

REPORT

LOCAL HEALTH AUTHORITY CONTENT OF GENERAL PRACTITIONER TRAINING

Report of joint working party

Over the past few years a number of schemes for training general practitioners have included a period of instruction from the medical officer of health and his staff. These courses have attempted to introduce to the trainee general practitioner the breadth of services offered by the local health authority and have inevitably varied both in length and in content. A joint working party from the Society of Medical Officers of Health and the Royal College of General Practitioners was convened to suggest a suitable syllabus for future courses and to make suggestions about the form of such courses and if possible to initiate schemes in selected areas.

The extent of undergraduate training in public health varies throughout the country. Any syllabus of vocational training in this subject must therefore assume that the trainee has only a small basic knowledge.

The Royal Commission on Medical Education (HMSO 1968) recommended a five-year period of vocational training for general practitioners. This may not be immediately practicable and it was decided for the present to accept three years as the framework within which to base our proposals.

The rôle of the local health authority is likely to change considerably over the next few years and rather than consider the rôle of the local health authority it was thought better to discuss 'community medicine', a term including the services provided by the local health and education authorities, the social services department and the voluntary services.

The contribution that 'community medicine' will make to courses in vocational training for general practice during this transitional period is considered under three main headings:

1. The aims of the course.
2. The mechanics of the course—length of time, location, etc.
3. The content of training.

1. *The aims of the course*

These should be two:

- (a) To introduce the trainee to the purpose and scope of community services.
- (b) To introduce and discuss with the trainee the work and aims of the future community physician (medical officer of health).

2. *The mechanics of the course*

The course can be best divided into two sections:

- (a) A one-week intensive course during which the second of the aims (above) is considered, and
- (b) An extended course, possibly day release, or half-day release during which the trainee is introduced to the community services.

The responsibility for the course should rest with the Regional Postgraduate Medical Committee and in particular with the Regional Adviser in General Practice. Close co-operation with medical officers of health will be necessary.

The week's intensive course should be organized once or twice yearly and should be run largely by the appropriate university department of community medicine, public health or social medicine, in consultation with the regional adviser in general practice. In most circumstances this will be a residential course and expenses would be provided by the Department of Health and Social Security. The half or whole-day release course would be organized weekly by the local medical officers of health with the regional adviser in general practice and would mostly consist of visits to appropriate organizations and seminars to discuss matters of local importance.

Ideally an opportunity should be found for the trainee to carry out some suitable small scale investigation and to write this up as a project.

3. *The content of the training*

The one-week course organized by the university department should be based on the following general plan:

- (a) An introduction to community medicine, including epidemiology and the influence of environment on illness.

- (b) Organization of medical services—including administration, forward planning and operational research.
- (c) Behavioural sciences—the effects of behavioural and social factors on health and on the ill patient.

(An outline of the Edinburgh Scheme is given in the Appendix).

The extended course comprising 10–12 half-day sessions should be based on the following broad syllabus and it is important that it should be modified to fit in with the trainee's previous knowledge.

1. The health of the school child and the pre-school child.
2. The use of health visitors, nurses and medical social workers in the team.
3. Health education.
4. Screening procedures and their relevance to general practice.
5. Disease prevention.
6. The community care of the elderly.
7. The community care of the mentally sick.
8. The community care of the handicapped.
9. The influence of housing, occupation, etc. on health.
10. The rôle of voluntary agencies.

The trainee should be introduced to the concept of developmental paediatrics but training in this subject should not form part of this course. The joint working party hopes to initiate experimental courses of this nature in at least two areas in the near future.

APPENDIX

SYLLABUS OF COURSE FROM EDINBURGH

Training in community medicine for the future general practitioner

The objective is the prevention of ill-health and an improvement in the delivery of medical care to the patient and the community. There is also a need to encourage teamwork in coping with the burden of chronic disease outside hospitals.

The process should start with a one-week introductory course in:

1. Community medicine;
2. Organization of medical services and health services administration, and
3. Behavioural sciences.

1. *Community medicine*

An introduction presenting a broad picture of the nature and extent of disease in the community and the associated environmental and other health problems. Consideration should be given to the relative importance of these problems in order to facilitate assessment of priorities. This introductory course should involve epidemiologists, statisticians and social scientists.

It would include the epidemiology of non-communicable disease, disabling conditions and accidents, indicating the environmental, personal and other factors that determine their incidence.

An introduction to the value of data collection in the assessment of health needs would include reference to problems of population mobility and urbanization.

2. *Organization of medical services*

An outline of the available resources and their organization. This should include reference to administrative problems associated not only with bringing together all health services, including their financing, but also with specific services, *e.g.* maternal and child health, mental health, environmental health, and civic protection. Problems of forward planning and operational research should be considered. This course ought to show the need for a high quality of medical administration, bringing together all disciplines to prevent the fragmentation of health services.

3. *Psychology and sociology*

The effects of behavioural and social factors on health and on the ill patient and his reactions to others. The question of leadership of the socio-medical team might be considered. An indication should be given of the doctor's responsibility, not only for treating his patient but also as a health educator who should try to provide health guidance to the whole family and the community, *e.g.* the importance of the family interview in paediatrics, geriatrics and mental health.