# *The obstetric content of training for the general practitioner*

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Decisions about the content of training programmes are not easy. Perhaps the most difficult area of precise definition is the " need of the trainee."

The needs of doctors in training are becoming increasingly diverse and the ways of training equally different. The consulting surgeon, the paediatrician, the community physician, and the radiologist, all have differing needs and their vocational training programmes have little in common.

During the past decade the special vocational needs of the general practitioner have become apparent (McWhinney, 1966; Anderson, 1972; G.M.C., 1967; Byrne, 1971). The Royal College of General Practitioners (1972) has outlined the structure of a programme of vocational training for general practice.

General practice has widespread connections with almost all spheres of medical care. The general practitioner needs to have some knowledge of all other medical disciplines, but does not need to, nor can know, all about any one of them. The difficulty comes in deciding an adequate level of knowledge, skills, and attitudes for each discipline.

This paper attempts to outline the obstetric needs of the general practitioner for the purposes of general practice alone, and to construct a programme for training. It should be clearly recognised that this programme meets the basic needs of every general practitioner, irrespective of any special interest or participation in obstetrics. It is conceded that a practitioner who has a special interest or participation will need substantially more knowledge, and differing skills and attitudes.

As a basis for developing the programme, the existing broad outlines of training for general practice (Royal College of General Practitioners, 1972) have been used as a model.

## Programme for all trainees

### *Objectives*

To produce a doctor who, on completion of the programme, should be able adequately to provide personal, primary and continuing care, to pregnant women and their families, in their homes, in his consulting room, and sometimes in hospital. He should be able to accept the responsibility for making an initial decision on every problem which his patients may present to him. He should be able to decide when it is appropriate for him to consult with specialists in obstetrics and other specialties, and know how to do so.

He should be able to work in a group whose members may include other doctors who may or may not have an equal interest in obstetrics. He should be able to work with midwives, health visitors and secretarial staff. He should be able to consider pregnancy in physical, psychological, and social terms. He should be able to intervene educationally, preventively and therapeutically, in promoting the obstetric care of his patients.

### *Aims*

To produce a doctor who can:

(*a*) Diagnose pregnancy,

(*b*) Understand the normal pregnancy,

(*c*) Intervene effectively in obstetrical emergencies,

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(*d*) Identify other agencies to undertake the management of pregnancy and intervene outside normal pregnancy,

(*e*) Identify a situation which would allow him to develop more participation, with others in the management of pregnancy,

(*f*) Identify the need for and the means of securing continuing education,

(*g*) Understand that participation in organised obstetric care in general practice beyond (*a*)—(*f*) demands additional training,

(*h*) Understand that participation in obstetric practice in hospital and the teaching of obstetrics in general practice demand additional training.

The programme contains an indication of the learning need with suggestions about a likely site where this need can be met—between hospital and general practice. It is recognised that in the hospital experience this will be largely clinical observation, whereas in general practice the experience can be a combination of clinical observation and seminars or other forms of teaching.

## Vocational training for general practice

*Obstetrical content*

R=Learning which will need at least reinforcement in general practice, irrespective of previous hospital experience.

| *Subject (learning need)* | *Site* | |
|---|---|---|
| **The consultation** | | |
| (1) *Making a relationship* | | |
| Defining the obstetric role of the general practitioner | General practice | R |
| (2) *Gathering information* | | |
| Physical symptoms and signs of normal pregnancy:- | | |
| Presumptive | General practice | |
| Probable | Hospital | |
| Positive | Hospital | |
| Symptoms and signs of normal labour | Hospital | |
| Normal emotional behaviour during pregnancy | General practice | |
| —including labour | Hospital | R |
| Abnormal emotional behaviour during whole of pregnancy | General practice and hospital | R |
| Symptoms and signs of normal peurperium | General practice | |
| Needs contraception | General practice | R |
| (3) *Defining the patient's problem* | | |
| Diagnosis of normal pregnancy | General practice or hospital | |
| Effect of pregnancy on emotional behaviour and needs | General practice | R |
| Diagnosis of normal labour | Hospital | |
| Intercurrent disease in relation to normal pregnancy | General practice | R |
| Defining that pregnancy is other than normal | General practice and hospital | |
| (4) *Problem solving and management* | | |
| Determining appropriate agency to undertake the management of pregnancy | General practice | R |
| Determining an obstetric emergency and the means of proper management | General practice and hospital | |
| The management of intercurrent disease associated with normal pregnancy | General practice | R |
| Contraceptive advice and management | General practice | R |
| Management of abnormal emotional behaviour in association with physically normal pregnancy | General practice | R |
| Determining a neonatal emergency and the means of proper management | Hospital | |
| (5) The expectations of normal pregnancy, labour and puerperium | General practice | |

| | | |
|---|---|---|
| **Area 1** | | |
| *Health and health education* | | |
| (*a*) Contraception | General practice | |
| Hygiene of normal pregnancy | General practice | |
| Breast feeding | General practice and hospital | R |
| (*b*) *Natural history* | | |
| of normal pregnancy | General practice | |
| of the fertile period of life | General practice | |
| (*c*) *Intervention* | | |
| Referral for management of pregnancy | General practice | R |
| Management of emotional deviation | General practice | R |
| Referral in emergency | General practice | R |
| The role of the midwife | General practice and hospital | |
| **Area 2** | | |
| *Genetics—recurrent abnormality* | | |
| Fetal development | Hospital | |
| Need for genetic counselling—common genetic abnormalities | General practice | |
| **Area 3** | | |
| *Human behaviour* | | |
| (*a*) *Behaviour presented to the general practitioner* | | |
| Attitudes of mothers towards pregnancy | General practice and hospital | R |
| Attitude towards agencies for care other than personal general practitioner | General practice and hospital | R |
| Normal behaviour during pregnancy, labour and peurperium | General practice and hospital | R |
| Behaviour of the unmarried mother | General practice and hospital | R |
| (*b*) *Behaviour in interpersonal relationships and between doctor and patient* | | |
| Behaviour towards midwife<br>Behaviour towards hospital | General practice and hospital | R |
| (*c*) *Behaviour in the family* | | |
| Attitude of mother towards other children in family | General practice | R |
| Attitude towards husband | General practice | R |
| Attitude of husband | General practice | R |
| Family needs during mother's labour | General practice | R |
| **Area 4** | | |
| *Medicine and society* | | |
| Cultural reaction to normal pregnancy | General practice | |
| The organisation of obstetric care in the United Kingdom | General practice and hospital | R |
| The social needs of the unmarried mother | Social Services Dept. | |
| **Area 5** | | |
| *The practice* | | |
| (*a*) *Practice management and the team* | | |
| The obstetric team in the practice | General practice | R |
| The management of obstetric care in general practice | General practice | R |
| The general-practitioner obstetric unit | Hospital | R |
| (*b*) *Communication and records* | | |
| Communication with hospital, midwife and social services | General practice | R |
| Obstetric record in general practice | General practice | R |
| (*c*) *Practice policy* | | |
| The role of the general-practitioner obstetrician | General practice | R |
| (*d*) *The general practitioner and the law* | | |
| Legal aspects of contraception and abortion | General practice | |

A programme of this kind cannot obviously be taken to indicate a series of sequential learning situations; for example—making a relationship and behaviour presented by the general practitioner during a consultation may well be a combined learning exercise.

The application of such a programme is a matter for individuals or groups of teachers to determine. What the programme does achieve is the identification of the specific knowledge, skills, and attitudes which the trainee general practitioner should possess.

The programme suggested may be implemented in many ways. It is recognised that the trainee may already have an adequate understanding of some of the content of the programme. Part of the programme may however, require reinforcement in general practice. Examples of such parts of the programme are—defining the obstetric role of the general practitioner; determining the appropriate agency to undertake the management of pregnancy; and contraceptive advice.

During a three-year vocational training course for general practice, four separate possible opportunities exist for teaching the obstetric role of the general practitioner. The first is in the hospital, the second is in general practice, the third is in special courses arranged for trainees in general practice, and the fourth—personal reading.

Advantage should be taken of as many of these opportunities as possible. The hospital and general practice service opportunities could both contain practical experience as well as directive teaching by a trainer; for example the whole of areas 4 and 5 could be taught during a one-year traineeship in general practice, at regular, structured, antenatal clinics. This experience could be reinforced by a single seminar or discussions of about two hours duration.

Area 3 of the programme could be taught through practical experience at a structured antenatal clinic and in the general surgery during a one-year period of traineeship in general practice. This experience could be reinforced by attendance at hospital antenatal clinics and the labour ward. The trainee who has previous practical experience of hospital may not need to repeat this exercise.

Area 2 might be differently approached for the purposes of understanding genetics. Concentrated experience of a hospital clinic would offer advantages. Special experience could be reinforced by personal reading and by discussions during a vocational training course led by a geneticist.

The precise manner of implementation must be determined by individual groups of teachers. Each trainer in general practice may need to evaluate for each trainee his individual needs, bearing in mind his existing knowledge, skills, and attitudes.

For the purpose of application in general practice, it is recommended that more can be achieved if antenatal care in the practice is seen to be organised preferably in a clinic where doctor and midwife work together, and is separated from the general surgery. It might be very difficult to teach the role of the midwife, or breast feeding unless there is participation by the midwife in the teaching process.

The value of the programme described may only be determined by monitored trial. I hope that such a trial will take place in Manchester and the results will be reported.

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