

## **EDUCATION**

### **OBJECTIVES OF UNDERGRADUATE TEACHING IN GENERAL PRACTICE**

#### **A statement from the Education Committee of Council**

The Royal College of General Practitioners reiterates the belief, expressed in its evidence to the Royal Commission on Medical Education,\* that:

“The future system of undergraduate medical education should produce doctors for whom health, especially mental health, will be an interesting topic. Disease will be recognized to be the result of physical, psychological, and social factors, and none will be stressed at the expense of the others. The teaching of medicine will lean more towards the recognition of common disease, especially its early manifestation, in its community context, and to its control by a *primary, personal, continuing, comprehensive*, family health service.

#### *Objectives shared by all departments in the medical school*

The aim of medical education should be to produce, at graduation, a person with two essential qualifications. He should have, first, a knowledge of the medical and behavioural sciences sufficient for him to understand the scientific basis of his profession and to permit him to go forward with medicine as it develops further, and secondly, a general introduction to clinical method and patient care in the main branches of medicine and surgery, together with an introduction to social and preventive medicine”.

*Royal Commission on Medical Education. 1968.  
Para. 200.*

However it may be organized in a medical school, general practice teaching must subscribe to these two common aims of basic medical education, and should pay a major part in collaborated efforts to achieve them. General practice, as an academic element, will be as much concerned with teaching, research, and patient care, as are other clinical departments.

#### *Specific objectives of an undergraduate department of general practice*

The undergraduate medical student should learn about general practice, not as a preliminary to training for a career in that field, but as an educational experience whose purpose is to give every student some understanding of problems which are of major importance in themselves and should not be thought of as variants or minor sub-divisions of the problems raised in hospital practice.

*Royal Commission on Medical Education. 1968.  
Para. 278.*

Not only because all doctors have received most of their basic medical education in hospital, but also because all hospital patients come from (and almost all return to) general practitioner care, there will be cores of knowledge, skills, and attitudes that are common to undergraduate medical education wherever it takes place. While students will be shown, and indeed can discern for themselves, important differences between the problems presented to the general practitioner and those that confront the hospital practitioner, care must be taken to demonstrate that there are in both areas of medicine many similarities in diagnostic and treatment methods, in the use of related professional and ancillary skills, and in the realm of ethical standards.

#### *Clinical aims*

1. To widen the student's understanding of patterns of disease;
2. To demonstrate primary differentiation (or diagnosis) and primary treatment of patient needs, at various stages of presentation, and taking into account personal familial, psychological and wider social factors which may influence both the causes and effects of illness;
3. To illustrate the special problems presented by the continuing care of chronic disease in the community and the services that exist, or should exist, to help the doctor meet the medical and social needs of his patient;
4. Whilst emphasizing the unity of preventive and curative medicine, to show when, where, and how the general practitioner can contribute to health promotion and to early

diagnosis and control, by both individual and group care;

5. To let the student observe the doctor-patient relationship in general practice, to enable him to discuss how and why this relationship develops and to learn its significance.

*Professional aims*

1. To give the student some insight into the origins, present patterns, and likely future of general practice as a clinical and professional discipline;

2. To allow him opportunity to express views on the changes in general practice that his generation would wish to see introduced;

3. To assist the medical school to develop in students such understanding and attitudes as will promote an holistic approach to medicine.

A second report on methods of attaining these objectives is being prepared.

\*Report from *General Practice*, No. V, July 1966.

## RESEARCH UNIT AND ADVISORY SERVICE

### Some genetic aspects of schizophrenia

*Possible biological advantage among relatives of schizophrenics*

1. Schizophrenia is, to a substantial extent, genetically determined, and its world-wide prevalence of about one per cent is far too high to be maintained by mutation alone.

2. It has been suggested by Huxley and others that schizophrenia remains common, notwithstanding the diminished number of children born to schizophrenics, because schizophrenics and their relatives have some counterbalancing advantage, or advantages, which enable them to survive better than 'normal' people and to have more surviving children.

3. It is therefore of interest to compare the illnesses suffered by schizophrenics and their relatives with those suffered by normal people (controls) and their relatives.

4. A pilot study along these lines has been carried out in two general practices, in Ibstock and in Lowestoft, and the recorded doctor-patient contacts from 1956-65 examined for 30 schizophrenics, 63 controls, 77 schizophrenics' first degree relatives and 144 control relatives.

5. This study revealed that the relatives of schizophrenics appeared to differ from normal people in their morbidity.

*Proposals for a further study*

If confirmed, these findings would be of considerable genetic interest, and may also have practical importance in the making of predictions about the future prevalence of schizophrenia.

A larger study has therefore been planned, and will be financed initially by grants from the Schizophrenia Foundation and from the Royal Society. This study will be a retrospective one, and will be concerned with the illnesses observed in schizophrenics and their relatives, and in controls and their relatives, together with a study of the fertility of these groups.

*Request for volunteers*

Interested doctors would be given further details of the study so that they could decide whether to participate. The study is so planned that as much of the work as possible is capable of being performed by the doctors' secretary. Though 'E Book' (diagnostic index) doctors are especially welcome there are no requirements for participants other than a reasonable standard of record keeping.

If you would be willing to consider participating in such a study please write to Dr M. P. Carter, New Surgery, 15 Kirkley Park Road, Lowestoft.

A payment for each completed record card will be made to offset secretarial and other expenses.