

evaluate different forms of management in terms of the patient's subsequent dependency or self-sufficiency?

Interesting implications for the future arise from Cartwright and Dunnell's finding that it is particularly younger practitioners who are encouraging self-care by suggesting that patients buy more of their own medicines.

Sources of advice

The various sources of advice in the community now need detailed consideration. Whitfield (1968) examined the pharmacist's role in the first form of care and Elliott-Binns confirms that this was one of the most often used and most valuable sources.

The public should, however, be further protected at the point of sale. Phenacetin could well be banned and the profession should now be pressing some continental authorities to prevent chloramphenicol being freely available over the counter.

Nurses may sometimes fail their friends or patients, particularly by needlessly engendering anxiety—but how many nurses have been properly trained for this role? Nurses already often advise on the appropriateness of consultation with a doctor and so all community nurses should have specific training on the scope, the opportunities and the limitations of modern general practice.

Indeed, advising other professionals and the public in this way may well prove a significant new responsibility for general practice, and in the long term may greatly improve the quality of the first form of care.

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GENERAL PROFESSIONAL TRAINING

FIVE years ago this month the report of the Royal Commission on Medical Education was published. This was one of the most important documents of the decade and outlined a new concept of general professional training in its blueprint for the future. The principle was simple—that all doctors would undergo a three-year training programme after completing their pre-registration year and before beginning intensive (specialised) 'further professional training'.

This report was warmly welcomed at the time of publication and although much has already happened in the university world as a result, nevertheless during the last year or so somehow the idea of general professional training is being left on the shelf. It is therefore particularly encouraging to read a recent report of a working party of the Scottish Council for Postgraduate Medical Education.

The Scottish Council foresees a continuing trend towards further integration and a progressive weakening of the current rather rigid categories of doctor. It firmly endorses the Todd concept of general professional training: "we believe the concept of 'general professional training' is right in principle and that it should be implemented in practice".

In looking at ways of assisting implementation it is noted that the present system

whereby young doctors continually compete for posts leads to many difficulties and more experiments with co-ordinated three-year programmes are urged to achieve the advantage of one employing authority.

One recommendation of major importance is the idea that during this phase of training the doctor should spend time in a field outside his/her future career choice "preferably for a period of about 12 months . . . the more general the possible application of the experience obtained, the more appropriate it would be, provided that the posts were recognised for training purposes. For doctors planning a career based in hospital, posts in selected teaching practices would be particularly appropriate; and we consider it a matter of high priority that attention should be given to the selection and education of those who will teach general practice".

The crux of the problem is that the present pattern of training now being received by those doctors preparing themselves for the specialties is too narrow. This is clearly identified in this report ". . . and it is obvious, therefore, that the general element in professional training is, at least in the hospital-based specialties, in danger of being lost".

Other valuable ideas include a much greater emphasis on career guidance and a considerable increase in the teaching given to young doctors on research methods, coupled with more opportunities for further research work.

As to responsibility, the Scottish Council accepts its share and notes that the broad representation from university medical schools, Royal Colleges and Faculties makes the Central Councils suitable for this work. Finally, further rationalisation of the proliferation of higher qualifications is urged particularly at primary level.

It is refreshing to read this report. It is mercifully short, clearly written and to the point. All its recommendations seem practicable. The chairman of the working party was Professor I. R. C. Batchelor who holds the chair of psychiatry at Dundee. He and his group are to be congratulated on a significant clarification of the thinking on this subject. Can England and Wales now follow suit?

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TRIBULATIONS OF AN EDITORIAL PANEL

"During the past two years in which the Institute has been directly responsible for editing the *Journal (Occupational Psychology)* over 100 papers have been submitted for publication and 33 have been accepted. But only six could be published as they stood.

The faults were those of presentation as much as literacy. The manuscripts too often lacked the order essential to clarify in scientific writing, contained imprecise and unnecessary jargon and sometimes were found to be inaccurate as well.

We understand that other editors of scientific journals experience the same difficulties. For us, the problem is particularly serious since our journal is intended for people who work in industry as well as the research laboratory. We suspect that the educational revolution of the last half century had led self-expression to be encouraged to the detriment of reporting. It is of little value to society for a man to 'do his thing' if he cannot then communicate to others what it is he's done."

Annual Report of the National Institute of Industrial Psychology (1970).