

Human behaviour

The trainee shall:

- a) Show an understanding of the mental disorders which affect the elderly.
- b) Demonstrate understanding of the quality of his patient's life and the stage at which limited aims and easement become priority.
- c) Be aware of how and when to tell a patient of the imminence of death and be able to conduct a patient's death with tact, sympathy, and understanding.
- d) Be aware of the problems of the bereaved and know how and when to intervene on his patient's behalf.

Practice

The trainee shall:

- a) Demonstrate the use of the extended primary care team in the care of the elderly and be able to devise and define the role of each member.
- b) Be aware of the pros and cons of screening the elderly.
- c) Demonstrate the use of an age/sex register to identify patients at risk.

d) Be able to construct a simple screening proforma and establish a viable screening programme within the practice.

e) Demonstrate the use of a repeat prescription card system to avoid over-medication in the elderly.

Medicine and society

The trainee shall:

- a) Describe the administrative and legal aspects of care for the elderly.
- b) Know what financial services, entitlements, and grants are available to the elderly, and know when and how to apply for them.
- c) Be aware of the role of non-medical agencies in the care of the elderly and know when and how to use them.
- d) Describe the system of progressive support provided in the home, the community, the hospital, and institutions.
- e) Appreciate the right of the elderly patient to live alone and foresee the problems inherent in this.
- f) Be aware of the differing religious requirements on the death of the patient.

Postgraduate medical education for general practitioners

FORTY-NINE general practitioners attended a two-day meeting organized by the Tutors of the East Anglia Faculty in March 1980, which was held in the delightful setting of Corpus Christi College, Cambridge.

Aims

The aims of the meeting were derived from two papers by East Anglia Faculty members which examined the educational needs of established general practitioners and identified the need for a district-based general practitioner tutor whose role they defined. The aims were threefold:

1. To define and examine the problems of postgraduate medical education for general practitioners, and to propose solutions.
2. To define the specific educational knowledge, skills, and attitudes required of the general practitioner who wishes to promote postgraduate educational activities among his local general practitioner colleagues.
3. To develop further the educational knowledge, skills, and attitudes of course participants and so enable them to promote more effectively postgraduate edu-

cational activities among their local general practitioner colleagues.

Method

The programme was divided into five sessions, each devoted to one of five major problem areas. Each session began with an introductory talk by an East Anglian general practitioner. This was followed by group work. Each group was set a task relevant to the particular session and led by one of the East Anglia Tutors.

The sessions

1. Adult learning theory

The introductory talk was given by Dr S. Oliver, General Practitioner, Bury St Edmunds. The groups were set one of three tasks:

- a) You have applied for the post of general practitioner tutor, paid at two sessions a week, which is based on the local postgraduate centre where, with secretarial help, you will work in parallel with the clinical tutor.

The interviewing panel ask what, if appointed, your

plans would be—and why you think your efforts are any more likely to succeed than those of the clinical tutor.

b) The group is asked to derive its own list of 'educational principles', which would guide its efforts to improve postgraduate medical education for local general practitioners.

c) Describe six learning situations suitable for post-graduate general practitioners. What learning needs are most likely to be met by each?

2. Postgraduate centre programmes

The introductory talk was given by Dr B. Cole, General Practitioner, Norwich. All groups were set the following task:

The local rheumatology consultants have expressed an opinion that the standard of care of chronic rheumatoid arthritis patients is very poor. They suggest that the clinical tutor put on a half-day course for local general practitioners and offer their help as lecturers. They comment privately that "those GPs who most need it won't come anyway". The clinical tutor asks you to advise. Please advise.

3. Medical records

The introductory talk was given by Dr I. Tait, General Practitioner, Aldeburgh. The groups were set one of two tasks:

a) List the reasons for the poor quality of much record keeping and for each suggest an appropriate remedy/solution.

b) A keen young doctor, having recently completed vocational training, is dismayed at the record keeping of his partners. Can you offer him any advice, help, or encouragement? If so, what?

4. Practice programmes for learning

Introductory talks were given by Dr B. Reiss, General Practitioner, Cambridge, and Dr M. Barker, General Practitioner, Stamford. The groups were set the following task:

What simple educational activities are most likely to convince a sceptical partner that such activity is worth his while—or of benefit to his patients?

How do you maintain the impetus for all?

5. The organization of postgraduate medical education for general practitioners — structure and function

The introductory talk was given by Dr B. Berrington, General Practitioner, Peterborough. All groups were set the following task:

For 30 minutes discuss the advantages and disadvantages of the present structure and function of the organization of postgraduate medical education for general practitioners.

The course reference book

Participants were asked to complete a questionnaire, or course reference sheet, before their attendance. The questions, grouped under the five major headings described above, offered participants the opportunity to record their knowledge, experience and attitudes with respect to each major problem area. The replies were then duplicated and made up into sets, thus enabling each participant at the start of the meeting to have a complete record of the answers of his colleagues.

There were three reasons for asking participants to commit themselves to paper: first, it was considered that a set of answers, or course reference book, would act as a useful source of information and ideas for participants; secondly, it enabled the speakers and group leaders to make their contributions more relevant to the needs of course members; and thirdly, it was thought that a pre-course record would enable participants to judge more easily what they had learnt at the meeting.

Conclusions

Participants enthusiastically welcomed the opportunity for wide ranging discussion of the problems of post-graduate medical education. There was general agreement that the format of the meeting had given those present the opportunity to share their wide and varied experience and to learn from each other. The problems were recognized as complex and no one underestimated their magnitude. It was therefore not surprising that participants found some difficulty, in a final plenary session, in coming to many immediate conclusions. Everyone agreed, however, that general practitioners should be responsible for organizing their own post-graduate medical education and that they should have the funds and the facilities to discharge this responsibility effectively and professionally. It was further agreed that the overall quality of care provided by general practitioners could be improved substantially if practices were encouraged to assess their work critically, and that this could best be achieved by creating a national network of district-based general practitioner tutors with the necessary skill and time to help their colleagues.

The tutors of the East Anglia Faculty will evaluate their meeting by looking at the future performance of the participants. They now look for central College support for the help needed to recreate the structure and organization of postgraduate medical education.

References

- Postgraduate medical education for general practitioners. *College Tutors Newsletter No. 41*.
Oliver, S. (1980). A plea for the development of the GP tutor system. *Modern Medicine*, 25, 31-32.

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