Training

Sir,

Two articles concerning vocational training for general practice have recently appeared in *Scottish Medicine* (McNamara and McNamara 1981a, 1981b).

We in our department, together with the Postgraduate Adviser in General Practice for Wales, have met and debated the issues raised by these two timely articles. We feel that they merit wide discussion because:

1. Training based on educational theory has not received majority acceptance by trainers (teacher principals), trainees (registrars in general practice) or other principals. A gap between theory and practice persists and we need to know why.
2. We will fossilize unless the progressive development of training is pursued and motivated by a spirit of enquiry rather than political desires.

The following points are relevant to a continuing debate:

a. The lack of evidence for a relationship between educational method and outcome is not accepted by all educationalists, despite the two American references quoted by the authors. Such evidence is notoriously difficult to produce experimentally and it is usually situation specific. Hence the authors may be right for some teaching and wrong for others. For example, experience suggests, and is seldom disproved, that attempted problem-solving followed by discussion with the teacher is very effective, as it completes the feedback loop which is fundamental to all learning. Some people are natural 'encouragers', some can be advised (or taught) to say less, and others are incorrigible talkers. We agree that the ability to instill enthusiasm for the subject and its study is more important than the method, but awareness of methods is not necessarily bad.

b. Our experience with undergraduates and postgraduates is that they all need discipline—specific pegs to hang their hats on. For example lung function tests provide the respiratory physician with his 'peg', circulatory function tests are the cardiologists' peg, uterine performance is the obstetrician's. What is the primary physician's peg? A sort of multi-micro-peg-board? This was surely the function of the much maligned book, *The Future General Practitioner*. It provided early steps in a rapidly evolving discipline and in so doing trod on the toes of a number of vested interests and egos. The document was published in 1972 and already it is history, superseded by more practical and skill-centred approaches which are making their mark on teaching; but do not let us forget the value of historical documents.

The primary health peg we use in our department is a simple framework to extend the concept and scope of the consultation and force awareness of an integration of care, prevention and demand with every patient (Stott & Davis, 1979). This is highly acceptable to students because it is practical and skill-centred; moreover it quickly identifies those teachers who function at a very narrow level. Most important of all, it helps the teachers to recognize skills which are essential to integrated primary health care. We agree with the Drs McNamara that those with a clear vision of the uniqueness of what they practice in their consulting rooms are often the best teachers, but we don't agree that the real world of general practice is nothing but constraints and frustrations, as they seem to imply in the second article. Our discipline is only frustrated by those who refuse to let it move into the twentieth century and cling on to specialist-minded views of where we are going.

c. We agree with the worrying generalization that "Trainees . . . do not appear to be prepared to take self-initiated learning but still, after years of intensive training, call for structure and systematic teaching from their trainers." But we also ask how many trainers set a cracking pace and example in the pursuit of self-learning and continuing education?

We hope that the articles together with this letter will promote discussion and stimulate critical but constructive review of the present state of vocational training for general practice and the directions in which it is moving.

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References

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Stott, N. C. H. & Davis, R. H. (1979). The exceptional potential in each primary care consultation. *Journal of the Royal College of General Practitioners*, **29**, 201-205.

Sir,

I support the letter from Dr M. J. Hawkins (December *Journal* p. 763), in his doubts about educational theory in the preparation of general practice trainees. However, my views are from the other side: it is over twelve months since I resigned as a trainer. My reasons were:

1. The convolutions of educational theory began to intrude. Meetings and relationships full of 'aims and objectives', 'doctor-patient interfaces', 'content and summary' resulted in the dissection of a scheme which withered in consequence.
2. Trainees were beginning to dictate hours of service and their commitment fell below the expectations of most patients. Trainers should not expect more but as much fidelity in duties from trainees.
3. There was a tendency to over-protect trainees even to the end of the practice experience.

Some of these fears were expressed to the Joint Committee. To my surprise, some members agreed—but in private.

Finally, why are trainers prevented from learning the opinions on their training gleaned by Regional Advisers, up to six months after trainees have left schemes? Surely feedback would aid trainers in formulating their programmes.

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Re-certification

Sir,

Whilst Council and the faculties are discussing alternatives to the examination, I would like to recommend that the College consider the introduction of re-accreditation. It should no longer be accepted that a once and for all pass of an examination or pass at a practice assessment is sufficient to warrant membership for life. Acceptable attitudes may last decades, but appropriate clinical knowledge and skills almost certainly do not.

Most general practitioners accept the need for some form of continuing education. Regular study leave is a

feature of most partnership agreements and the Section 63 arrangements ensure that postgraduate studies can be undertaken with the minimum of cost to the individual practitioner.

How a general practitioner sets about maintaining his or her knowledge and skills is a matter for the individual. It is of concern to the profession generally that individual members should so maintain their knowledge and skills.

I would first like to see a system of re-accreditation introduced by the College which, in the first instance, allowed members to submit themselves to some form of reassessment of their standards of practice and a review of their postgraduate educational experiences over the preceding seven to ten years. Perhaps such a process could be called re-certification; it should involve a certain minimum number of relevant postgraduate attendances, the opportunity to gain credits from contributions to research or other learned medical activity, and a practice visit during which the member would submit him or herself to an audit of clinical standards and practice organization.

The opportunity to submit oneself to such re-accreditation should be carefully controlled and members might, for example, be permitted to undergo one such procedure in every ten year period. The College ought to agree at the outset that, in the first instance, re-accreditation would be entirely voluntary. At the end of a trial period the whole matter should be reviewed and no attempt made to make re-accreditation obligatory without a majority vote of the membership.

The College should be at least as concerned about the standards of existing members as it is for the standards of candidates for membership.

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Membership

Sir,

We were gratified to see the considerable correspondence generated by our letter (August *Journal,* p. 505), even if much of it was irrelevant to the issue which we raised.

We raised the single simple issue of having a single method of entry to Membership by a proper examination for all applicants irrespective of age. If people will read our resolution to the November AGM they will see that this is so. We specifically put in the words "the format of which shall be no less comprehensive than that which exists at present" because we think that there is a weakness in the present examination, in so far as there is no clinical component. Our wording would allow the Council to institute one. It would have been much better if the working party which produced "What sort of Doctor?" had addressed itself to the solution of this practical problem instead of propagating tautological infelicities such as "floating standards".

In our view the MRCGP examination is concerned with discovering the candidate's knowledge of general practice in the same way as the FRCS examination is concerned with examining the candidate's knowledge of surgery, or the MRCOG with knowledge of obstetrics and gynaecology. These exams have nothing to do with whether or not he or she will be a good surgeon or obstetrician in 20 years' time, any more than the MRCGP exam has anything to say about a GP's standards of practice in 20 years' time, or even his or her standards the day after the exam is passed.

Standards of practice is a completely different issue, although some correspondents, quite erroneously, have mixed it up with our resolution.

We have now had an opportunity of studying the paper "What sort of Doctor?" Leaks about its contents were the basis of our apprehensions regarding alternative methods of entry to Membership. These apprehensions were fully justified when we read about "value judgements being inescapable" when practices and practitioners were being assessed; or when we read about "floating standards" and different standards of practice and premises being perhaps acceptable in different parts of the country. It is unbelievable that such ideas should see the light of day in a document published by an organization that has the word 'science' in its motto. If this document is accepted as the basis for an alternative method of entry to Membership, the College is undoubtedly heading for complete academic disaster.

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The College and Nuclear War

Sir,

I find it perplexing and very depressing that the Council of the RCGP should advise Dr Horder not to attend the April conference organized by International Physicians for the Prevention of Nuclear War. What a fine example of the College's commitment to Preventive Medicine! The excuse that "it is impossible to be absolutely certain that the meeting might not become political", is rather unconvincing, particularly when a working party, appointed by the Council, recently produced the following recommendation: "If preventive care is to be taken seriously, there are opportunities which the College should be more ready to seize in influencing political decisions than it has been hitherto." *(Report from General Practice 18.)*

Doctors are privileged to occupy a very influential position in our society. Surely we should use this influence to inform the general public of the devastating medical realities of the effects of nuclear war, and so help to prevent the occurrence of a disaster which would render us as doctors powerless to alleviate the terrible suffering that would ensue?

I am not sure that I shall be renewing my associate membership this year—should I affiliate to a body which produces such admirable recommendations, but then fails to act upon them for fear of 'embarrassment'?

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Sir,

It is with great sadness that we learn that the Council of the Royal College of General Practitioners has advised its President, Dr John Horder, not to attend the Cambridge Conference on the Medical Aspects of Nuclear War. The prevention of nuclear war is a matter of such momentous importance that it is bound to be 'political', for politics are about people. Virchow said, "Medicine is a social science and politics nothing else but medicine on a large scale". However, the International Physicians for the Prevention of Nuclear War who are organizing the Cambridge meeting are avowedly above any form of party politics.

We have been actively involved with the College for many years and would have expected it to have had the vision and sense to recognize the overriding importance of this issue. Not only would the consequences of a nuclear