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.

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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.

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. . . 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.

. . . I think first that by our teaching and research we may show students that general practice is alive, a changing, challenging, and satisfying discipline with an assured future for those whose qualities of head and heart suit them for it. Second, I like to think we can demonstrate to our academic colleagues that our standards of excellence in teaching, research and patient care are similar to their own when applied to other problems. Third, and most difficult of all, we have an obligation to try to conceptualise more accurately and precisely the roles of the general practitioner of the future. For example, the future meaning of the expression 'personal doctor' and 'doctor-patient relationship' must be examined, explored and charted along the lines so ably pioneered by Balint.

. . . I believe that medical practice in all its forms, but especially in general practice, is a first rate career.

REFERENCE

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Academic Departments of General Practice

. . . It (The National Health Service Act) widened the gulf between the specialist and the generalist. Academic teaching and research were almost exclusively centred on the hospital and the gulf, which was at first an administrative one, began to assume academic, professional and economic features which tended to intensify the problems of communication and understanding between these two major branches of the profession.

. . . My own view is that teaching and research in general practice must be securely based on internal medicine and its supporting laboratory and para-clinical disciplines. A department of general practice is merely an extension into the community of the teaching and research interests of medicine. I, therefore, prefer the full title incorporated in the ordinance constituting the James Mackenzie Chair in Edinburgh University, i.e. 'medicine in relation to general practice'.

. . . Formal lectures have been abandoned. The weekly seminar is thus the only vehicle by which the practical experience of each individual student can be integrated and systematized. . . . In the final year of our curriculum each student is free to decide on an elective period of study covering a space of two months. A substantial number volunteer for a further period in general practice.

. . . I do not regard the work of an academic department of general practice as being concerned with a special kind of medical activity situated somewhere at the periphery of the medical school. I do not see how it can be conceived as other than part of the mainstream of medicine.

Whatever may be the arrangements made by any particular school, I would conclude that in bringing together the personnel required it would be important to bear in mind that the major activities of such a department will be such as to cause it to lean very heavily on three groups of disciplines. First and foremost, is medicine itself, and especially internal medicine and supporting laboratory disciplines; second, the group of skills and knowledge concerned with epidemiology, including biometrics, and the computer sciences; third, the behavioural sciences and in particular sociology, social and industrial psychology and social anthropology.

REFERENCE

Scott, Professor Richard (1967). *Proceedings of the Royal Society of Medicine*, **60**, 1311–1319.