We are encouraged that trainees largely recognise that longer consultations are needed in general practice. This will undoubtedly need reorganisation within practices, but we have been able to offer 15-minute appointments as standard for 8 years in our practice with huge benefits for ourselves, and we are confident, for patients' too.²

There is now substantial continued evidence that longer consultations can improve quality of care.³ With evidence and the opinions of younger GPs coming together we believe the RCGP and other NHS policy makers should unequivocally advocate 15-minute consultations.

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The training capacity of general practice revisited: advanced training practices

Dr Watton's inspirational project in advanced training practice capacity faces an uncertain future and he raises important questions on the development of community-based educational funding.¹

The Project Surgery is a similar size practice, training 2nd and 5th year medical students, up to 3 VTS learners and some COPD work, with one partner also working as VTS programme director. We run this on mainstream funding only and also face a 20% cut in our core personal medical services budget. The future is unclear but

such issues focus one's mind onto priorities.

With the advent of Local Educational Networks commissioning education and the unification of undergraduate, postgraduate medical and dental, and nursing training budgets into one income stream we have an opportunity to press for funding to flow into primary care as community-based education increases. The challenge will be to stand up to large block funded institutions and traditions of menu driven course based training, to develop what is core community training.

Our educational leaders will only navigate this murky swamp if they develop a vision of what the future could be. The Whitehouse Surgery stands as a beacon of possibilities to draw from. Colleagues who are core to our teams and unable to be trained outside primary care are doctors, nurses, and administrators, and so multidisciplinary training for these roles at all levels, in educationally integrated practice training teams, must be our first priority.

We must establish what will be core activity for the future of primary care and secure its mainstream funding if we are to realise the prize of widespread, advanced, and multidisciplinary training.

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Situating general practice training in the general practice context

Goldie and Morrison¹ are right to emphasise the importance of the general practice context for postgraduate general practice training. In 1919 Sir James Mackenzie stated 'the teacher of practical matters must be one who experiences what he teaches. We all recognise that the best teacher for one who wants to be a shoemaker is the man who is in the habit of making shoes. Unfortunately, this

common-sense idea is rarely applied to medical education'.²

In 1952, the same year that our college was founded, the first integrated general practice training scheme pilot was set up in Inverness. Senior house officer level trainees had a 2-year contract to train concurrently in hospital and general practice. They were based for that whole period in one general practice. They started full-time in the practice for a few weeks and then spent 2–4 half-days every week in the same practice. The rest of the time was spent as a supernumerary experiencing different hospital departments and clinics according to their educational needs. They reported valuing the range and flexibility of the scheme.³

The compulsory postgraduate training for general practice that started in 1982, requiring at least 2 years post full GMC registration in hospital and 1 year in general practice, seems in retrospect, almost a regression from the Inverness scheme of 30 years earlier.

Goldie and Morrison make important and relevant contextual observations about reflective practice, being part of a community of practice, and progressing through the Dreyfus model of skill acquisition. Current trends moving the delivery of care formerly given in hospital, to the community, and the super-specialisation of hospital departments, make this an opportune time to remove GP training from hospital, where what can be learned becomes less relevant to the future GP.

If the proposed 4-year trajectory of training for general practice that is currently mooted, becomes accepted, then there will be a real opportunity for trainees to spend, at the very least, 2 years training within general practice, in the community of practice in which their futures will be spent.

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