eral practitioners to contribute material from their own work and for support in their own more active involvement in teaching. The range of content needed is now so large that systematic review of the material for inclusion needs to be organized. Group 'leaders' need to be trained. Meetings of many sorts need to be arranged and co-ordinated.

The extent to which responsibility for these tasks is shared by the general practitioner, as consumer, with the other providers varies greatly even among our countries. So does the extent to which professional bodies, social security organizations or the state intervene by paying expenses, compensating for loss of earnings, organizing replacements or exerting pressure towards regular, or even compulsory, attendance at courses in relation to the right to practise.

Unquestionably in all our countries continuing education must be recognized as essential and given its proper priority for time otherwise devoted to patient care, by whatever means this can be achieved.

For the selection of content, teachers and teaching methods, general practitioners should have the dominant, but not the only, voice. Universities have both educational expertise and administrative machinery, without which planning, organization and evaluation would be far less effective than it can be through co-operative effort. Where universities include a department of general practice, this is an obvious focal point at which co-operative planning and organization can occur, but it will need to relate to other more widely distributed centres, whether in hospitals or group practices, where the actual work of education takes place continuously.

Addendum

Members of the working party are as follows: N. Bentzen (Denmark), R. B. Boelaert (Belgium), P. S. Byrne (United Kingdom), S. Häussler (Federal Republic of Germany), G. Heller (Austria), J. P. Horder (United Kingdom), S. Humerfelt (Norway), Z. Jaksic (Yugoslavia), J. D. E. Knox (United Kingdom), B. S. Polak (Netherlands), A. M. Reynolds (France), M. Simunic (Yugoslavia), M. Szatmari (Hungary) and J. C. van Es (Netherlands). I. Hügel (German Democratic Republic) remains a member, but was unable to contribute to this part of the work. K. M. Parry (United Kingdom) has helped in the drafting of all our reports.

The terms used in each country represented in the working party, equivalent to the English term 'general practitioner' are as follows: Austria, *Praktischer Arzt;* Belgium, *Médecin de Famille/Huisarts;* Denmark, *Alment Praktiserende Laege;* France, *Médecin Généraliste;* Federal Republic of Germany, *Arzt für Allgemeinmedizin;* German Democratic Republic, *Facharzt für Allgemeinmedizin;* Hungary, *Általános Orvos;* Netherlands, *Huisarts;* Norway, *Almenpraktiker;* Yugoslavia, *Liječnik Opće Medicine.*

Training in the psychiatric aspects of general practice

INVITED representatives from the Royal College of Psychiatrists and the Royal College of General Practitioners met at 14 Princes Gate on 28 May 1980 to discuss how general practice trainees might best obtain suitable training for the psychiatric aspects of their work. The discussion ranged over a number of issues and by the end of the day the participants were questioning some of their fundamental assumptions.

The conference was chaired by Dr J. P. Horder, President of the Royal College of General Practitioners, who recalled that it was over 20 years since the College had first embarked on an attempt to define the content of psychiatric training for general practitioners, culminating in a document issued jointly by the two Colleges in 1975 which listed desirable learning objectives. This had recently been supplemented, not replaced, by another document prepared by the Liaison Committee of the two Colleges (1980) and which was introduced at the conference. These guidelines were essentially a set of learning opportunities considered desirable for any psychiatric post occupied by a general practice trainee at senior house officer level.

The guidelines met with a generally favourable reception from the Conference but the point was made that hospital training could not provide all that was relevant to this aspect of a trainee's preparation and that the hospital contribution had to be seen in the total training context. There were other things the trainee had to know which would allow him to relate his specialty teaching, in the words of the guidelines, "to the wider perspectives of general practice". As one contributor remarked, perhaps the real question for the general practitioner is not what proportion of his patients have psychiatric problems, but "what proportion of each and every one of my patient's problem is psychiatric?"

The question was asked, since the guidelines were thought suitable for general practice trainees, why not adopt them for trainee psychiatrists at senior house officer level? This might overcome one problem voiced by a very senior psychiatrist—an academic—namely, a reluctance to divert limited resources (and perhaps teaching libido) to train those who were not intent on a career in psychiatry. That warning, and the plain fact that there were not and never would be sufficient psychiatric posts at senior house officer level to give every general practice trainee an opportunity to work in one, created keen interest in the description by a postgraduate adviser in general practice of his region's

programme for providing relevant psychiatric experience by other means than by formal resident training, for instance by outpatient attachment and by regular discussion groups. It seemed to many that the kind of experience being offered here went far beyond the need to satisfy demands for technical training and probably contributed significantly to the trainee's wider professional growth.

Several trainees were present at the conference; their contributions were listened to with especial interest. They were generally appreciative of their hospital psychiatric training and thought it relevant to their subsequent work in general practice. They felt the value of such training was enhanced by having preliminary exposure to general practice, if only for a month or two, so that some idea could be obtained of the sort of psychiatric problems encountered there. These particular trainees seemed to have been fortunate in obtaining posts of above average quality (or is it possible that it is more the nature of the individual that determines how worthwhile the experience is?).

All in all this was a successful conference giving much food for thought. No particular solutions, but "you meet such a nice class of problem".

J. S. NORELL

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