A vocational training course in community medicine for general practitioners, and its evaluation

D. R. HANNAY, M.A., M.F.C.M., D.C.H.
A. P. CURRAN, B.SC., M.D., F.R.C.P.(G.), D.P.H., D.I.H.
Department of Epidemiology and Preventive Medicine, University of Glasgow

A PERIOD of vocational training after qualification is becoming increasingly accepted as desirable before entry into general practice (Royal Commission on Medical Education, 1968). Part of this training should be in community medicine, but there is considerable variation in the content and duration of courses which attempt to introduce the trainee general practitioner to a working knowledge of community health and social services.

The joint working party from the Society of Medical Officers of Health and the Royal College of General Practitioners have recommended in their report *The Local Health Authority content of General-Practitioner Training* (1971) a one week's intensive course organised by the appropriate university department of community medicine, preferably on a residential basis. This would be followed by an extended period of day or half-day release, organised by the local medical officer of health and mostly consisting of visits to appropriate organisations and agencies.

The West of Scotland Faculty of the Royal College of General Practitioners introduced in 1968 in the South-western sector of Glasgow a vocational-training programme for general practice based on the Southern General Hospital (West of Scotland Faculty, 1968). This programme followed very closely the recommendations of the report on special vocational training for general practice published by the Royal College in 1965 (*Report from General Practice No.* 1) and was organised along the lines recommended in the Report of the Working Party on Postgraduate Medical Education within the National Health Service in Scotland in 1966.

Training programme

The training lasts four years from qualification. After the first pre-registration year, six months are spent in obstetrics and gynaecology, and the following 12 months in internal medicine of which the last six months is devoted to alternating posts in psychological and paediatric medicine. After this, i.e. in the second half of the third year after qualification it was originally intended that trainees should spend six months gaining experience of community medicine.

As the community medicine course lasted ten weeks, the remaining weeks were spent in geriatrics and psychological medicine. Finally the trainee year followed.

Community-medicine course

This period was to include an academic attachment to the appropriate university department as well as field-work experience of local authority health and social services. It also had to cover the organisation and administration of general practice in health centres, group practice, and partnership in urban and rural areas. The content of the above commitment was inevitably broadly defined, and owing to the numerous agencies

involved, its initial organisation was rather piecemeal. The first general-practitioner trainees were attached on a day-release basis to the Department of Epidemiology and Preventive Medicine in a loose integration with parts of the Diploma in Public Health course. Unlike the present course, however, the rest of the programme was left to the various agencies concerned and inevitably led in field work, to wastage of time because of reduplication and irrelevance in the visits chosen.

Study of some existing programmes, with a critical appraisal by trainees on the previous two courses, confirmed this impression and, moreover, uncovered some gaps, e.g., in geriatrics, occupational health, rehabilitation, and in health services management. After discussion with the West of Scotland Faculty, it was agreed that an attempt should be made to integrate all aspects into a full-time course of about ten weeks' duration, preferably coinciding with an academic term and solely organised by this department, instead of a loose part-time attachment during six months. Social geriatrics was omitted because it was being merged later in the programme with clinical training to form a course organised by the department of geriatric medicine. One further object of the community medicine course being administered entirely by this Department, apart from the desire to weld theoretical training and field work experience, was to foster in the trainees a sense of belonging to an academic unit, with full use of its facilities including the departmental library. The content of this revised course is shown in Appendices 1 and 2.

Aims

There has been some confusion surrounding the term 'community medicine' and the future role of general practitioners, much of the argument being semantic rather than practical. The recent Scottish report *Doctors in an Integrated Health Service* (1971) is, however, refreshingly clear on the subject, and states that "The specialist in community medicine . . . is concerned not with the care of individual patients but with the use of medical resources for health care in relation to defined populations, and for monitoring and evaluating the results. He will have a particularly important role in the development and operation of an integrated service . . ."

The place of general practice in this integrated service is equally unambiguous—"General practice should remain the mainstay of the health care system". The report rejects the weakening of general practice or the introduction of 'feldshers', and reaffirms the value of "the personal doctor of first contact in helping the patient to gain maximum benefit from an increasingly complex and specialised array of medical care".

Emphasis is placed on the importance of working together with nurses, health visitors, and social workers, as well as with specialists in hospitals and community medicine. The report also states that "the present and future of general practice lies in the social and psychological support of the patient in the community".

Method

A course in community medicine for general-practitioner trainees should add substance to these concepts which were reflected in the main streams of existing expertise in the department, namely the health and social services, epidemiology and statistics, medical care organisation, and behavioural science. Seminars in these broad areas were given throughout the course and supplemented by outside visits relevant to the seminars and with a particular theme for a given week. Although there were distinct streams in the course, the lines of approach were complementary and overlapping. Those taking part were encouraged to read into subjects, so that seminars could be a two-way process rather than a didactic monologue. The first two weeks were mainly spent in the department, and in the last week the participants attended the 'management appreciation course for clinicians' held by the department.

The trainees were also encouraged to undertake a project of their own choice in order to develop their interests by reading and working through the problems of formulating and trying to answer questions. The success of a project was not seen in terms of a particular paper at the end of the attachment, but in terms of on-going enthusiasm. It is surprising that the report *Doctors in an Integrated Health Service* fails to mention research in community medicine as a speciality to which general practitioners could contribute. Group practice can be an ideal basis for much social and epidemiological research. In our experience, trainees in general practice are at least as well motivated towards such research as those taking the D.P.H. course.

There were two general-practitioner trainees on this integrated course, which was essentially experimental. They were asked to assess each seminar and visit as the course progressed, and at the end the whole syllabus was critically evaluated by those involved, and suggestions made for the future.

Evaluation

The seminars on health and social services were considered to be valuable, especially as they were well spaced out through the programme and linked to relevant visits. Those concerned with occupational health, rehabilitation, and the role of health departments were particularly helpful. Some of the new social-work services such as those concerned with adoption and fostering opened up new areas of understanding for the trainees.

It was felt that epidemiology and statistics should have been considered together as one block rather than spreading the epidemiology over the whole course. The practical aspects of screening and surveys were especially appreciated, as was the emphasis on statistical thinking rather than statistical arithmetic. Time spent on computational methods was also worthwhile.

Seminars on medical care organisation were supplemented by visits to health centres, and participation in a course in management appreciation for clinicians. If a management course is not included in a future programme, then at least some aspects of it should be retained, especially those parts relating to operational research and health centres.

Behavioural science was considered relevant, specially when related to the sociology of illness, social case work, and children's panels. In view of the scope of the subject more effort was required by the trainees to read round the topics. More thought by the staff was needed on the relevant input of social case work, which was considered important for general-practitioner trainees.

There is one aspect of the behavioural sciences which strictly lies outside the current definition of community medicine, but which is very important in general practice and sadly neglected in medical training. This is the area of inter-personal relationships, both between doctors and patients and within the family. Much can be learned by doctors from the skills of social case work about such situations, and this was specifically emphasised in parts of the course. Another area where intra-family problems arise is in family planning, which is also neglected in medical training in spite of its obvious relevance to family and community health. Occasional visits to clinics are not a substitute for a proper training in family planning, with the experience which this gives of marital problems. This should now be possible with the opening of a family-planning training centre in Glasgow.

In a short course it is necessary to start early on a project if any value is to be gained from working through a problem and if trainees are to be motivated to develop their interests after finishing the course.

Among other lessons learned were the need for a co-ordinator to appraise critically the value of each topic or visit in its own setting and in relation to the whole programme,

and the need for a firm attachment to the appropriate university department. The duration of such a course should not be so short or its subject matter so condensed as to give only a smattering of topics. On the other hand, it should not be prolonged over a lengthy period of one or two days weekly when the relevance of visits and topics is easily forgotten.

This course was of value to the participants but, especially if repeated more than once yearly, is undoubtedly wasteful of staff time and profligate in its demands on health and social agencies which already have numerous calls on their services. Enquiries have been received from other areas in the West of Scotland, but financial and administrative reasons appear to preclude serious consideration of taking such a course. These are obviously matters for resolution by the Postgraduate Committee on Medical Education and their Adviser in General Practice in conjunction with the Faculty of the Royal College of General Practitioners.

It is desirable that this contribution of community medicine should be written into the programme at one period during the year, although the difficulties in linking this to alternating hospital-service appointments in the Western Region are not underestimated.

Conclusions

A specific course in community medicine as outlined is an essential part of a vocational-training programme for general practitioners, and provides valuable experience and teaching which would not be gained elsewhere.

By incorporating these suggestions, the course could be reduced from ten weeks to eight, and be improved in the process. An outline programme for such a course is shown in Appendix 3, with epidemiology and statistics coming together during the first two weeks, but with health and social services, medical care organisation, and behavioural science spread throughout the eight weeks.

It is strongly recommended that a proper training in contraception should be an integral part of the vocational training of general practitioners, whether incorporated or not in a course on community medicine.

In view of the time and staff involved with seminars and visits, there should be more trainees on the course. This should take place once a year as an essential requirement of the vocational training scheme, and form an important part of this department's contribution to postgraduate teaching in community medicine.

Acknowledgements

Thanks are due to the many people both inside and outside our department who contributed, including the two participants, without whom neither the course nor its evaluation would have been possible. We are also grateful to Miss I. McKnight for her secretarial assistance throughout.

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APPENDIX 1
PROGRAMME FOR A VOCATIONAL TRAINING COURSE
IN COMMUNITY MEDICINE FOR GENERAL PRACTITIONERS

Week		*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
ONE		SEMINARS IN THE DEPARTMENT				
	morning	Health & social services	Project discussion	Behavioural science	Health & social services	Screening
	afternoon	Epidemiology	Quantitative methods	Health & social services	Quantitative methods	Quantitative methods
TWO		SEMINARS IN THE DEPARTMENT				
	morning	Health & social services	Health & social services	Behavioural science	Health & social services	Medical care organisation
	afternoon	Epidemiology	Quantitative methods	Health & social services	Quantitative methods	Health & social services
THREE			HEALTH DEPARTMENTS			
	morning	Health & social services	(Visits)	Behavioural science	(Visits)	(Visits)
	afternoon	Epidemiology		(Visit)		
FOUR			HEALTH DEPARTMENTS			
	morning	Health & social services	(Visits)	Behavioural science	(Visits)	Medical care organisation
	afternoon	Epidemiology		(Visit)		(Visit)
FIVE		SOCIAL WORK DEPARTMENTS				
	morning	Health & social services	(Visits)	Behavioural science	(Visits)	Medical care organisation
	afternoon	Epidemiology		(Visit)		(Visit)
SIX			REHABILITATION			
	morning	Health & social services	Health & social services	Behavioural science	(Visits)	Health & social services
	afternoon	Epidemiology	(Visit)	(Visit)		(Visit)
SEVEN		EPIDEMIOLOGY AND SCREENING				
	morning	Health & social services	(Visits)	Behavioural science	Medical care organisation	(Visits)
	afternoon	Epidemiology		(Visit)	(Visit)	
EIGHT		HEALTH CENTRE ORGANISATION				
	morning	Health & social services	(Visits)	Behavioural science	(Visits)	Medical care organisation
	afternoon	Epidemiology		(Visit)		(Visit)
NINE			OCCUPATIONAL HEALTH			
	morning	Health & social services	Health & social services	Behavioural science	Health & social services	Medical care organisation
	afternoon	Epidemiology	(Visit)	(Visit)	(Visit)	(Visit)
TEN			MANAGEMENT COURSE			

APPENDIX 2

Health and social services

Evolution of health and social services.
National Health Services—as they affect and are used by the family doctor.
Social work. Social security. Social welfare.
Care of mothers, infants, and pre-school children.
Health of the school child.
Handicapped children.
Young chronic sick and handicapped school leaver.
Mental illness and mental handicap.

Medical rehabiliation services and their use.
Industrial rehabiltitation services and their use.
Problems of special groups.

Occupational health and work.
Statutory and voluntary services.
Incidence, prevention, and control of occupational diseases and industrial injuries.
Ratio of occupational to non-occupational illness.
Absence from work—medical and non-medical factors.

Epidemiology and statistics

Principles of epidemiology as applicable to general practice.
Hypothesis and risk.
Incidence and prevalence.
Screening in general practice.
Industrial screening.
Population surveys.

Statistical concepts and tests.
Decision making. Probability in diagnosis.

Computational methods.
Computers and programming. On-line and card-punch facilities.

Medical care organisation

Management of medical care systems.
Analysis of health service function.
Personnel roles and level of function.
Organisation of data and information systems for management.
Age–sex registers. Record linkage.
Organisation of medical care, e.g., health centres.

Management appreciation for clinicians.

Behavioural science

Sociology as a behavioural science.
Social class and mobility.
The family and marriage.
Growing up.
Growing old.
Children's panels and social work departments.
The sociology of illness.

Social case-work at a family centre and a health centre.

APPENDIX 3

REVISED COURSE IN COMMUNITY MEDICINE FOR GENERAL-PRACTITIONER TRAINEES

Theme for week	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
ONE Epidemiology and statistics	Health & social services seminar ——— Epidemiology seminar	Epidemiology seminar ——— Statistics seminar	Projects seminar ——— Epidemiology seminar	Epidemiology seminar ——— Statistics seminar	Medical care organisation seminar ——— Epidemiology seminar
TWO Epidemiology and statistics	Health & social services seminar ——— Epidemiology seminar	Epidemiology seminar ——— Statistics seminar	Behavioural science seminar ——— Social work visit	Visit to screening unit	Medical care organisation seminar ——— Data handling seminar
THREE Health departments	Health & social services seminar ———	Health dept. visits	Behavioural science seminar ——— Social work visit	Health dept. visits	Medical care organisation seminars
FOUR Health departments	Health & social services seminar ———	Health dept. visits	Behavioural science seminar ——— Social work visit	Health dept. visits	Medical care organisation seminars
FIVE Social work departments	Health & social services seminar ———	Social work dept. visits	Behavioural science seminar ——— Social work visit	Social work dept. visits	Medical care organisation seminars
SIX Rehabilitation	Health & social services seminar ———	Rehabilitation visits	Behavioural science seminar ——— Social work visit	Rehabilitation visits	Medical care organisation seminars
SEVEN Occupational health	Health & social services seminar ———	Occupational health visits	Behavioural science seminar ——— Family planning visit	Occupational health visits	Medical care organisation seminars
EIGHT Health centres	Health & social services seminar ———	Health centre visits	Behavioural science seminar ——— Projects seminar	Health centre visits	Medical care organisation seminars