The university department of general practice: its function and role

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SUMMARY. The need is stressed for university departments of general practice to examine their role and create a philosophy which will guide their function. The success of a department depends upon clear objectives, teamwork, and integration with the teaching given by other clinical departments in the medical school. The contribution of general practice to undergraduate training is discussed and problems associated with the recruitment of staff are indicated.

Introduction

General practice is now one of the accepted disciplines within many university faculties of medicine, and departments or their equivalent have been established in most medical schools in the United Kingdom. Although they differ in size, in organisation and in the amount of curricular time available to them, most departments agree that their principal aim and function is to teach clinical medicine in the context of general practice.

But they have additional functions which are equally important: to further general practice as an academic discipline and to assist in raising the standards of primary medical care. The fulfilment of these functions can be aided not only by the demonstration of a high standard of clinical competence and research, but also if each department examines carefully, and sets out clearly, its general aims and objectives; so creating a philosophy to which all members subscribe.

A philosophy for a department of general practice

The philosophy of a department should encompass the general principles by which it is to operate and the objectives which it seeks to attain. The philosophy must subscribe to the main aims of the parent medical school, and should include the department's view of its role in teaching, in research, and in the providing of care for patients. It should take account of the role, function, and standard of primary care in the general scheme for the provision of medical care to society, and should indicate the main avenues for the development of teaching and research in the department. In this way a department can provide a framework within which educational and research objectives can be set.

The views and interests of the head of a department are bound to exert a major influence upon a department's philosophy, but consultation with, and discussion between, the members of the department will not only assist in its creation, but ensure that the philosophy is understood and that all members are working towards the same goal; thus increasing their effectiveness as an educational and research team.

However, the philosophy must never be so rigid as to stifle individual initiative or make it impossible for individuals to pursue their own interests. It should be regarded as a dynamic concept which will be enriched by incorporating the fruits of successful individual initiative. Obviously the philosophy will be modified by experience, and repeated evaluation will be essential. Due notice must be taken of 'feedback', favourable or unfavourable, from staff (including the staff of other departments), from patients, from students, and also from the general practitioners of the region served by the medical school.

Having determined the teaching objectives and knowing the amount of curricular time available, the members of the department should discuss the form of teaching best suited to each objective and the educational resources required. The extent to which consultants, health visitors,

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nurses, social workers or others should be involved in teaching must be included, and it must not be forgotten that departments of general practice can, and should, play a part in the education of the professions ancillary to medicine, particularly those involved with primary medical care. Only in such a way can a logical, integrated, and coherent teaching programme be designed and implemented.

Because the patients of one doctor often form too small a population from which to obtain a valid sample, and because of the wide variety of circumstances under which general practitioners work, effective research in general practice often requires the active participation of practitioners both inside and outside the department working together as one team. Such teamwork will be aided if the general research objectives of the department are included in the philosophy.

A team is composed of people who are prepared to work together towards a common goal. The success of a team requires not only that the best use should be made of each person's skill and ability, but also a willingness to give and to accept assistance. Above all, it requires the leader of the team to lead. He must provide both precept and example, being one of the team and having a clinical, a teaching, and a research role. The natural tendency for individuals to be individualists needs to be controlled for the good of the whole by maintaining a balance between restraint and encouragement; a task that calls for much wisdom and tact in the leader.

Recruitment

The recruitment of new members is one of the problems facing departments of general practice. A criterion for the appointment of a new staff member must be an ability to work as part of a team, in addition to fitness for his expected role. Many university clinical departments are able to identify potential members from the junior staff in their hospital or medical school, or, after consultation with the heads of department in other medical schools, from outside.

General practice does not have this readily available reservoir of doctors whose actual or potential ability can be assessed relatively easily. It would be an advantage if there were a grade of general practitioner comparable with that of senior registrar, such as temporary-principal or general-practice registrar, applicable only to departments of general practice.

The trainee grade is not a sufficient reservoir, because trainees are not in post for a sufficient length of time for a reasonable assessment always to be made of their suitability for membership of a department, and not all departments of general practice accept trainees. No doubt there are exceptional trainees who would be suitable if it were possible to identify them, but because of their lack of experience of general practice they are likely to be few. It is from the ranks of established and experienced practitioners that recruits have to be found.

If departments of general practice are to function effectively, the ability and experience of their staff is crucial. Therefore they should be able to recruit members from among the most appropriately qualified established practitioners. However, a general practitioner who is appointed as lecturer for the first time cannot immediately be granted tenure of his post. An established practitioner may be reluctant to leave the security of his practice to take up a post in a department if there is a possibility, however remote, that in a few years' time he may again be faced with the need to seek a new practice. It is impossible to remove completely this element of insecurity. Therefore there should be some incentive that takes account of the potential risks: this remains to be created.

A doctor joining the staff of a department for the first time will be entering upon a new world and a new experience. He will need time to assimilate and understand the philosophy of the department and his role as a clinician, teacher and researcher. He will need to learn what to teach and the technique of helping students to learn, much of which may be acquired from discussion and example. In addition, he may need training and experience in research methods.

A newly appointed member should be given an opportunity to acquaint himself with the work and methods of departments elsewhere, including, if possible, those overseas. Not only will discussion with other departments of general practice help to broaden his knowledge of the growing points in general practice, but it will lead to the development of a more useful team member by providing him with background information from which to develop his own ideas.

The dissemination of knowledge and ideas

Departments of general practice, being concerned, as they must be, with research into all aspects of health care and the education of undergraduates and postgraduates, will be generating information that should be disseminated to the whole of the medical profession, including members of the paramedical professions and those responsible for administering medical services. Any research that is relevant to general practice will be relevant in some degree to all three groups.

Information may be disseminated by presenting communications to colleagues or by publishing papers in journals appropriate to the research concerned. Review articles, and articles reflecting opinion appropriate to general practice, should not be neglected. Medical authorship is no easy task. Those who undertake it for the first time may need considerable assistance. The team concept should apply here also, the leader of the team being able and prepared to coach members until they themselves are competent to coach others.

Relationship with other departments of the medical school

The functional separation of medical care in hospital from that provided in the community has made it more difficult to arrange the curriculum so that the teaching given in general practice is integrated with that given in other departments. No department of a medical school can operate in isolation; the teaching given in one department must be integrated with that given in other departments. There must be a willingness to co-operate, with a mutual acceptance and understanding of the roles and relative strengths of each department.

The wide variation between universities of the part played in undergraduate education by departments of general practice indicates that there is no uniformity regarding the contribution which general practice should make to the undergraduate curriculum. General practice is unique in that it is the one clinical discipline that involves most other disciplines, and where the patient as a person is most often considered in relation to his total environment, including his family, occupation, and general life-style.

There are three ways in which general practice can make a particular contribution to undergraduate education. General practice provides a valuable laboratory in which to give practical demonstration of the generality of problems presented by patients. There is no better place to demonstrate the relationship between the behavioural sciences, illness, and health care.

Advantage should be taken of this to use the experience of general practitioners to provide examples of the influence of illness on behaviour, and *vice versa*, at an early stage in the curriculum. In addition, general practice can provide learning opportunities during the clinical part of the curriculum where the undergraduate can apply his knowledge, clinical, and pre-clinical, to patients in their environment and to the definition and assessment of a wide range of previously undifferentiated problems.

Work in a specialist department on the other hand suggests that, in the main, the student will be applying knowledge relevant to that specialty, thus tending to reinforce the compartmentalisation of knowledge that may result when teaching is subject-orientated. From the point of view of clinical training the undergraduate will gain more from general practice after he has been taught the principles of clinical method, and therefore during the latter part of the clinical period.

The Merrison Report (1975) recommended that medical education should be regarded as a continuum and that medical schools should be involved with postgraduate and continuing education as well as with undergraduate education.

The Report suggests that if this view is accepted it will provide an opportunity for the undergraduate and postgraduate parts of medical education to be restructured as one process. One result of this could be a shortening of the undergraduate phase and the transfer of some of the work normally done in the final clinical year to a lengthened pre-registration period. If this suggestion is implemented it might be possible to arrange for every graduate to spend a period in general practice, perhaps three months, as part of his preregistration training, and thus take advantage of the cohesive effect on experience of work in general practice. Such an arrangement would have the additional advantage that all doctors, including those who eventually attain a permanent career post in hospital, will have received some experience of general practice.

The success of a department of general practice depends on team work and careful attention to detail and, within the constraints of the curriculum in each school, an examination of the most effective contribution that the unit can make to medical education.

General practice must develop a partnership with other departments, including those concerned with education in the behavioural sciences. In addition, it can make a valuable contribution to the education of the professions ancillary to medicine; for example, nurses, health visitors, and social workers, all of whom will be closely involved with general practitioners through their common interest in the welfare of patients, often the same patients.

Many departments of general practice are still staffed by doctors who were appointed at their inception, some of whom were idealists who recognised and accepted the need to establish general practice as an academic discipline which could make a valuable contribution to medical education and were willing to accept the risks of abandoning conventional practice. The continuing supply of idealists willing to accept sacrifice cannot be guaranteed, however much it may be desirable in theory, and the potential staffing problems of university departments of general practice should be recognised and examined.

REFERENCE

Report of the Committee of Inquiry into the Regulation of the Medical Profession (1975). The Merrison Report. Cmnd 6018. London: H.M.S.O.

PATIENT POWER

" But whatever Illich says, we don't want them to stop being doctors: we just want to de-canonise them a bit. It isn't atheism we're after, but a protestantism of medicine: less monopoly, less of the attitude Marinker described as ' The patient says: " What's wrong with me? " and the doctor says " Mind your own business ". ' And, as usual, lack of resources may do what pious hopes would not.

" Doctor shortage means others passing out the pills—there's already a move to register with a chemist as well as a doctor. One man told of a chemist who handed out a confused old lady's pills every day. Getting the odd nurse in a group practice to blow out the ear wax and wield a syringe accustoms people to the idea that it isn't the doctor, the whole doctor and nothing but the doctor they have to have. The more endless the waits, the fewer the hospital places, the more people will, in fact, be coping with things themselves.

" What I want is patient power, a greater feeling that we've got a right to be involved in decisions about ourselves; it certainly means more information—about risks, side-effects, alternatives. And I'm inclined to think it means the right to deny the doctor his priestly role if we're not feeling up to it: never mind the understanding this morning, just bung across the throat tablets.

I'm not sure whether this is quite what Illich had in mind, but there, even philosophers can't have everything."

REFERENCE

Whitehorn, Katharine (1975). *Observer Review*. 30 March.

FAMILY ALLOWANCES

The number of families receiving family allowances rose to a new high of 4,463,000 in 1974. However, the allowances were being paid for fewer children as the larger families containing two or more children who attracted allowances dropped from 1,730,000 to 1,683,000.