

Training general practitioners

THE business of training a general practitioner is gradually becoming clearer. The remarkable breadth of the job, its curious complexity, and its tremendous geographical variety has meant that the problem of working out a satisfactory system of training has proved unusually difficult.

Nevertheless, the decision in the 1960s by general practitioners who were interested in education to seek the help of professional educators in tackling their new task is beginning to bear fruit. Slowly but surely a logical system of training is emerging, with an encouraging list of milestones marking the road ahead.

The first problem was to determine what it is a general practitioner does, and the College owes much to the Department of General Practice at Manchester, which pioneered the first job specification which was later modified by the College (Royal College of General Practitioners, 1972). A later version published in this *Journal* by the Leeuwenhorst Working Party (1977) is now becoming widely accepted throughout Europe.

Once the broad features of the job specification were agreed, it then became possible to sub-divide them into a series of broad aims. This was also done both by the College (1972) and the Leeuwenhorst Working Party (1977).

Educational objectives

The next step was to break down these educational aims into more specific detailed educational objectives, and a growing number have already been constructed and published.

Three of these were the happy result of close co-operation between the Royal College of General Practitioners and its opposite numbers in other specialties. In 1975 the College published jointly with the Royal College of Psychiatrists the educational objectives for training general practitioners in psychiatry and the following year it joined with the British Paediatric Association in defining educational objectives for training general practitioners in paediatrics. Today we publish a third such paper, *Training General Practitioners in Geriatric Medicine* (p. 355), written jointly by the College and the British Geriatric Society.

While the Royal Colleges and medical societies work at producing a corporate body of opinion, individuals throughout the world continue to debate the topics which they consider to be most important for young

graduates to study in preparation for a career in general practice. As in any other emerging discipline, ideas feed on each other and it is fascinating to discover leading workers in different departments, and often in different countries, simultaneously arriving at a topic which seems to all of them particularly important.

One such topic is the use of power and authority by doctors in general practice. The subject itself is not new, for it has been systematically studied by many leading medical sociologists, notably Robinson (1971) and Stimson and Webb in their classic *Going to See the Doctor* (1975); and Tuckett (1976) has also discussed doctors' use of power. Today, however, two leading general practitioners choose to analyse this theme in similar yet differing ways. In the 1978 William Pickles Lecture, Freeling (p. 329) distinguishes between authority and power and carefully considers some of their implications, while Doktor (p. 349), from the University of Erasmus in Holland, warns junior doctors studying the doctor-patient relationship against using power to diminish rather than support patients.

Simultaneously, Thomson, from a Department of Family Medicine in the USA, has been analysing the problem of training doctors to handle uncertainty and we also publish his paper today (p. 343).

However, despite the growing need to define educational objectives, those outside general practice and especially its critics will always be more interested in assessment. Here, indeed, general practice has traditionally been weak and it is encouraging that general practitioners are now beginning to provide objective evidence of change through vocational training. Freeman and Byrne's (1976) classic *Assessment of Vocational Training in General Practice* led the way, and more recently Pereira Gray (1977) and Murray in this issue (p. 360) concentrate on the results of evaluation.

Trainer selection, trainer teaching, and standards in training practices are the three essential elements of vocational training. Among those most well known for concentrating on these aspects have been the North of England Region, vigorously led by the North of England Faculty, and more recently the Oxford Region, closely connected with the Thames Faculty of the College. Today Hasler (p. 352) reports some of the facts and figures about the training practices in the Oxford Region. Here a deliberate attempt has been made to provide a guarantee of quality for trainees by ensuring that the trainer has a minimum clinical competence (by passing the MRCGP examination), a minimum teaching competence (by attending a trainers' course), and a minimum teaching commitment (by a guarantee to

trainees of at least two hours' individual teaching a week).

The most critical challenge for general practice now is the training of future general practitioners. Whatever the quality of day-release courses—and some are now very good indeed—the burden of responsibility and the main challenge for raising standards in the future lies in the competence, both as clinicians and as teachers, of the 1,100 trainers now appointed in the UK.

References

Freeman, J. & Byrne, P. S. (1976). *The Assessment of Vocational Training for General Practice. Reports from General Practice No. 17*. London: *Journal of the Royal College of General Practitioners*.

Leeuwenhorst Working Party (1977). *The General Practitioner in Europe*. Report of the Working Party on the Second European Conference on the Teaching of General Practice (1974). *Journal of the Royal College of General Practitioners*, 27, 117.

Pereira Gray, D. J. (1977). *A System of Training for General Practice. Occasional Paper No. 4*. London: *Journal of the Royal College of General Practitioners*.

Robinson, D. (1971). *The Process of Becoming Ill*. London: Routledge and Kegan Paul.

Royal College of General Practitioners (1972). *The Future General Practitioner—Learning and Teaching*. London: *British Medical Journal*.

Royal College of General Practitioners and Royal College of Psychiatrists (1975). *Journal of the Royal College of General Practitioners*, 25, 609-615.

Royal College of General Practitioners and British Paediatric Association (1976). *Journal of the Royal College of General Practitioners*, 26, 128-136.

Stimson, G. & Webb, B. (1975). *Going to See the Doctor*. London: Routledge and Kegan Paul.

Tuckett, D. (1976). *An Introduction to Medical Sociology*. London: Tavistock Publications.

Professor P. S. Byrne

THIS month Professor P. S. Byrne retires from the post of Professor of General Practice at the University of Manchester after a most distinguished career.

He started winning awards early on in his career with a State Scholarship in 1930 and a Gold Medal in surgery in his final MB at Liverpool. Among his many notable academic achievements were his Pickles Lecture of 1968, the W. Victor Johnston Memorial Oration at the College of Family Physicians of Canada in 1971, and his chairmanship of the Working Party of the Second European Conference on the Teaching of General Practice (Leeuwenhorst) in 1974. He was the first general practitioner to deliver several named lectures, including the William Marsden Lecture in 1974 and the David Lloyd Hughes Memorial Lecture in 1975.

Other professional honours have included the Hippocratic Medal of the International Society of General Practice in 1973, Honorary Fellowship of the College of Medicine in South Africa (1975), an M.SC in Manchester (1976), and Honorary Membership of the College of Family Physicians of Canada in the same year. He was appointed OBE in 1966 and CBE six years later. Patrick Byrne will, however, remain best known for becoming the first Professor of General Practice in England.

In his professional career, he was first and foremost a general practitioner. After working in Westmoreland for 32 years and being a founder member of the College in 1952, he worked at the heart of Council throughout the 1960s and 1970s. He chaired the Education Committee for six years at a critical time in its development, was Vice-Chairman of Council in 1966, and Chairman of the Board of Censors and Chief Examiner from 1967 to 1973. He finally became President for the three years 1974 to 1976.

It may still be too early to appreciate fully the significance of his contribution to the discipline of general practice. It is, however, true to say that he has influenced the literature of general practice decisively.

On reaching his Chair he quickly pinpointed two specific weaknesses in general practice in the UK at that time. The first was the relative poverty of general-practice research and the consequent lack of respect for general practice as an academic discipline. Secondly, and far ahead of his time, he realized through his experience in the Education Committee of the College that general practice was about to embark on its biggest educational exercise of all time and that the profession was seriously unprepared for its new task. He reconciled these two needs by initiating a series of research projects in his Department at Manchester, concentrating particularly on educational research.

He was a member of the fourth working party which produced *The Future General Practitioner—Learning and Teaching*, and he was also co-author of *A Handbook of Medical Treatment* (1976) and *Textbook of Medical Practice* (1977).

His contributions to medical education have become known throughout the world. In 1976 he had a vintage year when second editions were published of *The Assessment of Postgraduate Training for General Practice*, which he had written with J. Freeman, and *Learning to Care*, which he had written jointly with B. E. L. Long and which was subsequently translated into Dutch, Spanish, and German. In the same year this *Journal* published in the *Reports from General Practice* series *The Assessment of Vocational Training for General Practice*. We commented then that this provided the first evidence of significant changes in trainees during vocational training and showed for the first time that personalities were being moulded.