

UNDERGRADUATE EDUCATION

MEMORANDUM ON UNDERGRADUATE EDUCATION IN GENERAL PRACTICE*

RICHARD SCOTT, M.D., D.P.H.

Edinburgh

The College of General Practitioners was founded in November 1952. Its main purpose is to raise the standards of work in general practice. In recent years there has been considerable debate centred on this question of quality of care provided by the general practitioner. From the wide divergence of statements which have been made emerges the fact that there is no consensus of opinion as to methods of measuring quality. There would appear to be some doubts as to whether it is possible, even on theoretical grounds, to lay down objective and measurable criteria for determining the quality of the work of the family doctor. Be that as it may, there must be a general acceptance of the fact that the nature of the work performed by the general practitioner depends on a wide range of factors, many of which are not within the control of the individual doctor.

It would be unrealistic, for example, to attempt to describe the work of the general practitioner without reference to the salient features of the social, economic, political and demographic features of the society in which he practises his art. The way in which health and social services are organized, the way in which they are administered, and the degree of availability of medical and social service for the general public obviously influences what is demanded, or what is expected, of the general practitioner.

The personal qualities of the doctor himself are also important considerations in a service which permits the patient direct and continuing access to a personal physician. What the doctor can do for his patient is clearly influenced by the tools at his disposal, the diagnostic facilities available to him, and the range and quality of the therapeutic resources at his command. The amount of time that he can give individual patients is also important. Finally, among the factors which determine how the patient will fare with

*This memorandum was drawn up by Dr Richard Scott and approved by council of the College of General Practitioners for circulation to deans of medical schools, medical students and the medical press.

his individual doctor are the more purely academic ones—namely, the kind of education and training to which that doctor has been exposed in his formative years, his intellectual equipment and his clinical skills and judgment. It is almost exclusively with this last series of circumstances that the College of General Practitioners is concerned.

While it depends on the final analysis on the politician or the general public, to decide what quality of medical care a country shall enjoy, there are purely academic and professional aspects of this problem to which the College feels it has a contribution to make. Our efforts, therefore, to raise the standard of work done in general practice are largely confined to academic aspects of this problem. Thus, the main work of the College is centred on four standing committees which deal respectively with the following: undergraduate education, postgraduate training, research, and practice organization.

This article is solely concerned with presenting an outline of the college's policy and its activities in the first of these fields, namely undergraduate education.

When the College was founded, one of the major pre-occupations of the first Council was to avoid an over-centralized organization, and to devise the means of carrying the work of the College to the periphery, with the maximum participation of its individual members living and working often in remote areas. Consequently the College is organized on the regional basis. Each regional unit is called a faculty, and there are 25 faculties in the United Kingdom and Eire. Each faculty has, in its geographic area, a medical school. One of the direct responsibilities placed on a faculty is that of developing close and effective collaboration with its local medical school. Indeed, in some instances, the faculty headquarters are based in, or very near, the medical school itself. (Because of the concentration of medical schools in the London area, the four London and the Northern Home Counties and South-east England faculties have, in addition, a Joint Metropolitan Advisory Committee on undergraduate education, whose main function is to assist the faculties concerned to achieve effective relationship with one or more of the medical schools in that area). Each faculty has an undergraduate education committee.

The undergraduate education committee of the council of the College is mainly concerned with advising the council on all matters relating to undergraduate education. From time to time it prepares statements of policy, but its chief concern is to assist the individual faculties to promote the College's interest through these regional committees.

The education and training of medical students is the exclusive responsibility of the medical schools working within the broad framework of recommendations made from time to time by the General Medical Council. Unlike the other three academic committees, therefore, the undergraduate education committee is mainly concerned with studying current trends in undergraduate education, with particular reference to their implications for future family doctors. It is an advisory body with very little executive function. It acts as a forum for collecting information and formulating policy. It has no duty to offer unsolicited advice, but is prepared to advise or assist a medical school if invited to do so. The main material assistance which the College can offer in this field is a register of members who are willing to accept medical students into their practices for varying periods of a week or more. The College has a student attachment register from which information can be supplied from college headquarters to the medical schools, or to an individual student who wishes to be put in touch with a doctor who is willing to have him for a period in his practice. This central register is compiled from the faculty registers which are maintained by the honorary secretary of the faculty undergraduate education committee. Interested parties are therefore encouraged to get in touch with the hon. secretary of the regional faculty for up-to-date local information. The name and address of the hon. secretary of the local faculty can be obtained from the dean's office of the medical school, or by writing directly to the Secretary of the College.

While the College attaches considerable importance to this scheme of introducing individual students, on a voluntary basis, to a general practitioner, it believes that the main contribution which general practice can make to the training of the medical student will only come about from the initiative of teachers already in the medical schools themselves. In the College's view every medical student should be provided with practical experience in the setting of general practice during his undergraduate years. This experience should not be focused on the purely vocational aspects of the work of the family doctor, but should be provided with the intention of broadening the educational horizons of the average medical student. Such experience is just as important and valuable for the student who is likely to follow a postgraduate career in a special branch of medicine, in teaching or in research, as for the individual who will embrace general practice as his career. The College feels that the policy which it advises can scarcely be implemented until each medical school has appointed an observer from general practice who will be available to assist in developing such a programme. In 1955, the College was invited to submit recommendations as to the medical curriculum to the General Medical Council, and among

the main recommendations made at that time was the proposal that each medical school should establish a department of general practice. Among the duties that could be allotted to such a department were the following:

1. To ensure that all medical students are given some insight into general practice by visiting selected general practitioners in their homes, seeing them at work in their surgeries and on their rounds;

2. To assist other clinical departments to exploit the circumstances of general practice by extending their teaching from the wards to the open community; for example, in considering problems of after-care or rehabilitation, and the clinical and social management of the chronic and aged sick, and those suffering from mental and emotional illness;

3. Such a department would also possibly assist the medical school in planning postgraduate courses for general practitioners, and advising and supervising the recent graduates in their choice of hospital experience in the pre-registration year, and the period immediately following;

4. Such a department would be required to accept responsibility for pursuing research in the field of general medical care in the community, to study the educational and professional problems currently presenting themselves to the general practitioner, and to anticipate future trends of medical practice in this field.

Finally, the undergraduate education committee of the council of the College is responsible for conducting the Public Welfare Foundation Prize Competition. This competition is designed to encourage those schools, and those students who have taken advantage of opportunities to visit general practitioners. The competition is held annually, the closing date being 1 May. It is open to all senior medical students in the United Kingdom and Eire. The student is asked to give an account of a patient to whom he has been introduced by the patient's family doctor. The student is required to have visited the patient on at least three occasions, either in his home or in the doctor's consulting room. Entries are judged according to the evidence of the student's appreciation of the following: clinical aspects of the presenting problem; the social and family aspects of the illness, and, finally, the student's appreciation of the role of the family doctor in the diagnosis and total management of such a problem.* Prizes of £100, £75 and £50 are awarded respectively to the three essays judged to be the best entries for that particular year. Further particulars of this competition can be obtained, together with application forms, from the dean of each medical school, or from the secretary of the undergraduate education committee of council of the College of General Practitioners, 14 Princes Gate, London, S.W.7.

*The prize-winning essay for 1962 is published on p. 685 of this *Journal*.
