

REPORT

THE CONTENT OF THE FUTURE GENERAL PRACTITIONER'S WORK

The sections of medical education and general practice of the Royal Society of Medicine and the Royal College of General Practitioners, held a joint meeting at Southampton University on Saturday, 23 October, 1971. The morning session was chaired by Professor Ruth Bowden, President of the Section of Medical Education of the Royal Society of Medicine.

Dr J. P. Horder began by explaining that he and the other three speakers would be dealing with sections of the forthcoming book *The future general practitioner: teaching and learning*, which was now being completed by a small working party of the College. He related the need for such a book to the growing number of vocational training schemes in the country, and to the development of the membership examination of the Royal College of General Practitioners. He described how the working party had begun by stating a job definition for the future general practitioner and from this a vast number of educational objectives had been derived. These had been categorized in five 'areas':

- Area I: Health and disease
- Area II: Human development
- Area III: Human behaviour
- Area IV: Medicine and society
- Area V: The practice

The authors regarded Health and disease, Human development, and Human behaviour, as comprising clinical practice. Area I, Health and disease, was still regarded as the most important. As the writer with special responsibility for this area, Dr Horder had been faced with the problem of how to select from a wide range of possible subjects. He had begun by selecting diseases according to their frequency of occurrence, but soon found this approach inadequate. He had gone on to enumerate five points of view, from which diseases might be considered:

- (i) The recognition of acute illness threatening life
- (ii) The recognition of early signs of diseases which might be aborted, or of which complications might be reduced
- (iii) The early recognition of the complications of diseases not otherwise damaging
- (iv) The recognition and treatment of a wide range of common conditions
- (v) The recognition of important factors in chronic conditions.

With these five points of view in mind, he examined the 17 classifications in the *ICD*. For each classification he had drawn up a check list of diseases; a commentary about essential knowledge and skills, and a number of sample educational objectives.

Dr Paul Freeling said that in considering Area II, Human development, he faced a conflict between those who believed primarily in nurture and environment, and those who believed primarily in nature and genetics. For the general practitioner, both perspectives were essential. The *potential* for an individual's development, he said, was genetically determined. But the development which the individual *achieved* was due to neither nurture nor nature alone: it resulted from an interaction between his genetic potential and his environment, physical, psychological and social. Human development was best studied as change rather than growth, and sensitive periods could be identified in the individual's physical, psychological or social development.

When a general practitioner intervened, he affected that aspect which was in a most sensitive period of development. It was possible to divide the whole of life into arbitrary but meaningful divisions related to sensitive periods. This concept had been applied to the changes in the whole of the life span of the individual, in relation to the physical, psychological and social diagnoses and treatments in general practice.

Dr Conrad Harris spoke about Area III, Human behaviour, which was his responsibility. He had divided it into four sections:

- (a) Behaviour presented to the general practitioner
- (b) Behaviour in inter-personal relationships
- (c) Behaviour in the family
- (d) Behaviour between doctor and patient.

These divisions were not for academic reasons, but because they made sense in terms of his experience as a general practitioner and as a teacher.

Dr Marshall Marinker spoke about Area IV, medicine and society. He explained that the 'areas' were essentially a system of indexing educational objectives. The objectives listed under medicine and society were not so much educational objectives in their own right, but rather components of higher level objectives for making diagnoses in social, as well as physical and psychological terms. He discussed the problems of sifting many facts and theories from such disciplines as sociology and anthropology, in order to discriminate between the relevant and the irrelevant for the general practitioner teacher.

The common theme of this part of the work was the organisation of man into groups, and the way in which the characteristics of those groups related to the health of the individual in society. As an example of the effect of group characteristics on the health of the individual, he discussed social class and indicated some of the learning-teaching material.

It is difficult to define boundaries in this work. The boundary between the perceptions of psychology on the one hand and of sociology on the other was illustrated by the sick role. A third boundary was that of superficiality and depth. So much sociological and anthropological material concerning illness was fascinating; but not all was relevant to the training of the future general practitioner. Finally, he discussed the boundary between past and future. One section had been devoted to the historical perspectives of general practice so that the trainee could identify the historical factors which produced his present professional situation. Even more important, he should have some understanding of the nature of change in medicine in order to equip himself for the enormously rapid changes which he would experience during his professional lifetime.

In the following discussion, many questions arose about aspects of general practice not dealt with by the speakers. In reply, they explained that much of the material central to teaching and practice had not been covered but formed an important part of the book. The nature of the consultation in general practice, the approach to problem-solving, understanding the experience of the general practitioner, and using the experience in teaching and learning, were all described in other chapters of the book.

Professor Ruth Bowden summed up and thanked the speakers for their contributions. She and her fellow academics in the basic sciences of clinical practice, had long been advocating a unified approach to man as a physical, psychological and social being. She was delighted to see practising clinicians embodying this concept in the teaching of a clinical discipline.

M. L. MARINKER

FATAL ACCIDENTS IN THE HOME

In 1969, the number of people dying in home accidents in England and Wales was 5,853.