munication with carers and between health professionals. Carers want information from their general practitioner about the prognosis of their elderly dependant and its implications for care in the future. They want this information at an early stage, even if it is bad news. Some doctors express a reluctance to give such bad news, particularly when they are not able to make a confident prognosis, but they must recognize that although it may be uncomfortable for the doctor and painful for the carer, it is important to be honest about their uncertainty. Carers also need detailed information about the practical aspects of providing care, such as coping with incontinence, lifting, bathing and dressing, and need to be trained to carry out these functions without injury to themselves and their dependant. This training could be provided by nurses or health visitors.

Carers need information about available resources — how to get financial help from the DHSS, how to make contact with support groups or obtain respite care. Since many carers who are themselves elderly turn to their general practitioner for help he or she needs to know what help is available. Printed information about sources of help should be made available in the practices.

More workshops such as those described here should be set up so that general practitioners and other members of the primary care team can discuss the needs of carers and how they can be supported. College faculties should be taking the initiative in stimulating practices and young principal groups to set up multiprofessional workshops. One such initiative, following on from the work of the MSD Foundation, was described recently in this *Journal*.[8] It is essential that carers are included in the groups since they can describe powerfully the emotional as well as the physical responsibilities of caring for a relative at home.

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# Continuing education for general practitioners

CONTINUING medical education for established general practitioners is emerging as one of the central educational challenges for general practice. Progress in undergraduate education and vocational training both continue but at a slow and relatively unspectacular rate. The major issue now is how to support and encourage 30 000 doctors throughout a lifetime in professional practice.

It is generally accepted that continuing education for general practitioners is unsatisfactory both in content and in presentation, and that all too little is known about it. There is an urgent need for research and *Occasional paper 38* by Branthwaite and colleagues, from the Departments of Psychology and Postgraduate Medicine at the University of Keele, is therefore particularly welcome as it throws light on the many issues involved.

Branthwaite and colleagues report a study which involved in-depth interviews of general practitioners by trained psychologists followed by a questionnaire incorporating points arising from the interviews. The interviews, which lasted between one and three hours, did not just seek factual information but probed the attitudes of general practitioners to themselves and their work.

One of the most important findings was the clear cut evidence that a substantial minority of general practitioners have major problems in their self-image and satisfaction with their work, saying that they feel lonely and isolated, and uncertain about their role. Older doctors tend to find that the work of the general practitioner is becoming more restricted, a good many worry about their responsibilities, and over a third consider that 'general practitioners are looked down upon by hospital doctors'. Over a third also believe that there is 'insufficient separation of work, leisure and personal/family life', while over two-thirds believe that 'medical training does not lay enough emphasis on the social and personal problems of patients'.

Evidence is also given about the relative satisfaction found in different aspects of a general practitioner's work including a ranking order running from making a correct diagnosis at the top to prescribing at the bottom.

The authors devote considerable time to identifying differences in attitudes and behaviour between those who attend courses frequently and those who do not. They found that 'frequent course attenders exhibited more progressive attitudes to their work, in their approach to preventive medicine and changing people's health behaviour. They were more concerned about developing special skills and about the time and scope to practise medicine effectively, and more conscientious about developing and improving their work.' If this finding can be reproduced, it raises the question whether or not education is effective in achieving these attitudes or whether it is those who already have them who seek education. This is by no means certain as 'two-fifths of general practitioners were unsure that attending lectures made any difference to their competence'.

There are some useful tables about attitudes to lunchtime lectures and the reasons given by general practitioners for not attending — lack of time, 65%; inconvenient meeting time, 44%; unattractive programme, 29%; venue too far, 27%. It appears that non-UK qualified doctors are significantly more likely to attend lunchtime lectures. It is interesting that younger general practitioners seem to have more time away from the practice in that they work significantly fewer Saturdays than their older partners and have significantly more half-days.

On the question whether or not there should be more lecturing by general practitioners, the finding reported by Reedy and colleagues[1] in an earlier occasional paper was supported in that different populations of general practitioners were seen to have different wishes, and indeed it will almost certainly be necessary to continue to offer different kinds of programme to meet differing needs. Nevertheless many general practitioners now

recognize that part of the value of attending courses lies not just in the course itself but in meeting and talking with other colleagues.

The authors conclude by recommending that there should be more precise briefing of lecturers, greater emphasis by the chairman of the session on its relevance to general practice, more joint presentations by general practitioners and consultants, and a greater variety of content.

Perhaps most important of all is the recommendation that postgraduate education should 'take steps to counter the feelings of isolation, lack of status and uncertainty in the profession which were experienced, especially by younger doctors.[2] The format and atmosphere of continuing education meetings should encourage respect for the work which general practitioners do, enhance their standing, and be reassuring about the work which they achieve.' Here indeed is a challenge for all those with responsibility for this work and a sharp reminder of the degree of professionalization which will be necessary. Once again the logic of the College's policy that there should be a general practitioner professionally paid and resourced in every health district to encourage this development[3] is underlined.

Rational planning depends on objective evidence of need. Our colleagues at Keele can be congratulated on a useful attack on this major educational problem.

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*Continuing education for general practitioners, Occasional paper 38,* is available from the Central Sales Office, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £5.00 including postage. Cheques should be made payable to RCGP Enterprises Ltd. Access and Visa are welcome.



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