

## TEACHING PRACTICES

**W**E publish today *Teaching Practices*, a report for the education committee of the College by Dr D. H. Irvine.

The concept of the 'teaching general practice' is new. As teaching in general practice has lagged seriously behind most of the other branches of medicine, there is no long tradition comparable with the teaching hospitals, and many of the teachers are still feeling their way even in those practices with the greatest experience.

Teaching practices in the future will be needed for undergraduates, postgraduates and also for "those doctors preparing for other specialties, such as paediatrics, psychiatry or community medicine, who will find experience of patient care in general practice essential in their vocational training."

What are the characteristics of the teaching practice? How do such practices differ, if at all, from other general practices? How may teaching practices be found?

### *Method*

There are two components of importance in teaching in general practice, the teacher and the practice itself. This report is concerned more with the practice, although some interesting details about the teachers are included.

The data were obtained from practices taking undergraduates and vocational trainees, 88 per cent of teachers took medical students regularly, compared with 13 per cent of a representative sample of all practitioners. The method used was an initial questionnaire, 190 doctors replied (86 per cent), and this was supplemented by personal visits to 50 randomly chosen practices.

### *The teachers*

Three quarters of the teachers were members of the College and there were regional variations. Indeed, 94 per cent of teachers in North-east England have the M.R.C.G.P. By all criteria measured the teachers had more qualifications than the average practitioner and 11 per cent had proceeded M.D. Two thirds of the teachers were involved in voluntary work for professional and other medical organisations, and by every index recorded, teachers were involved twice as much as other practitioners. Such findings are to be expected if teachers are 'communicators'.

Twenty per cent of the teachers have published at least one paper within the previous three years compared with four per cent of all general practitioners. It is interesting that as many as a third have completed a teachers' course, and of those who have not, two thirds indicated their intention of doing so.

### *The practices*

Three quarters of the premises were owned by the group or partnership, and there were wide variations in accommodation. It is disappointing that only a third of teachers had a health visitor's room and of these only three quarters offered the health visitor exclusive use.

As many as seven per cent of the teachers "almost entirely in the Manchester region" stored records in the doctor's consulting room.

On every index measured teachers were substantially better equipped than general practitioners as a whole—some differences were striking. Thus possession of an electrocardiogram was 37 per cent compared with 10 per cent, possession of a peak flow meter 28 per cent compared with five per cent of all practitioners. Whitfield (1966) in a classic study highlighted the severe deficiencies in equipment in some training practices approved

by local medical committees. Today's figures are better, but is it satisfactory that students and young doctors are still being trained by the six per cent of teachers who do not possess a proctoscope, and the three per cent without a vaginal speculum?

Since communication is becoming more important in general practice, reports of the possession of communication equipment are interesting. Six per cent of teachers do not possess a typewriter, and as many as a third are without any form of dictation equipment.

The rate at which patients are seen per hour is emerging as one of the indices of care in general practice. Although obviously subject to wide variation in different practices, with different doctors, it becomes even more important in the teaching situation.

It is remarkable that as many as 31 per cent of teachers saw patients at the rate of 12 or more per hour; half of these were in the Manchester region.

Dr Irvine introduces the concept of staff hours per 1,000 patients per week, which he finds a more effective index for comparison than other methods. This is applied both to secretarial and nursing staff.

#### *Assessment*

The future of general practice now depends on the teaching practices. It is accepted that general practice can only be taught and learnt in 'real life' situations, both at the undergraduate and postgraduate levels. The logistics are formidable; about 1,500 practices will be needed. Many are needed now. Finding them, selecting them, and encouraging their development is now one of the main educational needs.

Publishing factual details like these enables further progress to be made. Practices who hope to teach can compare their own facilities; practices already teaching can be stimulated to further improvements.

Good teaching must be based on good patient care, although excellent patient care need not be associated with teaching.

The teaching practices—if the system is to succeed—must include some of the very best practices and many of the best. It would be educationally disastrous, and ethically unfair to introduce young doctors to inferior methods at a crucial period of their training. Only by learning from the best of today can they prepare to do better tomorrow.

The identification of good and bad methods of patient care is not easy—particularly in general practice. However, such value judgements are possible, are being, and will increasingly be made. It is in everyone's interest that they are made as objectively as possible. Perhaps the early 1970s are marking the introduction of the audit concept to the United Kingdom?

Some of the assumptions in this report, and particularly those implicit in the scoring method described, may be challenged. In particular there is a bias towards "well developed practices" i.e. those placing emphasis on "premises, equipment and team work." These are undoubtedly extremely important, indeed increasingly so.

The absence of these facilities may well prove a useful screening process for teaching practices. Nevertheless, the presence of even excellent equipment is no guarantee of its skilful use. The College has already published its policy on selection (February *Journal*) and proposed a rating of 60 : 40 in favour of the teacher. compared with the practice facilities. This implies that the man is more important than the practice machine.

This is the most up-to-date and detailed survey of teaching practices now available. It will become a standard reference for the future. We congratulate the education committee of the College and Dr Irvine on this interesting, useful, and authoritative report.

#### REFERENCES

- Journal of the Royal College of General Practitioners* (1972). Editorial, 22, 71–2.  
*Journal of the Royal College of General Practitioners* (1972). 22, 79–86.  
 Whitfield, M. (1966). *British Medical Journal*, 1, 663.