

Training for general practice

THE North Midlands Faculty of the College held a symposium at Nottingham University on 26 February, 1972, when the subject was *Training for General Practice*. A distinguished panel of speakers provided a most interesting day.

The speakers and audience were welcomed by the Vice-chancellor of Nottingham University, Professor W. J. H. Butterfield, who stated how pleased he was that a symposium on this important subject was being held at the University. He emphasised the value to the student of learning about the responsibility of medicine in the community which could be best taught in general practice.

Dr J. Horder, Chairman of the education committee of the Royal College of General Practitioners, then took the chair for the rest of the day. He stated that the needs of undergraduate and postgraduate education for general practice would be studied separately although there would inevitably be some overlap. Half the students qualifying as doctors would not enter general practice and their requirements as far as a knowledge of community medicine was concerned should also be considered.

Dr D. C. Morrell

Dr D. C. Morrell, Reader in general practice at St Thomas's Hospital, started the morning by talking about 'The aims and content of undergraduate education in general practice'.

He began by quoting from the Government paper on *The aim of medical education*. This states that "the student will need to have a knowledge of the medical and behavioural sciences sufficient for him to understand the basis of his profession. He will also require a general introduction to clinical methods and patient care in medicine and surgery together with an introduction to social and preventive medicine".

Dr Morrell explained how these aims were being met in his unit. He described the use of charts showing the sickness experience of a whole family and the way in which the illness of one person in the family could be shown to be related to the illness episodes in other members of the family. The student could meet the patients concerned in their environment instead of only seeing the isolated hospital case which necessitated operation or other treatment. In the community he would also learn about social problems and such factors as the impact of death on a family unit.

A student in training must learn to detect pathological changes, assess the medical needs of the population, be able to recognise the existence of pre-symptomatic disease and also know the factors influencing an individual in seeking medical care. He will need to see how an individual responds to a disability and what determines the threshold of symptoms when a patient first attends the doctor.

Courses are being held in psychology and sociology and research is being undertaken in these areas. The future non-medical teachers of these subjects are at present working in research in general practice so that in the future they will be able to make their teaching courses relevant to general practice.

Finally, the medical student must learn by his experience that the provision of a comprehensive medical service demands the identification of need, determination of priorities and, above all, the ability to communicate with his patients and colleagues.

Professor P. S. Byrne

Professor P. S. Byrne from the Department of General Practice at Manchester University followed on the subject of *General practice teaching in medical schools*.

He stated that the principle goal of education is to create men capable of doing new things and not simply repeating what those in previous generations have done. Professor Byrne then reviewed what was being done in various parts of the world to teach general practice.

Departments are arising in universities as far apart as Holland, the U.S.A., Israel and Yugoslavia.

The aims of a department of general practice must be to:

- (1) Provide first class care of the patients for whom the doctors are responsible
- (2) Subscribe to the philosophy of the medical school to which it belongs
- (3) Participate in teaching
- (4) Participate in research.

The head of the department must be a general practitioner who has proven to his peers that he is first and foremost a good clinician. In addition to this he ought to excel in administration, teaching, research and be a 'smooth operator'. Unfortunately this was a council of perfection and the head of a new department of general practice had many problems to face.

There are many routes to the formation of a department and the importance of the time factor must not be forgotten. It had taken Manchester 18 years to reach its present position. There is a great need for teachers with the qualities of willingness and enthusiasm, the ability to practice what they teach and the knowledge of how to teach.

Departments should co-operate closely with the local general practitioners who should be encouraged to participate as much as possible and the department itself should be well supported by the university both in time allocated to the curriculum and in co-operation from other faculties.

Finally, the Royal College of General Practitioners must recognise that a department of general practice is:

- (1) Responsible to the medical school for undergraduate teaching
- (2) Responsible to the standards of the College and the regional postgraduate committees for its postgraduate teaching
- (3) Responsible to itself for its research.

In this way departments will try to help young people to have encapsulated in a short period of time some of the experience which their teachers acquired so painfully.

Professor E. M. Backett

Professor E. M. Backett from the Department of Community Medicine at Nottingham closed the morning session by giving an account of the present situation at Nottingham and what plans have been made for the future.

The programme extends for a five year period bearing in mind the Todd recommendation of several further years of clinical vocational training. The first two years of the course include an introductory period and teaching on the three integrated themes of the cell, the individual and the community. It is intended that the student should be given a role identification at an early stage of his career and exposure to doctors and clinical experience occurs throughout the whole course and not first in the final clinical years.

The third year of training is devoted entirely to specialisation in a subject of the student's choice. During this year he will be guided by tutors and write a thesis for the degree of B. Med. Sci.

The fourth and fifth years will be purely clinical and as far as the Department of Community Medicine is concerned will have three facets:

- (1) A series of seminar tutorials to investigate the community aspects of medicine
- (2) Community follow-up of patients first seen in hospital by the student. Provided the family doctor of the patient agrees, the student will continue to see the patient when he returns home from hospital for a period of up to nine months and he will also follow-up any further hospital re-admissions during this time
- (3) A family medicine course where the student is attached to a practice for one month and he will also undertake the study of a 'well family'.

To provide the necessary teachers it is hoped to appoint 12 general practitioners as part-time teachers in the department who will have three paid sessions a week. One of these sessions will be devoted to research and two will be used for teaching purposes both in the department and in the doctor's own practice. In addition many other general practitioners will be involved, especially in the phase of community care follow-up described in (2) above.

It is hoped to bridge the gap between hospital and general practice by bringing the consultants into the community, to attend health centres and to hold combined seminars there for general practitioners, consultants and students.

In brief the aim of the Community Medicine Course is to produce non authoritarian participation on the part of the student in family medicine.

Dr P. Freeling

The subjects of the afternoon were concerned with postgraduate education and the first paper was given by Dr P. Freeling, general practitioner and lecturer in general practice at Kings College Hospital. It was entitled *The aims and goals of vocational training for general practice*.

The aims of a programme of vocational training can be best summed up by quoting from the Todd report again, which states that 'the trainee, on completion of the programme, should be able adequately to provide personal, primary and continuing medical care to individuals and families, in their homes, in his consulting room and sometimes in hospital. He should be able to accept the responsibility for making an initial decision on every problem which his patients may present to him. He should be able to decide when it is appropriate for him to consult with specialists and know how to do so. He should be able to work in a group whose members may include other doctors, but will always include medically related and secretarial staff. He should be able to formulate his diagnosis in physical, psychological and social terms and be able to intervene therapeutically and educationally to promote his patients' health.

It is important that the teacher and the pupil should know their objectives precisely and be highly motivated. One should recognise that there must be boundaries to the amount of personal knowledge that can be absorbed. The pupil must also be taught to discard some skills and knowledge already acquired in favour of new knowledge as it becomes applicable.

There are 11 goals in training and by the end of his vocational training period a trainee should be able to demonstrate the following sets of behaviour which are derived from the statement of aims already made. These goals are:

- (1) To make a diagnosis in physical, psychological and social terms.

- (2) To demonstrate how his recognition of the patient as an individual modifies the ways in which he elicits data and makes hypotheses about the nature of the illness and its management.
- (3) To make decisions about every problem which his patients present to him.
- (4) To understand and use the time scale which is peculiar to general practice.
- (5) To understand the way in which personal relationships within the family can cause illness or alter its presentation, course and management.
- (6) To understand the relationship between health and illness on the one hand and the social characteristics of the patients on the other.
- (7) To know about the wide range of interventions open to him.
- (8) To use the knowledge and skills of practice management.
- (9) To understand his own continuing educational needs.
- (10) To know the basic methods of research as applied to general practice.
- (11) To be willing and able to audit critically his own work.

If these goals are attained by a trainee then the training course can be considered a success.

Dr P. M. Higgins

Dr P. M. Higgins, Lecturer in general practice at Guy's Hospital and Director of the Thamesmead Project, followed to talk about *The organisation of vocational training schemes*.

He stated that the experimental schemes which have been in operation during the past few years have only attracted the highly motivated student and it was now time to move into the phase of full development of schemes throughout the country. At present the vocational training schemes only produced one tenth of the total number of entrants to general practice.

With the onset of group practice, the health centre and the 'team' concept the training programme will have to be designed with these and other future developments of general practice in mind. The skills of general medicine have been thought to be of most value in training for general practice and the course should include adequate grounding in this subject. However the essence of a general practice training programme is that it should be flexible.

What should go into a training programme? Probably general medicine should be the core of the course with possibly some paediatric training. It is probably better to do one subject in depth rather than know a little about many disciplines. This should depend on the personal interests of the trainee and also what resources are available locally in hospital and practice.

When the trainee moves into his year in practice it is important that both he and the trainer are able to define their objectives. Project teaching has been neglected and could be profitably investigated.

As time passes the trainee should be given increasing responsibility as this is both educational and maturing for him.

A lively panel discussion followed this talk with numerous questions from the floor.

Dr J. P. Horder

At the end of the afternoon, the Chairman, Dr Horder, summed up. He said that at present vocational training schemes were suffering from the uncertainty being expressed about the length of postgraduate vocational training and the sooner that decisions were

made the better. The importance of studying a subject in depth was stressed and also the value of a broad spectrum of experience. The great question in postgraduate training at present was how the situation was to develop from the present 150 places to the 900 required to train all future general practitioners.

Undergraduate education is a co-operative task involving many disciplines. It is time general practitioners stopped feeling relatively insecure in their relationships with university and hospital staff and all combined to produce the best doctor. Nottingham has an impressively broad spectrum of plans.

Dr Horder concluded by saying how much general practice had changed in the last ten years and how it had never been so full of opportunities for the future.

K. J. BOLDEN.

TRENDS IN PERINATAL AND NEONATAL MORTALITY IN ENGLAND AND WALES 1960-1969

As regards future policy for the maternity services, the observations that since 1964 relatively high rates of institutional confinements for infants weighing more than 2,500g at birth are no longer associated with relatively low mortality rates suggests that a more selective allocation of resources might be desirable in an attempt not only to reduce still further infant mortality, but also to reduce the incidence of handicap at a later age. As in other parts of the health field, the real problem in the provision of maternity services is to achieve the best possible results under the constraints to which the system is subject. Our evidence supports the view that this optimum solution is more likely to be achieved by an effective policy of selection of high-risk confinements for the higher and more expensive standards of care than by spreading the available resources more thinly in an attempt to increase the proportion of institutional births.

While it may be ascertained on general grounds that effective antenatal paediatrics and the highest possible standards of care during delivery call for hospital facilities, there is no objective evidence that more than a small proportion of the confinements currently taking place in institutions enjoy services substantially better than could be provided in the mother's own home by an effective domiciliary service. Indeed, unless the hospital is adequately staffed and equipped and efficiently managed a false sense of security may be engendered.

If any provision at all is to be made for home confinements it is essential that the level of use and work content of the domiciliary service does not fall below a minimum level. Observation of the situation in particular parts of the country suggests that this limit may now have been reached.

It is suggested that a further concentration of resources upon the more vulnerable sections of the population would be desirable. The inadequacy of existing statistical procedures for monitoring the performance of the maternity services is emphasised.

Fryer, J. G. & Ashford, J. R. (1972). *British Journal Preventative and Social Medicine*, 26, 1. (Paper read at XV Annual Meeting Society for Social Medicine, September, 1971)

DEATHS FROM HYPOTHERMIA

In England and Wales in the last quarter of 1971 the total number of deaths of those aged 65 and over from hypothermia was 77.