

WHAT ARE THE WORKSHOPS?

THE College's plans in the field of medical education are coming to fruition. It is now probable that within ten years no medical student will qualify in the United Kingdom without having completed a programme of learning in a department of general practice, and no doctor will be appointed a principal in general practice, without having completed a three year postgraduate vocational training programme.

The challenge to general practice and to the College is immense. How are general practitioners to prepare themselves for their new teaching role? For some years at college headquarters, and in one or two other centres, short intensive courses for general practitioner teachers have been organised. The objectives were to prepare doctors for the problems of teaching; to introduce some of the concepts of the educational process, and to discuss the latest ideas on the syllabus for vocational training. What the experience of these courses revealed, and what has become ever more plain through recent attempts to clarify the educational content of vocational training¹ is the complexity of the task which faces the general practitioner teacher. If the trainee is to learn about primary, personal and continuing care; about problem solving within the context of the general practice consultation; about making diagnoses simultaneously in physical, psychological and social terms, then he will need help from very skilled teachers.

Two years ago, a new approach to the problem of learning to teach in general practice, was adopted by a group of doctors in London. Great credit for this development is due to Drs Horder and Marinker. This experimental method is being followed by a small but growing number of further groups of teachers, in association with vocational training schemes, all over the United Kingdom. These are the teachers' workshops.

The technique these workshops are using is to report or enact real learning-teaching situations from their teaching practices, in order to discuss and analyse them. The objective is to improve and refine the individual teacher's handling of face to face teaching, and the management of the trainee's progress through a vocational training programme. A number of variants of this technique are described; for example, teaching from role play, the analysis of actual tutorials in which the teacher brings his own trainee to the group and discusses current problems.

The use of a seminar technique stems from the unique nature of the educational task in general practice—that is, the one to one learning-teaching relationship—in particular, the social and interpersonal skills and self-understanding.

Most of the workshops have followed the example of the London group in asking an educationalist to advise on educational theory, and to help solve some of the problems which predictably beset groups of peers attempting to break difficult new ground in this way.

Each workshop is encouraged to develop along its own lines. It progresses by exploiting its own local strengths, and dealing with its own local difficulties. Although some workshops are still concerning themselves with subjects such as syllabus and curriculum, more and more of the work is being focused on the teacher's major difficulty—the problems of method and style of teaching. Increasingly, teachers are now inviting their trainees to join them in workshop activity, in order to study together the processes of learning.

What is common to all the workshops is the strain imposed on the individual members, by the technique adopted. Each doctor presenting his own work both as a practitioner and as a teacher, invites the robust criticism of his fellows. Not everyone is prepared to endure this kind of learning experience, which entails for those involved, a considerable bruising of self-esteem. It is probably true, however, that those who are

temperamentally unsuited to the experience of learning in a workshop, are also unsuited to the strains imposed by the role of the teacher in general practice.

The number of workshops is increasing because they meet a real need. Many are producing reports from their meetings and these record the journey of discovery which each individual group is making. As well as enthusiasm for general practice, and the desire to teach the future general practitioner, we are becoming aware of the dimensions of the educational task before us. The workshops are emerging as a significant method of learning about teaching.

REFERENCE

1. *Journal of the Royal College of General Practitioners*, (1969). **18**, 358.

GENERAL PRACTITIONER TEACHERS

THE College has said time and again that the quality of teachers (*see* Council report) and their practices will be a crucial factor in the success of vocational training for general practice. In the important policy document published today, Council strategy is clarified. High standards of clinical competence and patient care, and a professional approach to teaching are to be the qualities expected of teachers and their practices. Simultaneously, teaching practices must be properly paid for their new responsibilities.

The trainee scheme, within which the general practice component of vocational training now takes place, is obsolescent and will soon pass into history. It is worth reflecting on its successes and failures, to learn for the future. Conceived within narrower educational aims than are acceptable today, it nevertheless set out to give young doctors a good start to a career in general practice by placing them for a year with a carefully chosen trainer. Many practitioners will recall this early learning experience with satisfaction; unfortunately, even more will remember that their service value as trainees seemed to be more important to their principals than training. There are two main reasons for this haphazard variation. First, many trainer appointment committees have failed to apply the sound selection criteria of the British Medical Association; secondly, no co-ordinated, systematic effort has been made by local medical committees adequately to evaluate the training given by the practices for which they are responsible, or to correct deficiencies revealed by trainees themselves. These weaknesses are significant. Defining ideal criteria is one thing; seeing that they are implemented quite another. Any new organisation must be given sufficient teeth to ensure that standards are met and evenly applied, if young doctors are to get a square deal from teaching practices in the future.

It is helpful to look at the new administration of vocational training, as it unfolds, to see how effective it could be. Regional postgraduate committees will be responsible for the organisation of vocational training through their general practice advisory committees. General practice advisory committees, now becoming established throughout the country, will have a majority of general practitioner members representative of both the College and local medical committees, and will have executive support from the office of the Regional Adviser in general practice. In time, they should cease to be advisory and assume administrative charge, when the trainee scheme is wound up. regional postgraduate committees will receive advice on general practice training from two sources; first, the Council for Postgraduate Medical Education, and its general practice advisory committee comprising members representing the College and the