

UNDERGRADUATE NEWS

UNIVERSITY DEPARTMENTS OF GENERAL PRACTICE

A report by the Council of the College of General Practitioners

General practice, the daily occupation of the majority of doctors in this country, is the only major aspect of modern medicine which is not included in the formal training of medical students. The study of the range of illness met with outside hospital is almost completely neglected. Some medical schools have introduced the concept of general practice through lectures, seminars and panel discussions, but none has developed it as a specialty with anything approaching the same attention given to other special departments.

It may reasonably be argued that the problems of sickness and health met with in general practice should be included in undergraduate training regardless of the medical field the student ultimately pursues. If this is so, it follows that some of this instruction should come from experienced general practitioners. General practice requires knowledge of the techniques of all the specialities, together with some knowledge that is unique to general practice. Academic learning, no matter how extensive, is not by itself sufficient to equip the doctor for general practice. To the outlook of science he must add a background knowledge of the sick person, his family, and his work. To the family doctor, disease is more than a biological process.

It is generally accepted that the medical undergraduate should be trained so that on qualifying he will be equipped to follow any branch of medicine after completing the appropriate vocational training in the post-qualifying period. Undergraduate training seeks to produce a doctor capable of bringing scientific method to work in any branch of medicine. It is also aimed at producing a doctor who is able to learn and assimilate advances in medicine throughout his professional life.

The principles of medicine now taught in hospital were established in the mid-nineteenth century when scientific methodology first began to influence medical thought. Diagnostic and therapeutic refinements have been made and are taught in hospital, in relation to ill patients. This highly selected material represents a small fraction of the morbidity encountered in general practice and is heavily biased towards serious organic disease. The emotional component is small compared with the large remainder of illness which never reaches hospital, where these long-established clinical methods are entirely appropriate and are concerned with the

evaluation of problems where there is likely to be a solution in terms of describable aetiology and pathology.

In much of the illness encountered in general practice a firm pathological diagnosis can be made. There remains a vast group in which this is impossible or not necessarily desirable. This will include the emotional disorders which are responsible for much of the work of the family doctor. The traditional method of establishing the emotional cause of illness is by systematic exclusion of organic disease, but this is inappropriate to the evaluation of undifferentiated material handled by the general practitioner who has to rely on probabilities and possibilities, since definite answers are often unobtainable. In the ability to be clinically effective with scientifically inadequate data lies the art of medicine. This ability is useful in hospital, but essential in general practice.

The methods used by general practitioners can be as scientifically respectable as those taught to students in hospital. Neither is wrong. Both are appropriate in their proper setting. No medical training is complete unless the student is well grounded in these principles.

In its first ten years the College has sought to show that general practice is an academic discipline in its own right and its three standing committees believe that undergraduate education, postgraduate education and research into matters pertaining to the general practice of medicine can be the proper study of an academic body. The College has experience of the many difficulties facing young general practitioners who, through inadequate training in hospital, are unable to equate what they find themselves doing with what they have been taught. Their discovery of the appropriate clinical methods is made only after much heart-searching and self-criticism. Sometimes proper adjustments are never fully completed and inadequate teaching in hospital leads to inadequate practice outside.

Since nearly half of all undergraduates will enter general practice, the fact that there exist other legitimate techniques of diagnosis should be stressed throughout their training. The early months of the clinical course are those in which the student is most receptive to new ideas, and his future attitude and values are often determined at this time. To teach the student that all methods other than those taught in hospital are bad medicine will either ensure that he never becomes a good general practitioner, or greatly delay his clinical maturity. It is too late to leave the introduction to general practice to postgraduate teaching.

Students must learn the diagnostic and therapeutic patterns of thought appropriate to general practice, with their application to

the illness of patients in their homes. The teaching of the principles of practice should be the responsibility of a department of a university medical school. In such a department the teaching of general practice will offer much that is now missing from the medical curriculum.

1. The student's education will become broader and fuller as he becomes aware of the problems that face the individual and his family in times of stress and illness.
2. The art of general practice will be demonstrated by the doctor in diagnosis, prognosis, and in management of the individual, the family, and the presenting illness. The student will also see the part played by emotional factors in ill health.
3. The science of general practice will be taught in the application of medical scientific principles to situations as they occur in general practice.
4. The integration of the medical services will be shown in action for the good of the patient.
5. The special features of general practice such as long-term care, special clinical conditions such as emotional states, geriatric and other degenerative disorders will be demonstrated at first hand.

In no two medical schools are traditions and circumstances alike. The methods each may employ to present a balanced picture of medicine to its students will certainly differ. There are many ways in which different universities might establish their departments of general practice.

A University Department of General Practice

An essential function of a university department of general practice is to familiarize students with the medical problems which arise in patients outside hospitals. The department has also a wide scope in postgraduate education, for example in the teaching of research methodology, of practice organization and in the training of ancillary workers, as well as in the continuing study of practice equipment and the premises in which it is used.

A guiding principle should be that the requirements of the man or woman following qualification are best fulfilled by experiencing general practice at its normal tempo, whereas a junior student is best served by working in a practice run at a slower pace, allowing more time for deliberate and planned instruction. Postgraduate experience of general practice is desirable for all graduates. Those who intend to make general practice their career will require a longer vocational training in this subject than those who aim to enter the specialties.

Methods of work

In established departments the student will see how the principles of general practice permeate the whole medical curriculum, and there will be a prepared syllabus. This will include formal lectures

about general practice, demonstrations, seminars and informal discussions about the problems peculiar to it. These methods of teaching are well suited to the representation of the work of a general practitioner.

Where departments are not yet fully established informed general practitioners may give lectures illuminating the academic studies already being undertaken. Seminars, discussion groups, ward rounds, and outpatient clinics can be attended by general practitioners who will contribute to the instruction of students. The development of a department will be easier where there is already a high proportion of general practitioners working as clinical assistants in teaching hospitals. These will be active practitioners in their own right outside the hospital, and not junior specialists in training.

Departments will explore and develop new methods of introducing the principles of practice to students both in and outside the parent teaching hospital.

The organization of the department of general practice

DEMONSTRATION PRACTICES

A designated demonstration practice will be found a necessary adjunct to a university department. A practice is as essential to a teacher of general practice as is an operating theatre to a surgeon. The teaching in such a practice would be integrated with that of the university; experience both in Edinburgh and in Manchester has shown that the practice must be relatively over-staffed compared with a non-teaching practice.

These teaching practices may be:

1. A part of the university, as at Edinburgh;
2. Affiliated closely to the university, as at Manchester, with full-time staff; or
3. Other practices, which should also be used for less intense forms of teaching. These may or may not be geographically related to a university department and may or may not be relatively over-staffed. In some circumstances the teaching load can be shared between several practices each of which may have different degrees of integration with the university.

Staff—The department may make use of doctors appointed full-time to the university, general practitioners who work in the university whilst working in hospital also, or general practitioners in their own practices without hospital appointments. These doctors will have both administrative and teaching duties; the proportion of each will vary among individuals from university to university. The posts of head of department and lecturer could either be full-time or part-time. The head of the department would be an experienced general practitioner, carefully selected for the task. This person may be already working locally, or he may have to be brought

in from elsewhere. The former is easier because he could then continue in his own practice which would be adopted by the university. If brought from outside arrangements would have to be made for him to become a principal in a university teaching practice.

The director of the unit should hold a university appointment and he should continue to work at least part-time in general practice. His level of seniority should initially be that of a reader, with plans for a professorial chair if the unit develops according to expectations.

Other staff will include full-time or part-time lecturers in general practice, who would be either those general practitioners whose practices have been adopted by the university, or those who are attached to the unit for teaching purposes.

Organization—No two universities will develop the same kind of department, and there is a wide choice of methods of work, staff and practice. A department of general practice could be autonomous from first establishment or might develop from a department of social medicine and achieve independence. It is essential that its relationship with other academic departments are good. Whether it should be within the university or outside it, with only the head of the department or senior lecturer on the university staff, is a matter for local decision. The College of General Practitioners may assist in the establishment of university departments both centrally and through the faculty in the area of the university.

The timing of the teaching of general practice may vary. A student may be attached to a general practitioner during the whole clinical period, or his attachment may be during the final year. Alternatively, a set short course of general practice could be introduced at a convenient stage. The duration of the course may be related to its timing; it may either be continuous over the whole clinical period, extended by weekly sessions for up to six months, or compressed into a short full-time period of two to four weeks. Plans would be required to accommodate up to 100 or more students in one year, depending on the size of the university. The organization will depend on the type of course to be followed.

In an undergraduate teaching programme the subject matter may include:

1. *The Science of General Practice*

Applications of scientific principles in the context of general practice, early diagnosis, presymptomatic diagnosis, use of modern diagnostic facilities, preventive methods and health education, therapeutic principles, non-hospital diseases, the natural history of disease, and the long-term care of chronic and incurable disease.

2. *The Art of General Practice*

The diagnosis of emotional disorders, the care of the patient as an individual, as a member of a family and as a member of the community.

3. *Social Environmental Factors*

The influence of environment and social culture on health and disease

Co-operation with hospitals, industrial medical officers, local authority and other social services.

4. *Practice Organization*

Surgery equipment and premises, maintenance of records, the employment of ancillary workers, practice administration.

FURTHER ACADEMIC RESPONSIBILITIES

As has already been said, the disciplines of postgraduate education and research are proper to the conduct of a university department.

1. *Postgraduate education.* The department should try to ensure that young graduates intending to embark on a career in general practice obtain the appropriate vocational training. It should be represented on, or be in a position to advise, the regional postgraduate committee responsible for the establishment of junior hospital posts and on the trainer selection committees of local medical committees. Members of the staff of the department should be prepared to give personal advice to graduates who wish to prepare themselves for general practice.

The department might organize courses suitable both for young graduates and experienced general practitioners on subjects such as those given on page 121. The department should also influence the nature and content of courses for the continuing education of general practitioners in other branches of medicine by close co-operation with postgraduate deans and departments of teaching hospitals or district hospitals who have the responsibility for arranging these courses. Courses in the application of research methods in general practice could be organized.

2. *Research.* Involvement in research is as essential to the vitality of a department of general practice as it is to any other aspect of medicine, and the policy for the unit will be determined by the head of the department. Work may be oriented towards clinical medicine, social medicine, the prevention of illness, or it may be based on the modern broad concept of epidemiology. A university department of general practice is particularly well placed to undertake incidence and prevalence studies because the populations of the university practices will form a defined background.

The research activities of the department would undoubtedly influence research in the university as a whole by providing leads to further study in other professorial departments. The help of the department might also be sought by other departments in which problems may arise which can only be solved in general practice. A department of general practice would provide a valuable link between the university and the faculty of the College of General Practitioners in which it lay.

In addition to observational studies of a clinical and epidemiological nature the department should be prepared to study the

provision of medical care and the maintenance of health of the community. Studies of practice itself, in relation to varying social and other needs, should be accepted as a normal function.

3. *Practice organization.* The department must develop its own methods of organization in its own practice. Consideration should be given to matters such as the layout of consulting rooms and premises. All aspects of practice organization, business and equipment should be studied and demonstrated.

The department should encourage visits by undergraduates to practitioners who have built new premises or who have other features of interest in their practices.

Conclusion

We believe and recommend that university departments of general practice should be set up by carefully considered stages.

1. The universities must accept the idea of teaching general practice.
2. General practitioner teaching units must be formed with concord and goodwill.
3. Directors must be appointed to plan and organize the teaching programmes.
4. Practices and general practitioners must be selected to co-operate in teaching.
5. The staffing of the units must be worked out.
6. The teaching programmes must be carefully devised, and should be sufficiently flexible to allow the development of both clinical research and operational research in the work of the units.

We know that the inspiration and administrative capacity upon which universities and teaching hospitals may call is to be found in general practice of the present day. The College's task must be to help every department which seeks its aid to make the best use of the knowledge and experience of general practitioners in teaching their future colleagues.

INTRODUCTION TO GENERAL PRACTICE

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It is the first step which counts: certainly this applies to the general practitioner when he is confronted with a class of students. He will be introduced as someone who is going to tell them about that mysterious form of medicine which goes on outside the hospital, and they will look at him in a scientific way as an interesting specimen of something that they have heard of, quite often in rather a derogatory sense. He is the sort of person about whom house officers grumble when patients are sent up in the middle of the night with odd little notes, and to whom the consultants may possibly