

Membership and attendance patterns in Tavistock Clinic general practitioner seminars

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SUMMARY. Patterns of recruitment and attendance (1951-79) of general practitioners at seminars at the Tavistock Clinic are analysed. Latterly about 40 general practitioners have attended each week; a turnover of about 15 join or leave each year; about 60 per cent stay at least two years and 40 per cent stay over three years. Half come from outside London. The ratio of men and women reflects the prevailing ratio in the profession. Most join five to 10 years after qualifying and younger general practitioners tend to leave early. At least seven per cent of recent members have left general practice; but the proportion involved in training, course organizing and the Royal College of General Practitioners is far above the average for all general practitioners.

Introduction

BALINT began seminars for general practitioners in 1951 at the Tavistock Clinic where a programme of seminars, known elsewhere as 'Balint groups', has continued for nearly 30 years. A recent examination and review of some theories, creed, and theology behind the Tavistock seminars can be read with the present analysis of facts and figures to illuminate some of the extensive debate about this work (Bourne and Lewis, 1978) and to offset some mythology.

A seminar consists of about eight general practitioners meeting with a seminar leader to study the psychological aspects of their work. The vicissitudes of the doctor/patient relationship are studied across the whole spectrum of medical practice—not merely in overtly psychological cases. The seminar meets for 1.5 hours each week and expects to last some years. The work is based strictly on discussion of current cases

which any general practitioner finds interesting or which are worrying or puzzling him. Two or three cases are discussed at each session.

Group cohesion and prolonged regular participation promote the intimate awareness of each doctor's professional style, his strengths and weaknesses emerging and being integrated in the course of the seminar. People influence one another and there is time to experiment and develop so as to achieve a "limited though considerable change in personality" (Balint, 1957). The seminars are not intended to be a training in psychiatry or analytical psychotherapy; nor are they group therapy for doctors.

Such seminars, to be differentiated from occasional short-term case discussion groups, have remained a minority pursuit in Britain. Apart from uncertainty regarding their value the salient reasons for this are logistic; they cost the general practitioner much time and effort and they appear to need a staff team versed in psychoanalysis and group therapy, and trained for seminar leadership. The Tavistock Clinic has staffed outposts at Coventry and Watford and maintained links with colleagues whose seminars have flourished periodically at Cambridge, Northampton, Wolverhampton and Leeds; University College Hospital, Hackney and the Cassel Hospital in London.

Method

For this study we kept to the Tavistock Clinic seminars for simplicity; and also because the continuity and scale of this programme invites scrutiny. *A Study of Doctors* (Balint *et al.*, 1966) covered 1951 to 1964. Unfortunately, records are incomplete between 1965 and 1967. For recent data we mainly studied 105 doctors joining between 1 January 1968 and 30 December 1975, the latter date chosen to allow nearly four years' follow-up. We shall refer to the two eras as 'early general practitioners, (1951-64)' and 'recent general practitioners

(1968-75)'. We mention something of doctors joining subsequently, between 1975 and 1978.

During the 30-year period 1951-1980, 18 different seminar leaders held seminars at the Tavistock Clinic; during the last 10 years, 12 leaders were involved. Attendance records were studied from three aspects:

1. Some demographic details are of intrinsic interest considering the controversial influence of these seminars. Current data are compared with those of the 1950s and 1960s.
2. The efficacy of a pre-admission selection process in minimizing premature drop-out is reviewed (Balint *et al.*, 1966; Gosling, 1977).
3. We examined the bearing of various factors on the length of time each general practitioner attended; previously, best 'progress' has been tentatively correlated with attendance in seminars for at least two years. We have not renewed the attempt to assess progress. There were two previous attempts (Balint *et al.*, 1966; Gosling, 1977) using subjective criteria; and an important positive evaluation of this training method in Holland was described by de Boer and colleagues (1970).

Results

1. Recruitment trends

Figure 1 shows the number of general practitioners

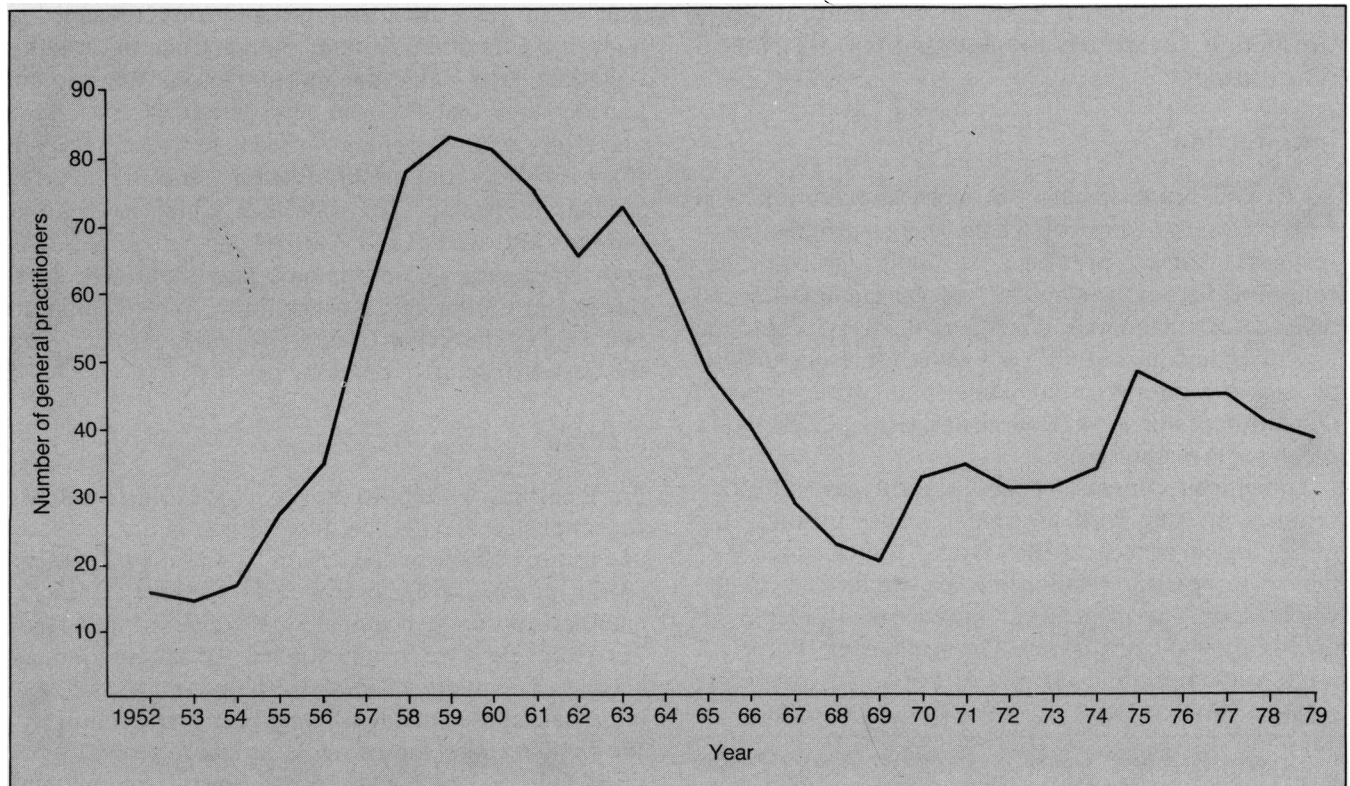
attending seminars each year. The curve shows the rise in attendance which occurred when the first seminar was joined by others after 1954, with a peak around 1959. The figures during the 1960s are incomplete and difficult to interpret; Balint retired at 65 in 1961 and moved to University College Hospital where his seminars would compensate for the sudden fall in totals on this graph. (He died in December 1970.)

The average turnover of general practitioners joining and leaving was about 20 per year between 1956 and 1964, 13 per year between 1968 and 1975, and 15 per year between 1976 and 1979.

Catchment area. Half the recent general practitioners travel from addresses outside the area covered by the London postal code. A few travel considerable distances each week. Doctors have come from the North, the Midlands and Wales; and it is commonplace to travel from the Home Counties. The catchment area from which the seminars are recruited represents about 6,000 general practitioners in London and possibly double that number considering the distances some members travel. This underlines the fact that these seminars are the pursuit of a tiny proportion of all general practitioners. The 15 newcomers each year might approximate to less than one per cent of the output of the London medical schools.

Sex ratio. The male to female ratio in the period 1951-64 was 10:1; in 1968-75 it was 2:1; in 1975-78 it was 1.5:1. The change closely parallels the increasing pro-

Figure 1. Number of general practitioners attending seminars each year. (Records are unreliable for 1965, 1966 and 1967.)



portion of women medical students and women entering general practice.

Age. This was not recorded at first but for 1963-69 the median age was 34 years. Of 105 recent general practitioners (1968-75) the ages for 82 were recorded and the median age was 38 years (mean 40). Of 46 general practitioners joining most recently (1976-78) the ages for 43 were recorded and the median was 33 years (mean 35). Doctors appear to be joining earlier in their careers now than formerly.

Years since qualification. The average number of years since qualification of the general practitioners attending is shown in Table 1.

Nowadays, the younger recruits have usually been stimulated by a taste of case discussion groups, often dubbed 'Balint-type'. However, a hectic 'tip and run' atmosphere in such groups meeting briefly and sporadically can create false expectations for the general practitioner contemplating a long-term seminar.

2. Duration of attendance

Table 2 shows the length of time the general practitioners attended the seminars during the three periods. The data are of particular interest since there was a close correlation between duration attended and success ratings in previous studies (Balint *et al.*, 1966; Gosling, 1977). Of recent general practitioners (1968-75) almost 60 per cent stayed at least two years and 40 per cent

stayed into a fourth year. In the last 10 years there has been a sharp drop in the numbers attending more than four years and very few remain more than six years.

In the early decades an important minority of general practitioners were captured by an evangelistic spirit in the seminars and by personal loyalty to Balint; whereas now general practice has changed and there are more outlets for general practitioners seeking a congenial psychological ambience in which to develop their skill. The Royal College of General Practitioners, the Balint Society, and group practices may provide more contact than the formerly isolated general practitioner had; and working to provide vocational training for other younger general practitioners is sometimes a priority that replaces the luxury of extra years in a seminar for the older general practitioner himself.

The pre-admission selection procedure. The first seminar (1950-54) involved an exceptional core of devotees and a succession of various other people. More seminars began in 1954 but a selection process was not started until 1956. Between 1950 and 1956 over half the members left in the first year and two thirds had left before two years in a seminar.

The introduction of a 'mutual selection' procedure in 1956 halved the proportion of new general practitioners leaving in their first year. This early drop-out rate was reduced from 54 per cent (1950-56) to 27 per cent (1956-60), 24 per cent (1966-69), and 26 per cent (1968-75). The procedure involves a consultation in which the work of the seminars and expectations of the general practitioner are discussed. It sometimes becomes clear to both parties that this type of seminar is not likely to prove satisfying; some other course of training or perhaps personal therapy for the general

Table 1. Average numbers of years since qualification of general practitioners attending.

| Period | Average years since qualification | Median (years) |
|---------|-----------------------------------|----------------|
| 1951-64 | 15 | — |
| 1968-75 | 14.8 | 14-15 |
| 1976-79 | 11.8 | 8-9 |

Table 2. Length of attendances of the general practitioners during the three periods (percentages in brackets).

| | Year of joining seminar | | |
|-----------------------------------|----------------------------|---|--------------------|
| | 1950-56 N = 72 | 1956-64 N = 109 | 1968-75 N = 105 |
| | Before selection procedure | After introduction of selection in 1956 | |
| Less than 1 year | 39 (54) | 29 (27) | 27 (26) |
| Less than 2 years | 47 (66) | 45 (42) | 44 (42) |
| 2 years or more | 25 (34) | 64 (58) | 61 (58) |
| 3 years or more | 21 (28) | 54 (49) | 40 (38) |
| 4 years or more | 12 (16) | 41 (37) | 10 (10) |
| Transferred to seminars elsewhere | 3 (4) | 7 (6) | Not known |

Table 3. Length of attendance of recent general practitioners (1968-75) by number of years since qualification (percentages in brackets).

| | Number of years qualified on joining | |
|-------------------|--------------------------------------|------------------------|
| | Up to 5 years N = 25 | Over 5 years N = 80 |
| Less than 2 years | 16 (63) | 28 (35) |
| 2 years or more | 9 (37) | 52 (65) |

Table 4. Length of attendance of recent general practitioners (1968-75): men and women compared (percentages in brackets).

| | Men N = 71 | Women N = 34 |
|-------------------|---------------|-----------------|
| Less than 2 years | 31 (44) | 13 (38) |
| 2 years or more | 40 (56) | 21 (62) |

practitioner may be more appropriate. The moment may be wrong and application can be postponed. Sometimes the general practitioner decides to withdraw after the interview and, rarely, a general practitioner may be refused acceptance although he still wishes to join.

Between 1956 and 1969, 58 per cent of applicants joined seminars after the selection procedure. Since 1968, one of us (S.B.) interviewed nearly every applicant. Between 1968 and 1975, 142 applicants were interviewed and of these 105 (74 per cent) joined seminars. The proportion excluded appears to have fallen from around 42 per cent until 10 years ago to 26 per cent latterly. Curiously, the subsequent drop-out rate is unchanged. It is possible that the use of a preliminary information circular has helped to clarify matters for some unsuitable potential applicants who might formerly have come for interviews but now do not—an impressive simple economy of effort, if true.

Factors affecting duration of stay. We studied the recent general practitioners (1968-75) to see if any obvious features differentiated the early leavers from the others. These were general practitioners joining between 1 January 1968 and 31 December 1975, dates which allowed a follow-up of four years or more for most members. The factors examined were: sex, age, years qualified, and distance travelled to attend.

Older general practitioners tended to stay longer. However, duration of stay was even more closely correlated with the number of years qualified, which more closely reflects the practicalities of a professional career. Trainees are accepted if they foresee being able to stay at least one year although encouraged to think of the same two-year minimum horizon as everyone else. They tend to leave early, often changing jobs and some wishing to curtail their tutelage. The new general practitioner may seek help as he is plunged into a taxing job but is often influenced to attend by his trainer. A very different recruit is the experienced general practitioner who comes to tackle interests and difficulties which have not been dispersed by mere experience on the job. The older general practitioner may also be seeking development for the role of trainer.

Almost two thirds of the general practitioners who qualified within five years of joining stayed less than two years and nearly all these early leavers (13 out of 16) departed within the first year, often at the end of a traineeship. Of general practitioners qualified more than five years when joining, two thirds stay beyond two years (Table 3).

One in three recent general practitioners (1968-75) are women (Table 4). The figures suggest that they may be slightly more likely than the men to stay beyond two years although the difference is not statistically significant.

Between 1950 and 1964 only about one in 10 members were women. No differences in any of the ratings then made were found to be correlated with sex.

Table 5. Length of attendance of recent general practitioners (1968-75): members travelling within and from outside London compared (percentages in brackets).

| | London N = 55 | Outside London N = 50 |
|----------------------------|------------------|--------------------------|
| Attended less than 2 years | 26 (47) | 18 (36) |
| Attended 2 years or more | 29 (53) | 32 (64) |

Table 6. Results of attempt to trace 105 (71 men, 34 women) recent general practitioners (1968-75).

| | |
|------------------------------------|----------|
| Untraced | 8 |
| Died | 1 |
| Retired owing to age or ill health | 3 |
| Gone abroad | 3 |
| Left general practice: | 8 (7.6%) |
| Men: consultant in geriatrics | 1 |
| trained in counselling | 1 |
| Women: young mothers | 2 |
| psychoanalyst, child psychiatrist | 1 |
| general psychiatrist | 1 |
| transactional analyst | 1 |
| psychosexual counselling | 1 |
| Total traced | 82 (75%) |

Table 7. Professional and educational activities of the 82 recent general practitioners (1968-75) traced compared with the national average (percentages in brackets).

| | National average | |
|--|------------------|-------------|
| MRCGP or FRCGP | 40 (44) | (29) |
| Recognized trainers | 29 (35) | (7) |
| Vocational training course | | |
| organizers | 13 (16) | (Not known) |
| Medical students regularly in their practice | 28 (34) | (Not known) |
| Hold university or teaching hospital posts | 11 (13) | (Not known) |

Half the recent general practitioners (1968-75) have London postal code addresses and half live outside the London area (Table 5). No substantial difference in attendance was found for these two groups in spite of the considerable distance travelled by many members each week. The inconvenience of long-distance travel is evidently offset by the extra commitment implied when these members apply to join in the first place.

3. Other data and follow-up

Allowing for patchy early records, approximately 360 general practitioners attended seminars at the Tavistock Clinic during a period of 30 years (1951-80). We sent enquiries to the 105 recent general practitioners (1968-75) to learn something of their other professional and educational activities. The results are shown in Tables 6 and 7.

It appears that general practitioners joining these seminars are also more likely than the average to involve themselves in College work and in training others; but at least 7.6 per cent were lost to general practice in Britain.

4. Training and development for other professions

Associates. Seminars usually include one or two 'associates', participating observers who are not general practitioners and not leaders. The term is intentionally vague to comprise a wide range of colleagues. There might, for example, be a potential seminar leader-in-training, a visiting American professor of medicine revising his ideas on teaching methods, a lay psychoanalyst learning something of the medical viewpoint, or a social psychologist interested in group processes. Their contributions are sometimes most helpful in exposing blind spots. We value seminar experience particularly for senior registrars in preparation for becoming consultants in psychiatry or psychotherapy. Associates are rarely accepted if they cannot stay at least several months; a year or two is the norm.

Early records for associates were patchy. Between September 1968 and December 1969 there were 54 associates. Of these, 19 came from abroad, 12 became (or were) consultants in the NHS; and 20 became (or were) psychoanalysts.

Other professions. The general practitioner seminars are the core of the Tavistock GP and Allied Professional Workshop which arranges analogous seminars for other professions to develop psychological awareness in their work. There have been seminars for probation officers, dentists, clergy, physiotherapists, health visitors, social work team leaders, general practitioner receptionists, factory doctors, and nurses (Bourne, 1978 and 1980).

The psychiatrists and psychoanalysts involved in this work attach prime importance to their own continuing education in general practitioner seminars; and they regard the spin-off for our allied professions as mutually enriching.

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