

The Royal College of General Practitioners and the British Student Health Association

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A symposium was held at New College Oxford on 5–6 April 1974. The decision to hold this symposium was stimulated by the editorial in this *Journal* in February 1973 (*Student health service—general practice or not?*), in which the advantages and disadvantages of having separate doctors to look after the health and illnesses of university students were compared.

Letters from leading members of the British Student Health Association subsequently published in the *Journal* made it obvious that this editorial had been sensed by them as a challenge and that it might indicate a conflict of ideas between the Association and the College.

Fifteen members from each side met in Oxford at one of the most impressive of the colleges and in spring sunshine. The small size of the meeting and the fact that almost all the Association members were also members of the College ensured that conflict was minimal.

Dr John Munro

The first morning was based on two contributions from the Association—Dr John Munro (Durham University) spoke about the problems met by doctors working among university students; the needs of students arising from their peculiar situation—their need to be understood, to test authority, to get used to moves to and from home (perhaps for the first time); the sort of clinical problems they bring to their doctors—injuries, allergies, respiratory and other infections, drug addiction and, above all, emotional problems, chiefly related to work stress; the causes of academic failure; the strengths and weaknesses of the student health physician, especially his advantage in being able to provide much more time for consultation than most general practitioners.

Dr Crighton

Dr Crighton (Leicester University) spoke of the student's problem of identity. An individual's identity is formed by his perception of himself, compounded with his perception of how others perceive him and react to him. He quoted writing on a student's wall, noticed by Dr Anthony Ryle—"Due to circumstances beyond my control, I am the master of my fate, I am the captain of my soul". When crises come, they come thick and fast for the student. He has four tasks to cope with simultaneously: (1) The crisis of separation from home (a new freedom, but also the discovery of a new environment which may be hostile) (2) His academic work. Is it what he really wants to do? Has he a sense of where he is going? (3) Sexual relationships—above all the challenge of intimacy rather than physical contact and pleasure (4) Examinations, with their double significance as threats to self-esteem and as the beginning of maturity, so that a third-class degree seems to stigmatise as a third-class adult.

Such is the background to the emotional problems which students bring to their doctors.

Dr J. P. Horder

In the afternoon, Dr John Horder (RCGP) spoke of the training of general practitioners, with a view to discussion about the training of student health physicians, but equally about the special contributions they might make to the training of all general practitioners.

Dr T. Stewart

Dr T. Stewart, organiser of the Reading Vocational Training Scheme, then described an experiment which is just starting, whereby two Reading trainees will work for their year in general practice in the university practice.

The second morning was devoted to discussion of ways in which the College could help the Association and the Association help the College. A number of practical recommendations were agreed.

How can the College help the Association?

(1) Recruitment to university practices

The annual need is for about six doctors for the whole of the United Kingdom, to replace full-time university doctors who retire or die.

The College can help by encouraging scheme organisers to second general practitioners in training to student health departments, either for a prolonged period (three to six months) or for half or whole-day sessions. Different universities offer different kinds of experience within the general field of adolescent health and illness. The Association could help in the selection of trainers in student health departments.

The College can also help by introducing student health doctors into day-release courses for trainees, where they have something valuable to contribute, and into symposia for older doctors. This helps the Association by giving publicity to the work of their members.

The *Journal of the Royal College of General Practitioners* might consider articles about student health. The Medical Recording Service Foundation might consider creating a series on tape about the work of student health doctors.

(2) Research

Although the Association has a research convener, advice and help from the college research organisation would be welcome. One area where research is needed is in producing a standard form for information about past history when a student first goes to university.

There may also be a place for joint research activity at faculty level, once contact has been made.

How can the Association help the College?

(1) Education

Student health doctors can contribute to the initial and continuing training of all general practitioners, as above. Some of the areas in which they can make their most valuable contributions were described in Dr Munro's paper. They also have a contribution to make in practice organisation. Faculties might invite a representative on an appropriate committee.

They can offer their premises (which are above the general average) for meetings.

They have a special role in helping general practitioners who, working in university cities, are acting as part-time student health doctors.

By stressing the need for *trained recruits*, the Association can help the College in its vocational training aims.

(2) Clinical work

The Association can encourage student health doctors to be more careful about informing home general practitioners when continuity is required at the start of the vacation.

Student health doctors can help other general practitioners by on-campus services whether by injections, dressings, or counselling as they have more time.

Mutual help

The same measures described above may help both organisations. The British Student Health Association is particularly anxious for the College to recognise the benefit of a "university health" element in the teaching content of vocational training schemes for general practice.

REFERENCES

- Bolden, K. J. (1972). *Journal of the Royal College of General Practitioners*, 22, 87-95.
Journal of the Royal College of General Practitioners, (1973). Editorial, 23, 77-80.

Addendum

The *Journal of the Royal College of General Practitioners* welcomes articles on all aspects of general practice, including the primary care of university students. However, since January 1972 only one paper has been submitted based on work done in a University Student Health Service. This was published (Bolden 1972).—Ed.