sion approach uses the trainee's own case as a means of examining the interaction in the doctor–patient relationship.[2] The group process involves comments on the case presentation and criticisms of the doctor's skill and of how he uses himself in conducting the doctor–patient relationship. The trainee gradually learns about his or her own personality and how he functions — a learning process which can be painful.[2]

Support for this descriptive model of the 'Balint style' half-day release scheme came from trainees and course organizers attending or conducting four half-day release groups in the London area who were studied in varying depths in 1978/79. In addition to interviews, observation of participants took place as the researcher sat in with some of the groups. The analysis of the study of the groups indicates that some of the trainees passed through at least some of the stages in the reaction model. Moreover, the trainees' differing levels of participation, involvement and investment of themselves in their training and the 'Balint style' seminars affected their experience of these stages of transition. The quality of comments obtained from the trainees was very much a reflection of the individual's insight into his or her feelings, awareness of his or her own reactions and responses to the group process and of his or her motivation for entering general practice. Some trainees were obviously more willing than others to articulate their feelings. Silence or less expansive responses can of course also be interpreted as an indicator of such feeling states as avoidance or denial.

As the model indicates, the initial reaction to joining a group was often confusion as to what the learning task was about. The ability to relinquish old styles of learning and functioning and to adopt a new approach differed. During this first confusional stage trainees were often non-responsive, silent and withdrawn, unwilling to present cases. One course organizer commented: 'They did not really understand what it was all about. About once a term there is usually a discussion about the value of the group. Sometimes it is necessary to have a go at them, stir them up; obviously this is an unpleasant task.' The reluctance of trainees to take part in the group reflects the uncertainty about the new approach to medicine which they were being offered, which included the opportunity to criticize and challenge and by implication to threaten self-esteem. Not only were trainees vulnerable in the conduct of their case but aspects of the 'self' seemed open to inspection.

The first confusional stage postulated by the model was followed by denial that any learning or change was taking place. Denial is the most difficult hurdle and perhaps central to the process of affective learning.[3] In one group in which there was a rejection of the 'Balint style' it was suggested that as an alternative the group task should be modified. It was then decided that instead of conducting the group weekly on the 'Balint style' where discussion is focused on trainees' cases, the group would meet on alternate weeks to discuss certain selected topics.

The next stage in the model was anger, which was reflected in the interaction of the group members. Some of the trainees labelled the outcome of internal dissatisfaction within the group as a 'revolt'. One speaker whom the trainees thought was patronizing became a scapegoat for the internal hostility. It was 'safer' to destroy this outsider, than to damage one another within the group. The anger directed at the visitor acted as a catalyst for a more cohesive group, which in turn may have enabled members to feel more supported during the process of change.

The final stage in the model was evidenced by the degree of professional maturity the trainees displayed. By this time, a well-integrated professional identity had emerged, earlier feelings had been overcome and adjustment to the loss of an old identity and acceptance of a new one had taken place. One trainee emphasized the similarity between the trainees in his group rather than the differences, and his own identification with them despite his previous antagonisms.

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General practice and the undergraduate medical curriculum

ALL medical schools offering a course leading to a first medical degree must satisfy the General Medical Council (GMC) about the content and standards of the courses they offer. The GMC is the governing body of the medical profession, and the majority of its members are directly elected by all registered medical practitioners in the United Kingdom. However, despite this clear and formal relationship at the top, in practice universities and medical schools have in the past enjoyed a high degree of freedom and autonomy and as a result there are wide variations in the medical courses available.

One particularly important variation is the contribution made by general practice to the undergraduate medical curriculum. A variety of arrangements for teaching general practice is matched by a variety of arrangements for departments of general practice, ranging from substantial, relatively well-resourced departments with established chairs of general practice at one end, to

Bristol at the other where there is no chair, no department, and indeed not a single lecturer in general practice on the staff. Such variety demands study and the Association of University Teachers in General Practice (AUTGP) has now taken an important step towards this. In an interesting document which seeks to analyse the contribution general practice can reasonably be expected to make to the undergraduate medical curriculum, it has adopted as a framework the recommendations of the GMC, which are issued to all medical schools and are thus publicly available, and has sought to relate these to the discipline of general practice.

This approach has much to commend it and brings to the fore a number of recommendations which have not previously received the attention they deserve. The case for each one is considered in turn and specific educational objectives are given under some of the more important headings. The working party concludes that general practice should logically be involved in over three-quarters of the 20 main recommendations and should be centrally involved in several of them. Examples include the requirement that the student *must* acquire knowledge and understanding about human relationships and the interaction between man and his environment.

This document, entitled *Undergraduate medical education in general practice,* is now published as *Occasional Paper 28.* It was written to fill a gap: it largely does so. Its impact is persuasive in places and totally convincing in others and it is likely to find considerable application among an audience of vice-chancellors, deans, and heads of university departments, if they can only be persuaded to read it. One argument which they should particularly note is that general practice ought to be involved, like any other clinical discipline, in the assessment process and should appear in the final examinations in whatever format is usual for the university concerned. The fact that this has not happened so far must represent one of the remarkable failures of general practice as an academic discipline. The working party is curiously coy about commenting on this absence but its recommendations deserve widespread support from colleagues both inside and outside universities and particularly inside the College.

Useful though this document is, it can hardly stand alone. The very arguments which it produces call into question immediately the resources available to the largest discipline in medicine and doubts must arise whether in many medical schools departments are equipped to discharge these duties. It is timely now to consider the resources that are necessary for this very important task, and a survey similar to that conducted some years ago by Byrne,[1] also published by the College, now seems appropriate.

Undergraduate Medical Education in General Practice, Occasional Paper 28, is available from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £3.50 including postage. Payment should be made with order.

Reference

1. Byrne PS. University departments of general practice and the undergraduate teaching of general practice in the United Kingdom in 1972. *J R Coll Gen Pract* 1973; **23** Suppl. 1.