

“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

levels. In the undergraduate curriculum this poses the very difficult question, how best can the department supplement the teaching provided by other disciplines in the medical school?

. . . Students evidently get enough teaching about specific disease and welcome broader concepts of disease and illness. It is my considered opinion that you cannot eliminate vocational training from the undergraduate learning experience. Too rigid a division between undergraduate and postgraduate education is to be deplored and is impracticable. The essence of learning in general practice is perceiving how to apply theoretical knowledge in a practical situation and this should commence at the undergraduate stage. This greater blend of vocational training and undergraduate training is more evident in the West European countries than in the United Kingdom as discussed at Brussels (1970). Furthermore, these countries, especially Western Germany, according to Professor Gartner, have developed five-year training programmes with specialist registration at the end of this period—a code of specialist registration. Will we be able to achieve this in the United Kingdom before we become involved with direct entry to the Common Market?

Research

The research requirements of general practice are unlimited and cover a wide field. Epidemiological and morbidity statistics have been performed with great success at national level by the research committee of the Council of the Royal College of General Practitioners. Such studies are best done by the College. In local areas there should be close co-operation and integration of effort between the faculty research committee of the College and the nearest department of general practice; the latter should provide access to epidemiological and statistical expertise and data processing facilities. Departments of general practice are mostly understaffed and have to meet service requirements and heavy teaching commitments. The help and co-operation of local members is often vital to the implementation and success of research projects. Such co-operation should still leave either body free to initiate and perform its own research.

The proposed development here of the department of general practice in the same building as the central teaching unit (a teaching health centre with about 12 service general practitioners) precludes university control of methods of service in the group and makes experimentation and evaluation of research and teaching methods more difficult. The advantages of what is being attempted here and in other centres, e.g. Aberdeen, is that non-academic general practitioners provide the vast bulk of service leaving the full-time academics to concentrate on administration, teaching and research and to be still sufficiently involved clinically to keep abreast of modern developments of medical care.

REFERENCE

Irwin, Professor W. George (1972). Personnel communication.

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Towards that other dimension

Within the last few years there have been great developments in general practice, but there is still a need to provide postgraduate training on a suitably large scale. This becomes all the more necessary because of the change in emphasis in undergraduate medical education from producing a doctor trained to the standard of a safe general practitioner to producing an undifferentiated doctor.