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## TEACHING THE TEACHERS

CENERAL practice is moving rapidly towards the point where all doctors who become principals will be required to have completed vocational training. Selection committees throughout the United Kingdom are now appointing the trainers who will help new entrants prepare themselves for 30 or more years of work with patients. Selection is usually based on criteria recommended by the Council for Postgraduate Medical Education in England and Wales.<sup>2</sup>

The aim and syllabus of training recommended are based firmly on a college publication.<sup>3</sup> The criteria for selection are listed under two headings: one of which 'practice organisation and premises' is based on another college publication.<sup>4</sup> Their adoption may exaggerate a disparity already identified!<sup>5</sup> between expectations of trainees and the realities of practice in designated areas <sup>6</sup> and increase the responsibilities of trainers.

The second list of criteria is headed 'personal qualities' and includes 'time to teach or a readiness to make time', which indicates some conflict with service responsibility. It also includes 'a desire to teach'. It is suggested that assessment of this should be based partly on 'interest in teaching methods including attendance at courses for teachers and plans for further improvement of personal teaching skills'. This implies that two sorts of learning experiences should be available for trainers; a formal course and a continuing opportunity for improvement. There have been formal courses of varying duration, content and method held for general-practitioner teachers in many parts of the country, some for many years <sup>7</sup>. Opportunities for continuing improvement have been fewer but were studied in detail at the London Teachers' Workshop <sup>8</sup> as well as elsewhere. These various endeavours have been based on the enthusiasm of individual innovators. The experiences gained must be collated and course organisers who can help trainers fulfil the criteria stipulated for their selection must be trained. The Health Service Authorities have now agreed to pay course organisers and to contribute to the cost of their training.

At a symposium organised to collate some of the experiences gained in teaching trainers 9 few firm conclusions were reached, but two vital questions were asked by Dr John Ellis. "Why are you so concerned with teaching? Do you have special problems?" It is not enough to answer that anyone who teaches professionally should learn about teaching; nor that general practice has its own core content; nor even that trainees must learn to be able to adjust to changes in medical knowledge, technology and organisation as well as to alteration in the social organisation and institutions in which they practise and their patients live. This should be true for all doctors, even if not all the other institutions in medicine agree. All these truths indicate objectives for the training of general practitioners—both trainees and trainers. Their range indicates the need for detachment courses for trainees, also recommended by the Postgraduate Council. These, too, would be the responsibility of appointed course organisers. These points do not define the special problems of training for general practice.

The specific problems of learning and teaching in general practice arise from the situation in which the trainee learns, the trainer teaches and the principal practises. The principal must have the ability to learn from experience, to understand what goes on between him and his patient, and to offer an appropriate model for his patient's behaviour as well as helping the patient to solve his problems. The trainee year seeks to provide experience as close as possible to eventual work in practice.

The trainee will learn a great deal by doing and finding out for himself with

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appropriate monitoring and guidance by his trainer (heuristic learning). He will conduct consultations in which as well as attempting to solve problems and make appropriate interactions (task activities) <sup>3</sup> he will interact with his patients in a way which he must come to understand and be able to use therapeutically (process activities). He will always have the behaviour of his trainer and his colleagues to observe and to copy or reject (modelling).

It follows that the trainer must be able to guide the trainee in heuristic learning and can best learn to do this by studying his own tutorials. In these tutorials the trainer as well as attempting to improve the trainee's task performance must understand the interactions between the trainee and himself and use them beneficially. He will have many opportunities to offer a model suitable for his trainee to copy and his approach to teaching will be one of them. Course organisers must be able to foster these skills in formal courses and the workshops they will run.

The College, with financial assistance from the Nuffield Provincial Hospitals Trust, has established the Nuffield Project in order to train course organisers. A tutor, Dr Paul Freeling, and an assessor, Mrs S. M. K. Barry, have been appointed. Course organisers will be helped to offer trainers and trainees opportunities to examine their heuristic learning; to distinguish process from task activities, to lead discussion of them and to use them beneficially; and to be able to design learning experiences which offer a suitable model to participants, as well as behaving in an appropriate way when conducting these exercises. All this will be shown as well as covering the necessary core of knowledge, skills, and attitudes.

To achieve these objectives the Nuffield course is spread over 12 months and consists of six separate weeks between which participants will run courses in their own regions. These will form the experiential basis for the Nuffield course itself.

The appointment of Mrs Barry recognises the essential part that assessment plays in any educational activity. The assessment procedures themselves are aimed at the course, rather than the members but will place extra burdens on them. The success of the course is vital if vocational training is to achieve the College's global aim of an excellence of care in general practice for all patients in the United Kingdom. Twenty-four enthusiasts started the first week of the first Nuffield Course in July 1974. General practice wishes them well.

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