

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.

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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.

At the same time there has been such a rapid growth of scientific knowledge in the hospital setting as seriously to distort the framework of knowledge, skills and attitudes being acquired by medical students. Within the last few years an academic discipline of general practice has been defined. Although this is based on clinical medicine it includes human behaviour, human development, medicine and society and practice organisation as well as a special component of research methodology.

A distinction should be made between postgraduate vocational training and the contribution from this academic discipline appropriate to undergraduate education. It is suggested that the medical student should see general practice in action from the earliest years onwards.

The ways in which a university department of general practice could fit into a medical school are briefly described and against this background the developments in Dundee are reviewed.

If the teaching of medicine outside hospital is to become an important part of the medical school's philosophy the important issues need to be solved by collaboration from the health departments, the University Grants Committee, the Department of education and science and other interested bodies.

While scientific progress must continue to be made, there is also a need for a more mature judgment tempered by informed concern for people. The department of general practice, along with the other university departments intends to orientate its teaching towards that other dimension.

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Academic departments of family medicine

... We must beware, however, of oversimplification. The relationship between universities and the practical world is too complex a thing to be expressed in a few catch words or generalities.

The chief function of a university is the advancement and transmission of knowledge. It is absolutely essential to this function that members of a university faculty maintain an independent and critical spirit of inquiry. As educators their principal role is not to teach people 'how to do it', but to convey to their pupils a set of values which will enable them to relate their everyday experience to general principles.

... Since the functions of academic departments and the profession at large are so different, there is no way of avoiding a certain tension between them. Indeed it is to be valued, since it is of potential benefit to both parties. This tension between the academic and the practitioner is not confined to family medicine, or even to medicine. It exists between all professional schools and their related professions. In an excellent book on the education of teachers, which is full of analogies to our own situation, Silberman (1970) states "without a certain distance—what Martin Trow calls 'educating *against* the profession'—professional schools are likely to turn out technicians to fill existing job slots rather than potential leaders committed to a conception of what the profession ought to be".

Of course we must maintain a balance. We must not allow this productive tension to degenerate into isolation and mutual hostility. This is the danger. But it is not the greatest danger to Canadian family medicine today. The greatest danger is not that