

# *Postgraduate Education*

## THE CONTINUING EDUCATION OF GENERAL PRACTITIONERS

An Analysis of Replies to a Questionary from the Postgraduate  
Education Committee of Council

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#### Preliminary Article

In order to obtain the views of the members of the College on all the aspects of the continuing education of general practitioners, the Postgraduate Education Committee prepared a questionnaire, and circulated it to all members.

Replies were received from 1,848 members (67.4 per cent of those receiving the questionnaire), and after analysis, the results have now been circulated to the Committee and to the Council. About 180 replies were not included in the general analysis as they came from doctors living abroad, or not in general practice. Some doctors did not answer every question, so that the total number of replies varied from section to section. The Committee wish to give members a general idea of the analysis without boring them with the great mass of detail that has been obtained, and so it has been decided to publish a series of articles in the *Research Newsletter* from time to time.

The Questionary began with a number of questions relating to the doctor's name, address, qualifications, faculty of the College, and size and type of practice, whether industrial or rural, National Health Service or private, single-handed, or partnership. This introductory section showed that 55.3 per cent of those answering were in industrial or residential practice, and 40.4 per cent in rural or semi-rural practice. While allowance must be made for the wide variation in interpretation of such terms as "residential" and "semi-rural", by individual doctors, these proportions may differ greatly from those of the general distribution of general practitioners. This should be remembered when considering figures, for example, of distance from X-ray, or of numbers of doctors employing dispensers.

Out of 1,664 doctors, 1,526 (92 per cent) did little or no private work, but 69 (4.1 per cent) were in wholly private practice, and 63 (3.7 per cent) said that half to one-third of their practice was private. The figures for size of practice and number of partners were misleading, but 25 per cent said that they were in single-handed practice, and 22 per cent employed assistants. Personal lists ranged from under 500 to over 5,000, though some of these were said to be

“notional”. Of partnership lists, 45 per cent were between 3,000 and 6,000 (15 per cent each of 3—4,000, 4—5,000, and 5—6,000), though 13.4 per cent of doctors were in large practices with over 10,000 patients.

The following further articles are contemplated:—

2. Covering Section I of the Questionary, Pre-registration Training, including training for General Practice both in hospital and in practice.
3. Section II: The Training of Assistants, with particular reference to the Trainee-Practitioner Scheme.
4. Section III: Postgraduate Study for Principals.
5. Section IV: Postgraduate Study in Obstetrics.
6. Sections V: Ancillary Help; VI, Minor Surgery; VII, Pathological Laboratory Services, and VIII: X-ray Services.
7. Sections IX: General Practitioner Hospital Service, and X: Hospital Sessional Work.
8. Sections XI: Special interests in Practice, and additional activities within the profession, and XII: Postgraduate teaching by Practitioners.

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### **Hot Water Bottles and Other Measures for Providing Warmth The Nurse's Responsibility for Patient Care**

General practitioners who feel that it is part of their duty to instruct the relatives of their patients in the elements of home nursing will be interested in this report of a working party set up by the Royal College of Nursing.

The uses of all types of hot water bottles, oil containers, electric appliances, incubators, bedding and bed-wear are considered, and dangers pointed out. Environmental heating is briefly discussed, and some thought given to special risks inherent in cases of prematurity, post-operative cases, patients suffering from shock, and others. Mention is made of hypothermia and radiotherapy, and of the division of medical opinion in the field.

Safety principles are then applied to home nursing conditions, including comment on the need to “educate” relatives. A section deals with legal implications and safeguards, and the report concludes with an appendix, “The Treatment of Shock and Burns at the Birmingham Accident Hospital”, stressing that shock is not now treated by the application of heat, replacement of body fluids being the main consideration.

Copies of the memorandum, 21 pages, may be obtained from the Royal College of Nursing, Henrietta Place, W.1, price 1/4d. including postage.