

Professorial pronouncements

Professor P. S. Byrne

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Men capable of doing new things

PROFESSOR Byrne takes his title from Jean Piaget—"The principal goal of education is to create men capable of doing new things".

His lecture starts from the present challenge of postgraduate training in the United Kingdom—a situation where an insistence on the educational (rather than the vocational) character of undergraduate training, coupled with a projected 90 per cent increase of graduates in the next six years has led us "to embark on the largest single postgraduate medical exercise ever undertaken in Britain" requiring "a national cadre of some 1,500 practitioner teachers who will practise what they teach".

This exercise in vocational training for community practice starts from a situation of difficulties. Traditionally, medical education has been "controlled on the one hand by medical academics and on the other by the older Royal Colleges". Such education has been more concerned "to advance medical knowledge" than to "produce and sustain doctors who give medical care to people". Furthermore general practice is built on a unique combination of basic, clinical and behavioural skills which separates it from hospital practice. The content and emphasis of this vocational training must, therefore, be demonstrated in general practice by general practitioners.

To do this some formulation must be made of the areas of knowledge essential for the general practitioner, against which the trainees' deficits can be set, and his training objectives defined. From his own research Professor Byrne suggests that there are "only small statistically significant differences in clinical factual recall between the two groups of teachers and trainees in the assessments we have so far made. We are, however, relieved to find significant differences between the groups in the areas of problem solving and patient management. It appears that there is some justification for training after all".

Coupled with the tasks of formulating their discipline and learning to teach, it follows that general practitioners must also develop a capability for research in the field of education for general practice. "We general practitioners, adolescent as educators, (must) incorporate the research of our colleagues and of ourselves in the content of our developing programmes. . . Research and education must not be compartmented—they must be interdependent".

Finally, he sounds a warning on "the danger of our contributing to the isolation of university departments of general practice from the mainstream of our colleges and the service practitioners who constitute the mass of membership. Like many parents, colleges find it difficult to achieve satisfactory relationships with what are felt to be precocious children".

Both British and Canadian Colleges "declared from their foundation that general practice should be represented as an academic discipline in every school. In each country we are proving to be increasingly successful". Those general practitioners working in university departments "have a primary duty to their medical school for their teaching of undergraduates, to their College for postgraduate training, and in the main to themselves for their research". But they remain "no less loyal as college members".

“We have changed our *locus operandi* but we have not lost sight of our original aims nor of the priority of our allegiances. . . . We need the help of the College through its faculty members to fulfil our college-inspired programmes. . . . We should, therefore, in each country seek to create and sustain a symbiosis of the College and the university departments. If we do not do this there are no winners—all are losers”.

REFERENCE

Byrne, Professor P. S. (1971). *Canadian Family Physician*, The W. Victor Johnston Oration, 17, 10.

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Difficulties arise when one attempts to establish a university department of general practice contiguous with a central teaching health centre. It is not possible to duplicate the traditional relationship that exists in teaching hospitals with professorial medical units. Such hospitals are obliged by statute (Third Schedule for National Health Service Act, 1946, Part 3) to provide universities with teaching and research facilities. These facilities naturally improve the quality of medical care therein. No comparable relationship exists between universities and statutory councils responsible for general medical services.

At Queen's University, Belfast, the situation is made more difficult as clinical academics work under joint contracts with the University and the Northern Ireland Hospitals Authority (Regional Hospital Board).

The creation of a Chair of General Practice in October 1971 led to an interesting tripartite arrangement between the two bodies mentioned and the Northern Ireland General Health Services Board (executive council). The Professor of General Practice has a joint contract, yet is a principal in contract with the executive council. Much of the service cover for his nominal list of 1,300 patients is provided by his three partners in his practice, which has negotiated a financial settlement for his services with the University. This was agreed by the executive council. The income, less an expense factor helps to meet some of the running expenses of the department.

Money for recurrent expenditure is scarce and every pound of income is appreciated. The problem of financing undergraduate teaching in particular is formidable.

. . . In other areas of the United Kingdom a few academic general practitioners possess honorary consultant status through the good wishes of the regional hospital board. Is this honorary status really satisfactory? Should these academics and indeed all principals who in future complete a period of post basic professional training, be registered as *bona fide* specialists in primary care?

A career structure for general practice has already been created by the acceptance of the need for vocational training and the diploma of Membership of the Royal College of General Practitioners as a registrable qualification by the General Medical Council. Soon the present three-year training programme will be obligatory before entry to general practice, and the education committee of the Royal College of General Practitioners has already advocated a five-year training period, when conditions are suitable. By the control it exercises over training requirements for the examination, the College can effectively influence future standards of entry to general practice.

Academic difficulties

. . . These developments have important implications for academic departments of general practice concerned with training at both undergraduate and postgraduate