

## *The teaching potential of a faculty area*

Recorder: K. G. DICKINSON, M.B., Ch.B., D.P.H., D.Obst.R.C.O.G.  
Birmingham

THE REPORT OF THE ROYAL COMMISSION ON Medical Education was published in April 1968. Among its many recommendations were those specifically related to the teaching of general practice. If these are to be implemented the teaching potential in general practice must be known so that at the necessary time it can be mobilized for action. The Education Committee of the Midland Faculty decided to assess the situation in the faculty area, which consists of the counties of Herefordshire, Shropshire, Worcestershire, Warwickshire, Leicestershire Northamptonshire and Staffordshire.

A letter was sent to each member and associate (total 430) asking them if they were interested in teaching students or graduates and if so whether they would be prepared to complete a detailed questionnaire. There were 189 positive replies and 210 questionnaires were sent out as a result to the applicants and their partners who were not members or associates of the College but who were interested in teaching. One hundred and sixty questionnaires were completed. Seven have not been analysed as the appropriate postgraduate centre has since become linked with another faculty area as they lie on the borders of this faculty.

The number of replies from urban practitioners was 62, from rural 22 and from mixed 69. The number of doctors who have accepted medical students in their practice was 62. Of the remainder all except one would be willing to do so. Thirty-six doctors have had students from other disciplines (*e.g.* social science) in their practices and 39 have had graduate students in medicine or other services as observers in their practices. Sixty-three doctors would find accommodation of students no problem and the majority of these doctors were in mixed or rural practice.

TABLE I  
AGE OF GENERAL PRACTITIONERS

Age	No.
Under 30 .. .. .	3
30-35 .. .. .	23
36-39 .. .. .	28
40-45 .. .. .	33
46-49 .. .. .	34
50-55 .. .. .	19
Over 55 .. .. .	13
TOTAL .. .. .	153

TABLE II  
SPECIAL SUBJECTS

Subject	No. of general practitioners
Practice organization .. ..	26
Psychiatry .. .. .	21
Obstetrics .. .. .	19
Family planning .. .. .	12
Anaesthesia .. .. .	9
Child care .. .. .	8
Medicolegal .. .. .	4
Dermatology .. .. .	4
Occupational health .. ..	4
Research and methodology ..	4
Geriatrics .. .. .	3
ECG .. .. .	3
Hypnotherapy .. .. .	2
Ophthalmology .. .. .	2
Manipulative medicine .. ..	2
ENT .. .. .	2

One hundred and thirty-one doctors have partners who would be prepared to play a part in teaching. The total figure of 153 includes many entire partnerships all of whom have completed the questionnaire.

One hundred and thirty doctors would be willing to undergo special training in teaching methods before undertaking a teaching rôle. However, many expressed doubts about the

feasibility of this in practice.

The questionnaire asked for special interests which the doctor would be prepared to teach to other practitioners and students to be listed. Some practitioners have failed to list subjects in which they are known to be expert, so that the data are not complete but give an indication of the potential in the faculty area (table II).

The following subjects were mentioned by individual general practitioners or partnerships; practice nurse attachment, chest diseases, care of chronic sick, home renal dialysis and hypertension, orthopaedics, homeopathy, varicose vein surgery, urinary tract infections.

Each completed questionnaire (a four-page document) also enabled each doctor to describe in detail his practice organization and comment on how he felt that his practice could play a part in medical education. It was not thought that a general analysis of these data would be of value.

### Discussion

The response to this questionnaire has been good. It shows that there is a large source of potential teachers in the Midland Faculty who would welcome a more active rôle in medical education in the immediate future.

The Education Committee of the Faculty is now in a position to supply general or detailed information to medical schools and boards of graduate studies who may wish to make use of the teaching facilities in the faculty area. In particular the possibility of undergraduates being shown general practice in a mixed or rural setting is feasible and with proper planning it would be possible for a group of about ten students to go to doctors in one area all at the same time and a teaching programme be arranged both on an individual and on a group basis.

### Summary

As a result of the stimulus of the Todd Report (1968) all members and associates of the Royal College of General Practitioners in the Midland Faculty were circulated in August 1968 and invited to complete a detailed questionnaire if they were interested in taking part in medical education. One hundred and fifty-three questionnaires were analysed and they show that there is already some teaching being done at times by about 60 doctors and that the others were keen, ready and willing to take an active part.

It is suggested that the Faculty Education Committee can act as a co-ordinating body, helping to collect the facts in its area and then offering to help any medical school or other professional body that would wish to enlist its help to further the progress of medical education.

### REFERENCE

Report of the Royal Commission of Medical Education. (1968). London. Her Majesty's Stationery Office. Cmnd 3569.

## Correspondence

### Cannabis Sativa—Indian Hemp Marihuana—Ganja or Bhang 'Pot'

Sir,

I have been following the controversy appearing in the lay papers from time to time, regarding the use or abuse of Marihuana. The latest article, which has driven me to write, is that of Mr W. F. Deedes, M.P., in the *Daily Telegraph* dated 11 January 1969, where the political, social and the 'scientific' aspects

of this question appear to be in dispute or causing a 'dilemma'.

Living in this part of India for the past 20 years, I have, in my professional capacity, had to meet and treat many patients who have smoked 'pot', many of them since early youth.

One can always recognize a 'pot' smoker of any duration by the fact that he will have been admitted to hospital on many occasions suffering from 'bronchitis'. He will have a