

Editorial

TRAINING FOR GENERAL PRACTICE

MOST people, if asked the purpose of a College, would answer 'to educate' or 'to train people for a task'. It is curious, therefore, that our College paid so little attention in its first ten years to the idea of training doctors for general practice and that it has only recently begun to think seriously about it. It is true that we paid much attention to continuing education and refresher courses but almost none to the initial postgraduate training. There are doubtless several reasons for this: they are important since they may still deter us from developing this obvious function. One is that we are in the habit of looking to others to teach us instead of teaching ourselves. Another is that we have only recently attempted to define the content of general practice, i.e. what has to be taught. By far the most important is the belief of too many of us that general practice is common sense and does not need to be taught, although we accept that the specialist needs to be trained for his work. The reality is otherwise.

General practice is now so responsible and so complex a task that it is inexcusable that young men and women should be able to go into it without special training. The impetus for producing this training *must* come from the College; no other body has the same concern or responsibility for seeing to this as we have ourselves. It is time we gave this initial postgraduate training top priority.

Much is being said and written at present about the differential in life-time earnings between specialists and general practitioners. Surprisingly little is said about the differential in training. Specialists expect to remain under part-time training until they are from 33 to 40 years old. Is it surprising that some of them have feelings of superiority—and some of us feelings of inferiority—when our own training is so much shorter? Until this differential is altered what

right have we to expect much change in the other differential?

We are rightly concerned about recruitment of young doctors to general practice in the next ten years. Dr M. Curwen in a recent study of doctors' motivations in entering general practice (*Journal*, January 1964), concluded that if we want to make general practice as attractive to men of high calibre as consultant practice, there must be two ladders, both long and arduous. At present general practice is not as attractive to young doctors. Unquestionably the College would like to make it so in the future. We must see to it that there is a high standard of training, whatever we finally decide about an examination.

The Wessex scheme is an important step in the right direction. Australia, Israel and Yugoslavia point to the rest of the way. We must press for the establishment in district hospitals of junior posts designed for the training of the future general practitioner and must plan for young practitioners to remain in part-time training for some five years after entering practice. They should be free to go off at frequent intervals for a half-day or a whole day to a regional centre for lectures and seminars and case discussions. The College should take the lead in planning and its members take their part in producing this training, particularly in the trainee year. Regional centres would be an important feature in this scheme. It is encouraging that an experiment in one area is already being planned.

These thoughts arise from the perusal of the postal enquiry which is being sent to all members and associates. It is hoped that all those interested in the future of general practice—and that surely means all of us who collectively make up the corporate body of the College—will spend time and thought in replying so that the opinion of the College will be replete with the wisdom of the College.

THE INTERNATIONAL CONFERENCE ON GENERAL PRACTICE

The first International Conference of Colleges and Academies of General Practice and equivalent organizations was held in Montreal from 30 March to 2 April. From accounts reaching us it was a very successful congress. The recommendations made in the course of the meeting are on page 426. These reflect the general agreement between general practitioners of many nations on the problem that faces them in these days of rapidly advancing medical science.