

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.

REFERENCE

Knox, Professor J. D. E. (1971). *The Practitioner*, 207, 361-70. (From his inaugural lecture.)

Professor I. R. McWhinney

Professor of Family Medicine, University of London, Ontario, Canada

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

we are too academic, but that we are not academic enough. The greatest threat is an intellectual mediocrity which could so soon lead to mindlessness. Our poor standard of research and scholarship may be excused for a few years in a developing subject. It will not be excused much longer. Sooner or later we will have to produce graduates who are ready for the long and hard discipline of preparing themselves to do good original work. This cannot be done in two or three years of postgraduate training. It requires the same kind of dedication demanded of a young surgeon or a young internist who is working for an academic career. So far, I see few who are preparing themselves in this way.

This kind of work is not only needed in academic departments. Indeed it would be a pity if we came to the point where scholarship went on only in the universities. Sooner or later our annual conventions will have to be addressed not by specialists from other subjects telling us what we *ought* to be doing, but by family physicians telling us what they *are* doing and backing it up with good data and careful analysis.

. . . To be taken seriously as a branch of knowledge, family medicine will very soon have to get down to the serious and laborious business of scholarship.

REFERENCE

McWhinney, Professor I. R. (1972). *Canadian Family Physician*, **18**, 2.

Government intervention

. . . Medical schools have not escaped the new demands for economy and accountability. The universities' role in training skilled manpower has come under close scrutiny and it is becoming very clear that governments will not tolerate the inconsistencies in the old system. In Ontario, for example, the government has issued guidelines which state that half of all Ontario graduates should become family doctors. There is every prospect that these guidelines will be followed.

REFERENCE

McWhinney, Professor I. R. (1972). *British Medical Journal*, **2**, 162.

Professor I. M. Richardson

James Mackenzie Professor of General Practice, University of Aberdeen, Scotland

Department of General Practice of Aberdeen

. . . My colleagues and I feel that general practice offers valuable opportunities for the clinical teaching of medical students in the third, fourth and fifth years of our curriculum.

. . . Moreover, no true academic can opt out of his wider obligations—such as participating in the functions of the faculty of medicine as a whole, and in university administration and government. The department of general practice has the same right and the same duty, to contribute to the 'community of scholars' as each and every other department.

. . . I hope that university departments will wish to foster a partnership with the Royal College of General Practitioners but there should be no confusion between the functions of the two institutions. A university exists simply to extend the boundaries of true knowledge and to teach the young how to think and learn critically and constructively in a given field. The College is mainly concerned with setting standards of practice. Neither should usurp the function of the other; they must co-exist in a spirit of mutual respect, understanding, and harmony.