EDITORIALS

Influence of trainers on trainees in general practice

THE literature on vocational training for general practice continues to develop. The latest Occasional Paper on this subject comes from Manchester, which was one of the first centres to study it in detail, and reports the educational progress of a group of vocational trainees in the north of England. Some of it repeats earlier findings in showing substantial changes on tests of knowledge (MCQs) and tests of skills (MEQs), but where this report breaks new ground and is of particular interest is in its study of two groups of trainees—those who underwent the greatest changes and those who underwent the least, pre-course to post-course—compared with the characteristics of their trainers.

This is the first time this has been done, and although the two groups of 25 trainers are not as large a sample size as one would like, nevertheless they produce several new findings. The group A trainers had much more teaching experience of other trainees, spent much more time in planning their trainees' tutorials, and encouraged their trainees to build up a 'list of own patients' in order to study personal continuing care in the practice. Twenty trainees in group A reported they had been encouraged to do this compared with six in group B, 12 in group B saying that the timetabling of their practices precluded this. Group A trainers were also significantly different in terms of their reading habits, taking a wider range of journals, being better able to name articles they had recently read (17 compared with two in group B), and tending to cover a wider range of subjects including psychological and sociological topics. Trainers in group A bought an average of five books or more per year, about a fifth of which were on educational method. Group B trainers bought an average of two books a year with about 10 per cent on educational method. All the trainers in group A bought books designed to help them "answer specific problems raised by the trainee" or "follow up educational matters arising in the vocational training programme" compared with only four group B trainers.

As far as membership of the Royal College of General Practitioners was concerned, 23 out of 25 group A trainers were members compared with six out of 25 group B trainers, thus confirming the finding of Ronalds and colleagues (1981) that membership of the College is one easily measurable factor statistically likely to be associated from the trainee's point of view with better rather than worse training. There were no marked differences between the groups of trainers for other postgraduate qualifications.

It was reported that "much heat was generated in group discussions" about whether trainees were being allowed to see enough chronic illness to make the most of the tutorial system.

As far as record-keeping went, trainees reported that 19 group A doctors had specifically organized the medical records to identify the salient features in the patient's history compared with only six in group B, and 40 trainees considered that records of this type were "crucial" in group practices which were not organized on a personal list system. Finally, in the trainees' opinions 17 group A trainers had adequate equipment compared with only seven in group B.

Comment

This is a report which will need to be considered in detail by regional general practice subcommittees and all course organizers and regional advisers. It is complementary to, and the findings are fully consistent with, those in a previous Occasional Paper, *No. 18, The Fourth National Trainee Conference* by Ronalds and colleagues (1981). Taken together they seem to offer important support for the present system of selecting training practices and underline the importance of the Joint Committee on Postgraduate Training for General Practice's (JCPTGP) (1980) *Criteria for the Selection of Trainers in General Practice.* Ronalds and colleagues (1981) found that factors such as having a practice library and membership of the College did matter and were associated in the views of over 1,600 trainees with "value for money in terms of training". Freeman and colleagues now add new factors such as standards of record-keeping and previous experience as a trainer. The JCPTGP's recent decision to enforce organization of medical records in training practices is both timely and educationally justified.

Relationship analogies

A trend can now be discerned in the emphasis in vocational training for general practice. In the early years the first reports were concerned primarily with the

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physical characteristics of training practices, of which Irvine's (1972) *Training Practices* is a classic example. This phase of vocational training can be compared with the phase of general practice in the 1950s and 1960s when the emphasis was on practice organization, and attention focussed on premises, equipment and workload.

As time went on in general practice, interest moved to the doctor-patient relationship when books such as Balint's *Doctor, his Patient and the Illness* (1968) and Browne and Freeling's (1976) *The Doctor-Patient Relationship* led general practitioners into the theoretical study of the human aspects of their work, a theme which has continued in the study of the consultation and non-verbal communication.

Now a parallel is emerging in vocational training. In 1977 Pereira Gray suggested the analogy between the doctor-patient and trainer-trainee relationships and followed this recently (1982) with some models. Now Occasional Paper 21 underlines the central fact that the trainer-trainee relationship is probably the most important single variable affecting a trainee's progress, and that trainers whose trainees learn the most do have a number of identifiable and measurable characteristics. This is an encouraging finding. It means that trainers are not just born but can be made, and that many of the characteristics of effective trainers such as good libraries, broad reading, membership of the College, medical records and perhaps personal lists can be acquired by those determined to do so.

The Influence of Trainers on Trainees in General Practice is an important contribution to the evolving study of vocational training in general practice and can be warmly commended to all trainers and trainees.

The Influence of Trainers on Trainees in General Practice, Occasional Paper 21, can be obtained, price £3.25 including postage, from the Publications Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London, SW7 1PU. Payment should be made with order.

References

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Patients' views of general practice

PATIENTS' views of the health care provided for them have been studied extensively in many Western countries. The results of these studies are remarkably similar: patients report surprisingly high levels of satisfaction, almost irrespective of other indicators of quality of care, such as evaluation by other doctors or comparisons of so-called objective criteria of care. Does this mean, therefore, that all is well? The answer must be no, for several reasons.

Firstly, patients are biased towards positive evaluations. Since all patients are concerned that their doctor should be able to heal them, they are more likely to build up a positive image. They want their doctor to be as effective as possible, so they try to picture him or her that way. Patients also get used to their doctor's usual way of working. This does not mean that they prefer this way of working, merely that they adjust to it.

Patients usually see only a limited range of doctors' styles. Most patients change their doctors infrequently, and therefore do not have the chance of making broad comparisons, and although they may see other partners within a practice, practice policies, and the natural tendency for like-minded doctors to work together, may limit the breadth of these comparisons.

Patients may feel that criticism they offer may get back to their own doctor, who may become less motivated to help. Furthermore, there is a study which has shown that patients and doctors agree in defining the 'good' patient as one who is deferential and who does not question the doctor's decision. This study was conducted in Australia by Boreham and Gibson in 1978, but there are many UK researchers (for instance Cartwright and Anderson, 1981) whose findings tend to support this view. It was also pointed out by Pratt and colleagues (1957) that whereas patients tend to wait for doctors to take the initiative in explanations, doctors perceive patients' lack of inquiry as indicating uninterest or inability to understand.

Lastly, patient satisfaction may be brought about by factors which are ultimately detrimental to the patient's health. It may be very comforting, for example, if the doctors were to encourage patients to regard them as virtually infallible, but to do so would not be conducive to patients being autonomous and self-reliant.