

# The work of the general practitioner

## STATEMENT BY A WORKING PARTY OF THE SECOND EUROPEAN CONFERENCE ON THE TEACHING OF GENERAL PRACTICE

THE general practitioner is a licensed medical graduate who gives personal, primary and continuing care to individuals, families, and a practice population, irrespective of age, sex and illness. It is the synthesis of these functions which is unique. He will attend his patients in his consulting room and in their homes and sometimes in a clinic or a hospital. His aim is to make early diagnoses. He will include and integrate physical, psychological, and social factors in his considerations about health and illness. This will be expressed in the care of his patients. He will make an initial decision about every problem which is presented to him as a doctor. He will undertake the continuing management of his patients with chronic, recurrent or terminal illnesses. Prolonged contact means that he can use repeated opportunities to gather information at a pace appropriate to each patient, and build up a relationship of trust which he can use professionally. He will practise in co-operation with other colleagues, medical and non-medical. He will know how and when to intervene, through treatment, prevention and education, to promote the health of his patients and their families. He will recognize that he also has a professional responsibility to the community.

### Educational aims

From this broad description of the general practitioner are derived the following educational aims which should be attained by the time a doctor enters independent practice. Many of them are shared with other doctors. They are arranged in three groups:

1. Knowledge.
2. Skills.
3. Attitudes.

All three groups are equally important.

**At the conclusion of the training programme, the doctor should be able to demonstrate:**

#### 1. Knowledge

- a) That he has sufficient knowledge of disease processes, particularly of common diseases, chronic diseases, and those which endanger life or have serious complications or consequences.
- b) That he understands the opportunities, methods and limitations of prevention, early diagnosis and management in the setting of general practice.
- c) His understanding of the way in which interpersonal relationships within the family can cause health problems or alter their presentation, course and management, just as illness can influence family relationships.
- d) An understanding of the social and environmental circumstances of his patients and how they may affect a

relationship between health and illness.

- e) His knowledge and appropriate use of the wide range of interventions available to him.
- f) That he understands the ethics of his profession and their importance for the patient.
- g) That he understands the basic methods of research as applied to general practice.
- h) An understanding of medico-social legislation and of the impact of this on his patient.

#### 2. Skills

- a) How to form diagnoses which take account of physical, psychological, and social factors.
- b) That he understands the use of epidemiology and probability in his everyday work.
- c) Understanding and use of the factor (time) as a diagnostic, therapeutic, and organizational tool.
- d) That he can identify persons at risk and take appropriate action.
- e) That he can make relevant initial decisions about every problem presented to him as a doctor.
- f) The capacity to co-operate with medical and non-medical professionals.
- g) Knowledge and appropriate use of the skills of practice management.

#### 3. Attitudes

- a) A capacity for empathy and for forming a specific and effective relationship with patients and for developing a degree of self-understanding.
- b) How his recognition of the patient as a unique individual modifies the ways in which he elicits information and makes hypotheses about the nature of his problems and their management.
- c) That he understands that helping patients to solve their own problems is a basic therapeutic activity.
- d) That he recognizes that he can make a professional contribution to the wider community.
- e) That he is willing and able critically to evaluate his own work.
- f) That he recognizes his own need for continuing education and critical reading of medical information.

#### Addendum

Members of the Working Party were: N. Bentzen (Denmark), R. B. Boelaert (Belgium), C. F. Borchgrevink (Norway), P. S. Byrne (UK), S. Haeussler (Federal Republic of Germany), G. Heller (Austria), J. P. Horder (UK), I. Hugel (German Democratic Republic), J. D. E. Knox (UK), B. A. Polak (Netherlands), A. M. Reynolds (France), M. Simunic (Yugoslavia), M. Szatmari (Hungary), J. C. van Es (Netherlands).

The job definition and educational aims of this Working Party have since been endorsed by the Royal College of General Practitioners.