

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.