

decided by the doctors of the pneumoconiosis medical panels. They will always be ready to discuss individual cases with GPs.

Copies of the DHHS's booklet on occupational asthma are available from Dr F. J. Darby, Chief Medical Adviser (Social Security), DHSS, Friars House, 157-168 Blackfriars Road, London SE1 8EU.

## Meetings and Courses

*"In Practice"*. A residential two-day course for recently established general practitioners and their spouses will be held (under Section 63 auspices) at the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, on Friday and Saturday 25 and 26 June 1982.

The course will examine the problems and opportunities met in the tran-

sition from vocational training to becoming a full principal. This will involve active participation rather than passive learning, and some preparatory work will be needed.

In addition to the problems encountered by course members in their new situations, the course will look at performance review and clinical management planning.

Spouses will meet separately until the final plenary session.

Numbers will be restricted. Accommodation will be available at the College and/or the Rembrandt Hotel, 11 Thurlow Place, London SW7.

A course dinner will be given by the President on Friday 25 June 1982.

A limited number of tickets for the College Summer Concert on Thursday evening, 24 June 1982, will be reserved for course members: price £8 per person, including buffet supper.

*National Trainee Conference 1982*. Churchill College, Cambridge, 19-21 July. Details from Dr Peter Kaye, 38 Springfield Road, Cambridge CB4 1AD.

*Summer School on Alcohol Problems*. 14-20 August 1982, University of York, organized by the Alcohol Education Centre. Application forms from Jane Stott, Alcohol Education Centre, The Maudsley Hospital, 99 Denmark Hill, London SE5 8AZ.

*Seventh International Congress on Psychosomatic Obstetrics and Gynaecology*. Dublin, 11-15 September 1983. Theme: The Young Woman. Further details from Dr John Stronge, 12 Pembroke Park, Dublin 4, Republic of Ireland.

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# THE COLLEGE DIVISIONS

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## Education

THE Foundation Council of the College created an Academic Board charged with responsibility for both education and research. When in the mid 1950s the Academic Board split into the Education Committee and the Research Committee of Council, the price that was paid for the gathering momentum in education and research was an apparent divorce between those activities concerned with acquiring new knowledge about general practice, and those concerned with teaching it. There was another unintended consequence of this growing expertise. The idea grew up, and is still current, that only a minority of the College membership will be teachers and researchers. This idea unintentionally diminishes the scope and possibilities of a full professional life for all general practitioners.

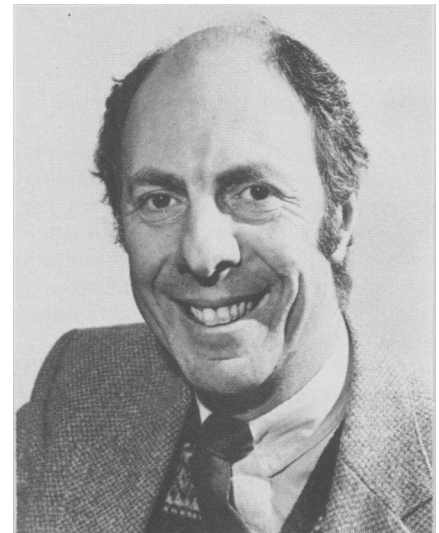
### Continuing Education

It was the development of vocational training which allowed general practice as an independent discipline to come of age. Until now, however, the continuing education of the established general practitioner has remained something of a Cinderella. For the most part, continuing education took place in the glamorous surroundings of the postgraduate centre. The mode of teaching was largely the lec-

ture/demonstration. The teacher/pupil relationship of consultant to general practitioner, so vividly described by Balint in the 1950s, was perpetuated. I write only of trends, and of course there have been a number of important exceptions. Balint seminars themselves remain perhaps the most important example of continuing education in general practice by general practitioners, and involve an approach which is at one and the same time education and research.

Continuing medical education emerges as a major challenge for the profession in the coming decade. Already the shape of that education can be discerned, and it is very different from much of the past activities funded by Section 63. Indeed, recent moves by the College and the GMSC to secure greater general practice control over the distribution of Section 63 funds is simply an expression of the organizational needs of this new wave in medical education.

The College working party document "What Sort of Doctor?" (November *Journal*, pp. 698-702) outlines an approach to the setting of standards for good general practice. It will, I believe, be as epoch-making for the next decade as *The Future General Practitioner* was for the last one. Like its predecessor, it is full of value judgments. But it suggests that these judgments must be constantly monitored in the light of experience, and changed in the light of experiment. It makes clear that the



*Professor Marshall Marinker, Chairman of the Education Division Executive*

boundaries between teaching, research and practice are artificial ones.

It is for Faculty Boards, other College groups, perhaps teachers' workshops and university departments of general practice to take up and develop aspects of this continuing education, based on a performance review. Like the best of the Balint groups and the teachers' workshops, performance review is designed to foster openness, mutual criticism and mutual support. What is perhaps new is the idea of locating continuing education in the practice premises themselves, and of introducing the discipline of rigorous thinking that was once thought to belong only to numerate research. The fostering of these activities will be the top priority of the Education Division Executive.

## Teaching Materials

A number of other current activities already support these developments. Publishing houses and journals are anxious to co-operate with the College in the production of what have been called "distance learning materials". These are not to be devised by remote groups of experts, but rather created by general practitioners in co-operation with their Faculty Boards or local departments of general practice. The MSD Foundation now wishes to target its new materials towards the continuing education of practitioners—for example by suggesting frameworks for the analysis of video-taped consultations. Discussions are far advanced with the Open University for setting up a Primary Medical Care Unit, which

will be concerned with providing educational packages for co-operative learning by all those involved in primary medical care—doctors, nurses, social workers, administrators and receptionists and patient groups. The Stuart Fellow will promote small group work based on an exploration of the ideas contained in "What Sort of Doctor?", and will be visiting small groups in the Faculties in order to stimulate and co-ordinate this programme.

## A Federal College

The title "What Sort of Doctor?" echoes that of a series of articles some two years ago under the title "What Sort of College?". It is my hope that the Education Division will give the following answers to the challenge of that

title. This will be what Irvine called a federal College: the development of continuing medical education will be a matter for the whole membership, and responsibility will be devolved directly to Faculty Boards; the boundary between the academic and the practising doctor will disappear: continual re-definition of the content of general practice and of the monitoring of its quality will become an integral part of the doctor's professional work; lastly, the College will come to be seen not as a cosy club for its members, but as a College for all general practitioners, and for all of their patients. That is the task to which the Education Division will seek to make its contribution.

Marshall Marinker  
Divisional Chairman

# LETTERS

## The College and Nuclear War

Sir,  
We write to express our dismay at the way Council has handled the question of the President's attendance at the second Congress of International Physicians for the Prevention of Nuclear War. We are told (February *Journal* p. 123) that Dr Horder felt that:

"... although he could support a congress concerned solely with the organizers' avowed aims of examining as objectively as possible the facts about nuclear war in Europe, he was worried that in the heat of the moment the Congress might abandon its other aim of not advocating any policy of nuclear disarmament and that it might adopt resolutions of a political nature which might be embarrassing to him as President."

This extraordinary statement, if accurately reported, must be seen at best as muddled thinking.

First, the very title of the Congress makes its purpose, the prevention of nuclear war, abundantly clear. Whilst declining to advocate any particular policy of nuclear disarmament it has never pretended to be an observer merely of the facts about nuclear war. It is disingenuous of College to suggest that it was unaware of this from the start.

The crucial issue is surely that any

conceivable nuclear war in Europe would result in death, injury and disease on an enormous scale and that the threat of nuclear war represents the greatest challenge to the College's much vaunted policy of anticipatory care. The only meaningful medical response to nuclear war is to strive to prevent it. Even if we assume that the advocacy of nuclear disarmament is a political act, by its own declared standards the College stands condemned if it sidesteps this issue because of that. Council members should not need reminding of the concluding paragraphs of their report on "Health and Prevention in Primary Care":

"two of the most powerful influences on the health of our patients are their behaviour and the environment in which they live. The latter is influenced by the decisions and policies of those in authority. Do these decision-makers take sufficiently into account the effect that their decisions will have on health? If not, is it because the medical profession fails to inform them sufficiently or to remind them often enough of the implications for health...?"

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".

We are told that Dr Paul Freeling felt that since College members had not

mandated their representatives to speak on the issue of nuclear weapons, the President had no option but to withdraw. Has the College made any efforts to seek such a mandate from its members, or even to initiate debate on this overwhelmingly important challenge to preventive medicine? We feel in short that College has an urgent duty to its own ideals, its members and their patients. That duty is to inform and canvass its members on the issues, to present those issues to the public and to those in authority and, in the final analysis, to stand up and be counted in a debate that may determine the survival of us all.

IONA HEATH  
STEPHEN AMIEL  
DONALD GRANT  
RACHEL MILLER  
NICOLAS REA  
ROBERT MACGIBBON  
CARYLE STEEN  
MICHAEL MODELL  
ROY MACGREGOR  
PETER WILLIAMS  
SEBASTIAN FREUDENBERG

Kentish Town Health Centre  
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Sir,  
I think the reason for the confusion about the role of the medical profession in the nuclear debate (*March Journal*, p. 195) becomes clear when we separate the issues into aims and methods.

There seems to be a medical (indeed a general) consensus on aims: that war, particularly nuclear war, is likely to be so horrific (especially in its medical and social effects) that it must be prevented.