

## **REPORT**

### **MEETING OF THE COLLEGES OF GENERAL PRACTICE IN AUSTRALIA**

The meeting of the colleges at Sydney was of considerable importance. The Canadian College of Family Physicians was represented by their President and Executive Director, a past president and two board members; the Australian Royal College of General Practice by all their officers, three past presidents and most Council Members; the College of General Practitioners of Singapore by their President, and the U.K. College by the President, Chairman of Council, Honorary Treasurer and several members of Council, past and present. It was significant that the Chairman of New Zealand Regional Council was accorded a place on the agenda and on most ceremonial occasions.

#### *Common interests and problems*

The opening ceremony on 2 October 1972, was a happy occasion when various formal greetings were exchanged. On the theme *Our Common Interests and Problems* Professor J. D. E. Knox superbly delivered the lead-in address on the educational problems facing the colleges of general practice which set the scene for the following day. The meeting then divided into small working groups to discuss education, research and organisation under several headings. The discussions and findings of these working groups were summarised by recorders and presented with duplicated handouts for plenary discussion on 3 October.

The 'Common interests and problems' were clearly accentuated and outlined with the inevitable lesson that general practice the world over has the same basic problems: to prepare the future general practitioner for his role; to develop continuing education; to organise general practice so that the general practitioner has enough time to remain a clinician; to lead a satisfactory life and to be supported by various degrees of professionals making up the team. 'The team' was a much used, though perhaps to our ears, much misused term. Health centres, records and recording, figured largely, as did computers and screening. It was evident, however, that the different systems of health care in the various countries made certain differences in development inevitable, particularly in organisation.

#### *International Conference*

Tuesday evening marked the opening of the fifth International Conference of the World Organisation for National Colleges, Academies and Academic Associations (WONCA) with a distinguished guest speaker, the Governor-General of Australia. His remarks on the changing situation of the family, the changing patient as well as the changing doctor, were thought-provoking and most appropriate. The platform party, in academic dress, included the Australian medical Royal Colleges and organisations as well as representatives from 31 countries, made a colourful and distinguished presence.

#### *Conference programme*

The accompanying social occasions allowed general practitioners with very varied experience to meet and exchange views.

The programme allowed a day each for following subjects: emergency call; the team approach to health care; data collection, profile and problem determination; challenges of education and assessment.

At the same time many scientific films were shown in the numerous seminar rooms of the extremely versatile building, as well as exhibitions by the pharmaceutical and allied industries. Thus the 1,000 or so participants of the Congress were able to exercise a wide choice and participate in a large variety of activities, discussing or listening, looking or investigating. Medical or wild-life tours into the surrounding countryside were also available.

The many lectures were simultaneously translated into French, though interestingly enough, summaries of the salient points of the addresses were also simultaneously projected on to large screens in Italian, Spanish, German—sometimes with hilarious results, the translations being too literal. Clearly the problem of languages in this 'Tower of Babel' had been well tackled, yet it proved the weakest point, something to which we will have to pay much attention with EEC

around the corner. What was done extremely well was the internal television throughout this enormous conference centre which allowed all that was going on in the main auditorium to be seen and heard in the corridors. These television sets revealed how dominating in influence and interpretation the general-practitioner team from the United Kingdom was. The voices of Stuart Carne, J. D. E. Knox, John Owen, W. O. Williams, W. M. Patterson from Edinburgh, Kenneth Easton from Catterick, R. J. F. H. Pinsent, Michael Coigley, G. M. Tate, and the familiar themes and points of view of the Royal College of General Practitioners were reiterated in accents from all over the world.

#### *Problem-orientated record*

In the academic field the congress belonged to 'the problem-orientated record'. Larry Weed seemed to be everywhere, flailing in his entertaining but acid way the established medical method of recording which is entirely orientated on disease and disease classification. His challenge to begin recording problems, the problems of the patient, may well be instrumental in making us realise that we are concerned with solving the problems of our patients rather than with detailed diagnostic labelling. This recognition may well prove the necessary corrective to introduce greater *caritas*, yet we may, in spite of Larry Weed, not necessarily need to change all our recording habits and procedures. 'The problem-orientated record system' is an important reminder of what our medical care is all about.

#### *Council of WONCA*

While these scientific, academic sessions proceeded, the Council of WONCA had long and arduous daily sessions, trying to hammer out a constitution for such a world organisation, to formulate aims and objects for it and means of achieving them. This international meeting of representatives from 31 countries, chaired ably by Dr Don Rice the Executive Director of the Canadian College of Family Physicians, is no doubt the nursery for general practitioners moving towards international co-operation and understanding. The problems of sovereignty and national idiosyncrasies were only too apparent, but by ruling out any attempt at politics and sticking firmly to the academic and educational objectives, it became possible to keep the meetings congenial and co-operative. No doubt a separate report will be needed for WONCA as it may represent an R.C.G.P. commitment, yet one could only be impressed by the very mature contributions made by the experience of the members from the United States of America, Canada, Australia, New Zealand and the United Kingdom. Apart from the constitutional problems, WONCA agreed to discover ways and means to help the educational, research and academic requirements for general practice in each country, particularly those where resources are inadequate. Furthermore, it agreed to attempt to work out an international morbidity classification suitable for general practice with the investigation of possible ways and means of exchanges of practices for shorter or longer periods across various frontiers.

#### *Annual General Meeting of the Royal Australian College*

The highlight of the week in Melbourne was on the evening of 5 October when the Royal College of General Practitioners, with the dignity and the certainty of procedure and purpose of the older brother, joined the Canadian College in the full ceremonial of the Annual General Meeting of the Royal Australian College of General Practitioners.

Eleven Fellowships were awarded to R.C.G.P. members living in Australia or New Zealand and the Council of the R.C.G.P. made a gift akin to the Royal College of General Practitioners' Foundation Council Award of a number of silver medallions to be awarded when appropriate by the Royal Australian College to distinguished general practitioners, for their work in general practice.

We suggested that these be called the Rose and Hunt Foundation Awards, but this will be the Australians' decision. This combined meeting of the family of Colleges of General Practitioners conducted with such accord and gave confidence and a feeling of strength and permanence and unanimity of purpose.

#### *Dr Fraser Rose*

The entire assembly of over 1,000 stood in silence for one of our founders, Fraser Rose of whose death we had learned only hours before, after Dr G. I. Watson had paid tribute to his outstanding achievements for the College.