

NATIONAL CONFERENCE FOR TRAINEES

THE first college conference for trainee general practitioners was held in April at Newcastle upon Tyne. The meeting had special significance for two reasons. First, it afforded a timely opportunity for a careful review of progress in vocational training jointly by trainees, teachers, and course organisers. Second, the meeting may have been an encouraging pointer to the future; conceived and organised with tremendous enthusiasm by trainees themselves most of the papers were from young doctors.

Most established practitioners present were impressed by the polished and pertinent contributions from trainees on the platform or from the floor; their professionalism, attended by a general air of lively interest laced with constructive criticism, suggests that general practice has much to gain from this new blood in the future.

What should the College be doing for students and young doctors? What can young doctors do for the College? It is helpful to reflect on problems of mutual interest.

Vocational training for general practice cannot be considered in isolation from undergraduate education. There is evidence to suggest that career choices amongst medical students may be formed, at least in part, as a result of direct experience gained in the undergraduate period. Thus, it is important that students have the opportunity to see every facet of medicine at work, including general practice. Through its advocacy of and support for departments of general practice, the College can point to a substantial improvement in the scope and quality of the demonstration of primary and continuing medical care in the community. However, there is no room for complacency. Despite obvious student interest, too many undergraduate schools make no adequate provision in their curricula for family medicine. In consequence, many students entering general practice have attitudes formed against a background of inadequate information, or misinformation. So it is that many existing vocational training programmes are attempting little more than to correct deficiencies in undergraduate education.

However, the College has focused most attention on postgraduates, because it is at this stage in medical education that the College can exert influence most decisively. Until now vocational training schemes have arisen where there has been local interest and enthusiasm amongst general practitioners or clinical tutors. Not surprisingly, therefore, there is a wide range of educational opportunities among schemes, in the quality of appointments and of organisation. Now, as we move in the direction of mandatory vocational training for general practice, the need for some definition of minimum standards and a regional organisation is becoming urgent.

The Newcastle meeting produced a consensus of opinion on some important matters. There was, for instance, general agreement that the three-year period of training is about right at present; that some experience of general practice, up to six months, must come early in the course; that hospital posts need to be carefully scrutinised for their relevance to general practice; and that all courses should offer planned learning opportunities through day or half-day release.

Opinions began to diverge when details of the educational content of courses and hospital appointments were discussed. Criticism was directed mainly at the uneven standards in teaching practices and hospital appointments, the shortage of general practitioners and consultants with the time, inclination and ability to teach, and the lack of professionalism amongst some course organisers which has resulted in tedious administrative snags. Concern was expressed that too rapid an expansion of vocational training might result in a dilution in the quality of teachers and their practices.

Time and again the College was told quite bluntly by trainees to try and improve

on the quality of vocational training by tightening its supervision of training schemes. This it can, and must do, through its machinery for approving schemes for the membership examination. The machinery itself, incidentally, is clearly in need of overhaul. There are also other equally valuable methods.

For example, the College has a key role in encouraging the exchange of information at all levels in vocational training. Lines of communication amongst trainees, teachers and organisers within individual schemes, regionally and nationally, are frankly rudimentary at the moment. This became abundantly clear at the conference. Most trainees had very little idea of what was happening outside their own area.

It is important to realise, however, that the College can only tackle the problem of quality control realistically if it is itself stimulated by the views and work of young doctors in its own organisation. Students, housemen, and trainees must be prepared actively to participate if they are to exert their maximum influence on college policy.

The College, for its part, should look again at the many ways it can offer encouragement and opportunities both in the Faculties and at Princes Gate. An enormous fund of goodwill between trainees and the College emerged clearly at Newcastle. We must make practical use of this.

We should also ask whether we know enough about young doctors' expectations in general practice, in so far as they are able to establish attitudes and views based on their limited experience. What kind of practices do they want? Do they want to practise alone or in groups? Do they want to work with nurses and health visitors or not? How important is the continuing relationship between doctor and patient in this age of increased leisure? Do they want health centres or are they willing to find the money for privately owned premises? Do they want an association with hospitals and if so in what way? On these and other vital questions very little information is available now to guide the profession.

A few years ago, the falling numbers of general practitioners, coupled with a high emigration rate seemed to suggest that the form of practice prevalent before the 'charter' was unattractive. Will the new group practices prove an appealing alternative? A questionnaire completed by those attending the Newcastle meeting produced some preliminary results which will startle principals with traditional attitudes to general practice.

Finally, we sense an undercurrent of dissatisfaction and disenchantment amongst the young with specialised medicine which is growing as super-specialties proliferate. The intellectual stimulation obtained from the single-minded pursuit of scientific and technological problems has not proved enough. The qualities of compassion and an interest in people are still the hallmarks of a caring profession and, moreover, are proving potent ideals in governing the choice between different branches of medicine.

Tomorrow's general practitioners will judge today's medical educators by the skill with which *scientia* and *caritas* are blended. (*See Report and Correspondence*).

HEALTH CENTRES

There are now 280 health centres open in England with about 1,500 family doctors practising in them; 200 more centres are being built or have been approved.

Lord Aberdare, Minister of State, Department of Health and Social Security, estimates that 3,000 family doctors will be practising from over 500 health centres in England by the end of 1974.