College tutors in Scotland

A MEETING of college tutors in Scotland was held under the chairmanship of Dr Jim Walker, Ayr, on 7 May 1977 in the Walton Conference Suite, Southern General Hospital, Glasgow. The West of Scotland Faculty acted as hosts on behalf of the Scottish Council of the Royal College of General Practitioners and this report consists of extracts from the main contributions.

West of Scotland Faculty

Dr D. A. Haldane from Paisley opened the contributions by outlining the disposition of college tutors in the West of Scotland Faculty. He said that when the faculty was entirely responsible for the continuing education courses for general practitioners, area representatives were appointed, one to each hospital group in the region. When the college tutor structure developed, it was a natural step to convert the area representatives into college tutors and make them responsible to the Faculty Education Committee, which was regarded as the executive body of the tutors.

After this change came the new postgraduate medical education structure followed by the reorganization of the NHS.

It was now the accomplished policy of the faculty to have one college tutor in each district, there being 18 districts in a total of six health board areas (Argyll district alone did not as yet have a tutor). The tutors, he said, worked closely with the faculty education committee, the regional adviser and his associates (all of whom were themselves tutors), and with hospital postgraduate tutors in the district hospitals or postgraduate medical centres, where these existed.

The continuing role of the college tutor in his faculty was as follows:

1. He has a responsibility to the faculty education committee.
2. He is the college's 'man in the field'.
3. He gives advice to members and non-members on college activities and membership.
4. He gives career advice to young graduates.
5. He organizes continuing education for general practitioners in association with postgraduate tutors.
6. He generally helps and advises the regional adviser and his associates.

Advising young graduates about a career in general practice

Dr Sinclair from Falkirk described the kind of person he considered the prospective young general practitioner should be. He said it was important for a person thinking of entering general practice to be able to communicate with patients and see them as fellow human beings who are part of a family. He must be aware that patients are whole people and that if a part of them is sick, their whole being is sick.

The prospective general practitioner must be prepared to see patients in their homes. He is without support in this situation, especially at night, so his knowledge must be sound. He would also have to cope with grief and be capable of dealing with worried or frightened patients.

A graduate possessing all these qualities would be a suitable candidate for general practice. It was then the task of the trainer to improve on these qualities.

Dr Sinclair advised against entering general practice if an individual was not physically or emotionally fit. He also felt it was an unsuitable career for someone with any social, political, or religious prejudices. This kind of person would be better suited to hospital practice.

He concluded that general practice was a good way to practise medicine as the rewards both professionally and personally were great. Established general practitioners were continually attempting to improve general practice but they would welcome the ideas of youth to make it even better.

Promoting the interests of the College

Dr Macneill from Glasgow summarized the ways in which college tutors try to promote the interests of the College.

Undergraduates

He said that the prospects had been transformed by the introduction of professors of general practice and by the fact that undergraduates were exposed from an early stage to the content of general practice. All medical students now visited general practices, usually in their later years, and it was the job of college tutors to inspire an interest in and a desire to do good general practice. They could do this well only if they devoted time to teaching. He added that they should try to put across the atmosphere of practice, perhaps by highlighting organization, but certainly by including such aspects as

the continuity of care, the taking of responsibility, family dynamics, and the demonstration that over 90 per cent of episodes of illness are dealt with by family doctors. Undergraduates often became interested at this stage and college tutors should tell them about the College and its aims. Tutors could encourage them to specialize in general practice and to enquire about vocational training schemes after graduation. A measure of the success of this was the number of enquiries the regional adviser had received from interested undergraduates.

Vocational trainees

Vocational training was probably one of the most exciting developments in the College saga and he considered that in the West there had developed a viable, flexible, continuing scheme, with about 60 trainees currently in training, which was constantly being revised and improved. Was this then a sign of success, he asked, that 50 young doctors felt it worthwhile to spend three years learning to be good general practitioners? Was it also a measure of success for the College, because it had laid down, in most cases with little opposition, how training should be carried out?

New members of the College

He explained that the West had been running a new members' forum for over two years. This was usually an informal meeting, held every two months or so, where younger doctors could discuss topics of interest or problems. Often faculty board officers were present at these meetings and were sometimes asked to speak. This produced a useful feeling of college identity, especially for those who were not on the faculty board. After all, when else could member and associate get together in a collegiate meeting except for the Annual General Meeting?

The older practitioners

Dr Macneill deemed that having to pass an examination alienated older practitioners from the College and that the only way it could regain contact with its members, present and prospective, was through the faculty boards. He felt that members were too easily persuaded by a select few in the College. One positive suggestion would be to hold a referendum on college aims, with a criticism of the College. No one had ever bothered to ask the ordinary general practitioner what he thought of the College, what it could do for him, or what he could do for it. The College had nothing to lose.

Society

He queried the importance of publicity to the College and whether it would affect the relationship between doctor and patient if patients knew that some doctors were college members.

He concluded that the interests of the College were the interests of all, and thought that a strong college, sensibly orientated in outlook and flexible in future planning, offered the best hope of maintaining all that was best in family medicine.

Audit

Dr R. L. K. Colville from Blantyre gave a very interesting paper on audit. Unfortunately we do not have enough space to publish it here.

Discussion groups

The rest of the conference was conducted in small groups which discussed tasks related to the college tutor's role. One important role that emerged was the need for the college tutor to acquaint young graduates with the content of the MRCGP examination, encourage them to take it, and counsel those who are unsuccessful.

D. A. HALDANE

Problems between professions

LAST year the Bristol Council for Voluntary Service, an independent social work agency, held a second conference called "The Family in Trouble". In 1975 a conference with the same title had been held between social workers and lawyers. Much useful information was exchanged then and groups have met since to arrange the practicalities of setting up a conciliation service to be attached to the Divorce Courts in Bristol.

During the first conference it had become obvious that doctors, and especially general practitioners, would have plenty to say about families in trouble. Doctors were therefore invited to this year's meeting.

The social workers present had assumed that doctors and lawyers got on well together. They were amazed to hear how lawyers felt that doctors were usually anxious not to give reports, let alone to appear in court even if the court timetable was arranged to suit the doctor. Reports were often illegible and quite likely not to