ere long replace them. Is it one of the signs of age that the old cannot discern their successors? Perhaps it is. But are there in the College today, enough young men to carry on? Is the College in its search for the best, becoming too exclusive? Are the rewards of being a member of the College sufficiently satisfying to make the majority of general practitioners wish to be associated with it? It is no idle boast that the College has contributed to the continued survival of general practice. The College must ensure its continued virility by stimulating the interest and enlisting the material assistance of those who soon will succeed to its management.

VOCATIONAL TRAINING FOR GENERAL PRACTICE

IT IS NOW over two years since the College published the first report on special vocational training for general practice. In this report the needs of general practice were set out firmly without special regard for the practicability of the recommendations that were made, in the belief that “ the future of general practice depends on the recognition of the needs for such a plan and its adoption as soon as possible and that many of the present ills will persist until this happens ”. Since then the Review Body has reported and a valiant attempt has been made to inject more incentives into the general practice of medicine outside hospitals. The report of the Working Party on Vocational Training for General Practice recently published by the Nuffield Provincial Trust bases its recommendations on these two previous reports and makes suggestions how the ideals of the College can be edged into regions of reality. The working party consider that the Review Body's recommendations on the

question of incentives for vocational training are inadequate. The recent rejection by the profession of the awards for special experience proposed by the Review Body accentuates this inadequacy. "The principal aim of vocational training", says the working party, "should be to provide a planned course of training in order to develop the education of the young graduate who had made a positive choice of a career in family practice. A second, but equally important objective in these early years must be to make him aware that education is a life-long process".

The working party considers it impossible to separate the vocational training of the new graduate from the education that he has had before graduation, and it points out that "the medical schools as they are now organized have a strong bias towards specialization". To counter this tendency it says that "all medical students, whatever they intend to do in after life, must be made aware of the totality of medical care and the whole practice of medicine within the community".

In its recommendations it follows closely those of the College, but is concerned to indicate those things which can be implemented quickly. Senior registrarships in general practice could be established on an experimental basis without much delay or upset in the present organization of practice; surely this should be done. As a beginning it recommends that two years be spent in hospital appointments and one as a trainee and, only for a limited number, a further year as a senior registrar in general practice.

The working party has considered more carefully than any previous body with a similar mandate how the recommendations, which all agree are necessary, should be put into operation. In the undergraduate period it seems to favour units such as that so ably administered by Professor Richard Scott in Edinburgh, who was himself a member of the working party. There is no doubt that whatever final form such a unit takes, and much experimenting will have to be undertaken to determine the most suitable form, it must be such that there is a free flow of information from the other departments in the medical school and from workers in social medicine in the community, as well as from doctors in active general practice. Only in this way will the isolation of general practice from the other disciplines of medicine eventually be overcome, for the student and young graduate will no longer look upon the general practitioner as an inferior kind of doctor.

The report calls for a national regulating and supervisory body to assume overall responsibility for vocational training after graduation. While admitting the difficulties of the present position when there is a shortage of medical manpower in general practice, it calls for a

nationally agreed scheme which " would mean, at worst, a suspension for a year of the entry of some 600 registered medical practitioners to general practice: clearly a well conceived and executed plan of training could spread the shock of this over three or four years ". A national link organization is envisaged to lay down policy and guide-lines for action, which would work through regional groups. " It would therefore seem imperative that the Ministry of Health should initiate immediate action to act as a catalyst, and set up such a body, representative of the professional colleges and other academic organizations concerned with postgraduate medical education." This is a powerful call for action and one which badly needed to be made. To ensure that the action which will be taken is one that will be in the best interests of the profession and of the public, the College must act now. A Student Advisory Committee on post-graduate education, under the chairmanship of Sir Robert Aitken has been set up and the College is represented on this body by Dr Pat Byrne. However, the crisis in general practice is by no means resolved, and a false step at this time might be fatal to the future pattern of medical care in this country. The College has already decided what ought to be the pattern of vocational training for general practice, it must now decide what is expedient in the measurable future and what is immediately possible. The Educational Foundation of the College is preparing further reports on this subject, and much still remains to be done. Into what executive framework should we place vocational training so that we can build foundations for a new type of general practitioner? In this new world of scientific medical practice that has arisen in the last few years we must ensure that the new general practitioner remains the specialist in early diagnosis that he has always been. As the technology of medicine advances the need for increasing skill and experience in the doctor of first contact becomes more and more important.

REFERENCE

Vocational training in medicine. Reports of three working parties. The Nuffield Provincial Hospitals Trust, 1967. Price 2s. 6d.
