THE AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

The Australian College is now in its third year. It is growing steadily in stature and importance, and, as it grows, there is an increasing need to enlarge its activities.

To improve the standard of general practice in Australia, the College must provide its members with all the facilities necessary for them to keep up to date and to practise good medicine.

The annual subscriptions are barely sufficient to enable the faculties and college council to function. There are not sufficient surplus funds for other objects, such as the provision of suitable college and faculty headquarters, research, preventive medicine and the implementation of the aims of the College in the field of education.

Because of this need, the council of the Australian College has decided to launch an appeal, to be known as the Development and Research Foundation Fund.

It has been decided to form a National Committee of the fund, with headquarters in Melbourne, and Mr K. G. Luke, C.M.G., has consented to act as its chairman. In addition, each faculty will form its own State committee with a prominent layman as its chairman.

The appeal letter sent to all members of the Australian College by the President Dr W. A. Conolly, ends " Unless we, as a College, do something about it, general practice, as we have known it, will no longer exist and our status and freedom as general practitioners will decline. In declaring this fund open, I appeal to all members of the College, not only to subscribe liberally to this fund, but also to assist in the implementation of our aims and activities ".

Victoria Faculty

At a recent meeting of the National Heart Foundation and the Medical Research Council at Canberra it was resolved to form a Commonwealth Committee in Preventive Medicine in General Practice. Each of the Australian College's state faculties will be represented on the new committee.

Another new committee in Australia is the Medical Education Committee of the Australian Council, which takes over all the

New Zealand Council, College of General Practitioners and overseas guests
Rear: A. H. W. BARRIE (*Otago*), E. J. MARSHALL (*Research Director, Paraparaumu*), P. C. MCKINLAY (*Levin*), L. H. CORDERY (*Christchurch*), H. E. M. WILLIAMS (*Dunedin*), P. D. DELANY, (*Wellington*)
Front: G. L. HOWE (*Sydney*), C. L. E. SHEPPARD (*Christchurch*), J. H. HUNT (*London*), T. D. C. CHILDS (*Chairman, Auckland*), D. C. CAMPBELL (*Hon. Secretary, Auckland*), E. C. MCCOY (*Vancouver*)

functions of the previous undergraduate and postgraduate committees, dividing its work into three parts, each with a subcommittee, to deal with undergraduates, graduates (first five years approx.) and postgraduates. The distinction between graduates and postgraduates relates to their different needs; the first to learn the techniques of general practice, and the second to keep themselves up to date.

The second annual report of the Victoria Faculty gives news of a number of research projects, including a survey on hypertension. Six drafts of this have so far been discarded, and the report states, " This is a most difficult study to organize well, and has been abandoned for that reason by the English College ". A seventh draft, of more limited scope than the others, is being prepared.

Victoria Faculty can also claim to be ahead of the other Australian faculties in setting up an Epidemic Observation Unit of no less than 116 part-time medical officers of health, well scattered geographically, to act as " reviewers ", " convenors ", and " listening posts ". Plans are being made about their future activities. Another type of work being undertaken in the faculty is the organization of Sunday morning meetings, to be called " workshops ", on the lines of seminars based on group discussions.

Postgraduate Education for Family Doctors in Australia

The proceedings of the First Australian Conference in Postgraduate Medical Education have been published in the form of a summary,* and that section which deals with general practice has much of interest in it for the mother country. Teachers and young graduates alike will find much valuable guidance in the report.

The Hon. Dr D. A. Cameron, Commonwealth Minister for Health, gave an opening address in which he described the role of the general practitioner, and stated that such a doctor must have a wide and practical education, constantly refreshed, with opportunities to exercise responsibility, and willing co-operation of his specialist colleagues. Dr Cameron stressed that " if we are going to have and preserve the best type of medical practice, it ought to concentrate primarily on the general practitioner ".

The section discussing general practice met separately under the chairmanship of Dr C. C. Jungfer, and numbered 33 members representing all types of practice, city and country, solo and group. Free discussion, with the members sitting in a circle, was used; the results were summarized each day by a small subcommittee, and then reported to the main conference.

General practice was defined as " that method by which doctors give complete and continuous care to their patients " (with the aid

Bull. post-grad. Comm. Med. Univ. Sydney* (1960), **16, 211

of consultants when necessary), and that variations in the method are determined by the doctor's personal attributes and his reactions to the circumstances of his environment. Unanimous agreement was speedily reached that there was a need for a specific programme of training for graduates who elected to enter general practice, and it was also unanimously agreed that two years immediately following graduation should be spent mainly in hospital—21 months in rotating clinical appointments and 3 months in general practice. It was thought that the Australian College of General Practitioners would be duty bound to select and train suitable preceptors to carry out the supervision of the 3 month period in general practice.

After this basic training, a further three-year programme was desirable and might be continuous or intermittent. It should be predominantly in general practice, with opportunities to return to hospital to acquire special knowledge and skill to cover any particular interest or location of practice. Social medicine should also be taught at this stage, and the whole programme should remain flexible so that the individual was catered for. One or two years would be spent in apprenticeship to an approved practitioner. At the end of the three-year advanced training period, that is, after five years in all, a comprehensive examination could be held. There should be some form of recognition for the graduate who had successfully completed the course, to distinguish the fully-trained general practitioner and be an incentive to graduates to complete the advanced training period. It was recommended that " after having presented documentary evidence of having completed the prescribed course in a satisfactory manner, and having passed some sort of examination, the candidate should receive recognition by the Australian College of General Practitioners.

Dr Jungfer summed up by saying, among other things, that " the future of the General Practitioner in Australia is dependent on the standard he can attain, and it is obvious that to reach a high standard he must be prepared to undergo an adequate course of training. The course that we propose is not more rigorous than those which are set down for other disciplines. It would enable the keen graduate to obtain proper recognition and to play a full part in his profession ". It was also suggested by Dr Jungfer that all sections of the profession would come closer together if each doctor, irrespective of his future place in the profession, could be exposed to a period of general practice—not to learn it, but to get some idea of its problems. And he affirmed that the College had two major responsibilities—to participate actively in the planning and supervision of training at all stages, and to provide the teachers for those aspects which related directly to general practice.

THE COLLEGE OF GENERAL PRACTICE OF CANADA

The *Bulletin of the College of General Practice* became the *Journal of the College of General Practice* in May 1961. It was begun in mid-1955 shortly after the Canadian College's inception, and was intended to publish College activities. It expanded from 8 to 60 pages quarterly and in 1959 was issued six times yearly. Scientific articles began to appear in it, and today the journal has one or more of these and runs to about 100 pages. The new name is intended to reflect the scientific and educational content.

The fifth annual Scientific Assembly of the College of General Practice of Canada was held at Vancouver from 27th to 30th March 1961. Speakers included the President of the Royal Australian College of Physicians, Dr T. M. Greenaway, the President of the American Academy of General Practice, Dr J. G. Walsh, and the President of the Canadian Medical Association, Dr R. C. McGregor Parsons, as well as other distinguished men. The meeting lasted four days and consisted of scientific sessions and social gatherings, rather on the lines of the scientific meetings of the British Medical Association.

The Alberta Chapter, consisting of 140 members, held a successful annual meeting lasting three days at which 125 doctors attended from 25th to 27th January. There were the usual combination of scientific sessions, technical exhibitions and social activities, and they had sunshine every day. They plan to encourage and assist their members in more isolated places to organize Clinical Days of their own, these to count as " category I study credits " for the purpose of continuing membership of the Canadian College.

On Listening (*Bulletin of the College of General Practitioners of Canada*, March 1961)

Professor R. Nichols of the Rhetoric Department of the University of Minnesota estimates that a white-collar worker spends 40 per cent of his time just listening. He studied the 100 best and the 100 worst listeners in a freshman class, and deduced ten guides to good listening:

1. Bad listeners usually find the subject dry, and having made this decision early use it to rationalize any and all inattention.
2. It is best to judge the content and not the delivery.
3. It is unwise to be prematurely critical, or to plot difficult questions for the speaker to answer.
4. Focus on central ideas, and distinguish between facts and

principles, ideas and examples, evidence and argument.

5. Note-taking may be a distraction as well as a help. The best notes are brief.
6. Listening requires effort. Do not get too relaxed.
7. Good listeners fight distractions, while poor ones tolerate bad conditions, and even create distractions.
8. Poor listeners generally seek light, recreational material.
9. Keep an open mind to avoid " psychological deaf spots " or " emotional deafness ". Identify and rationalize words or phrases which are emotionally upsetting.
10. Most people talk about 125 words per minute, but can think at about four times that speed. Use the spare time for thought about what the speaker is saying; anticipate his next point, and summarize what he has just said.

General Practice v. Hospital in Canada

The following is an extract from the *Bulletin of the College of General Practice of Canada* (March 1961):

" Dr L. after four years in general practice decided to return to a university hospital for further training. As a result he became certified in a specialty and was offered a good position in the hospital where he received his training. At this juncture he came in to tell us he was refusing this position and returning to general practice because of his dislike of the teaching methods of this hospital. He felt they were emphasizing too free use of technical diagnostic procedures and ignoring the person.

" For instance:

"All infants in this hospital with mild or minimal bronchial pneumonia are x-rayed every day.

" A woman was referred to the radiological department for intravenous pyelography because she had symptoms strongly suggestive of carcinoma of the cervix. X-ray studies were advised to see if there was any evidence of spread of the malignancy to the genito-urinary system and these were proceeded with before a pelvic examination was done.

" A woman of 76 years presented herself at the hospital requesting a check-up. She had no specific complaints. On the strength of this she was referred for and given a gastro-intestinal series, a barium enema, and x ray of her gall bladder and intravenous pyelography."

On the need for better training in General Practice

John G. Walsh, M.D., President of the American Academy of General Practice spoke to the Fifth Scientific Assembly of the Canadian College at Vancouver in March. Among other things he said that regardless of the rapid rise of specialism, the public desires and should be furnished more general practitioners to meet its need. These general physicians should be *formally* trained in major centres with the same concern as the various specialty training programmes. A standardized, minimum training period is advisable and medical educators should urge the most ambitious, intelligent medical students to enter this challenging field of practice. *J. Coll. gen. Practice* (Canada) (May 1961), **7**, 31.

THE INTERNATIONAL COLLEGE OF MEDICAL PRACTICE

The third congress of practitioners will be held in Salzburg from 11—14 September 1961.

On 11 September, Dr Helmut Knoblauch of Geringswalde will speak on *General Practitioner Premises* and Dr Josephine Gossmann of Schöndorf will speak on *Experiences of Leg Ulcers in a Country Practice.*

On 13 September, Dr Erich Kuss of Göttingen will give a lecture illustrated by lantern slides on *Hip traction in the treatment of Myalgia and Sciatica from experience of seven years in a Country Practice.*

On 11 September, there will be a reception at Schloss by the city and district of Salzburg.

Members wishing to attend should apply to:

Dr Engelmeier, Vice-president, Internationale Gesellschaft Für Praktisch Angewandte Medizin, Oelde/Westf., Langestr. 21a, Germany;