ORGANIZATION OF FACULTY POSTGRADUATE FACILITIES

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The provision of a continuous, co-ordinated, comprehensive, and continuing course of postgraduate education is a problem which confronts the postgraduate committees of all faculties. It is often regarded as fulfilled when a series of clinical meetings, clinical meetings with lectures, or lectures only, is provided by some form of academic authority for the benefit of practitioners who wish to take advantage of it. That this commonly held belief is incorrect in its appreciation of the situation can be substantiated by consideration of the following points.

The General Practitioner

The term " general practitioner " covers a group. Whilst indicative of the group as a whole, it is not indicative of any one member of that group.

Practitioners vary in age. Some have been qualified longer than others. Whilst all who take the trouble to attend postgraduate courses have necessarily a continuing interest in keeping up-to-date, many of them have been further removed from clinical instruction than others. Those whose training took place 20 or more years ago are, by virtue of this fact, more removed from the present-day academic clinical atmosphere than those whose training has taken place within the last ten years.

The general practitioner, in considering his patients, tends to think of the individual. He bases his opinions, his conclusions, upon what he has seen and experienced in his individual sphere of general practice, whether or not he has practised in one place or in many, singly or in collaboration with others.

The vast change in present-day therapy that has taken place in the last 20 years tends to place a gulf between those whose training was carried out before the advent of the sulphonamides, of penicillin, and the later antibiotics, and of modern stress on electrolytic biochemistry. Even more recently the use of radio-active materials with its inevitable concomitants of technical phraseology and highly specialized apparatus, tends to make the older practitioner feel very much at a loss when faced during postgraduate work with the problem of comprehending and assimilating knowledge based upon presentation of the subject.

It is correct to state that there is therefore a much larger gap between the outlook of the older practitioner and of the younger man who has received his training in the '40s and '50s. In every

discussion regarding postgraduate facilities, little attention appears to have been paid to the consideration of the problem outlined above.

The Lecturer

On turning to consideration of the lecturer provided by the academic medical authority, there are two factors immediately apparent.

(a) Very commonly the lecturer or demonstrator is a man within ten years of qualification, highly trained in his subject, equipped with the appropriate postgraduate degree or diploma (or in training therefor), who has the modern techniques fully at his fingertips and who, by reason of unfamiliarity with the mind and outlook of the individual facing him, is unable to appreciate the limitations of his unfortunate victim.

(b) Possibly less frequently the lecturer is an older man, probably in his 50's, whose enthusiasm for the new has been tempered by experience, whose regard for the immutability of the natural processes that affect the human body places him in greater sympathy with the outlook of those to whom he is lecturing. Nevertheless, by virtue of the fact that he has practised his speciality for many years in the atmosphere of a hospital where he is in constant communication with fellow specialists, he is rendered partially incapable of appreciating the outlook of those to whom he is talking.

Both groups are much more at home lecturing didactically to young minds eager to absorb information. Both groups, it would appear upon discussion with them, view with a certain amount of apprehension the prospect of lecturing to experienced general practitioners. The younger man, not realizing that very often the nearer the hospital, the poorer the standard of medicine practised, is the argument to apply, tends by his experience to feel that the general practitioner is after all not really very much of a doctor as he understands the term. The older man, conscious of the way time has illustrated to him his own shortcomings in the art of diagnosis and prognosis, feels that when he makes *definite* statements his equally experienced colleagues in front of him look at him with raised eyebrow.

The majority of general practitioners, however, continue to take such postgraduate courses by virtue of the fact that their original training has conditioned them to regard this method as the *only* one;

they are supported in this belief by the fact that there are apparently no other methods.

A New Approach to the Problem

It is the purpose of this appreciation to point out that, in the light of the above considerations, there is another method of approach.

The only suitable method for experienced practitioners to gain considerably from postgraduate facilities provided through or under the aegis of an academic medical authority, is for them to be made to feel at home in the situation in which they place themselves.

The average practitioner is unwilling to say too much at any formal lecture or clinical meeting, because he believes he is not competent to do so. The older man is overwhelmed by the torrent of technical matter poured over him. He feels his limitations sadly. He has a working knowledge of disease as it affects the individuals that he knows. The unfamiliarity, the pace, the vast quasi-educational facade that he meets, throws him off-balance. He feels he has absolutely nothing to contribute to this gathering of medical minds. The younger practitioner is more at home in this atmosphere; being younger, his mental processes are more agile, and he is more able to keep up with the pace. Yet, by virtue of his inexperience in general practice, he feels unwilling to speak up when the older, more experienced, practitioners are keeping quiet. (Always excepting the " earnest seeker after truth ", who, as we all know, tends to interrupt any lecture or demonstration.) He therefore feels he has nothing to contribute.

The lecturer or demonstrator must also be made to feel more at one with his audience. He must, as it were, descend from his higher plane and mix more familiarly. He will then be regarded as more of a human being subject to the same frailties as his audience: and, in this way, his contribution will be the greater, because it will become more easily accepted.

A Suggested Scheme

From a consideration of all these points, the following scheme is suggested.

Each group of practitioners, whether larger or smaller, should be put in charge of a Group Organizer.

(i) The group organizer will plan, in conjunction with the organizing authority, a group discussion, or a series of group discussions. He will so select the members of each group that there will be a maximum of 10 and a minimum of 5. The individuals in the group will consist of members (to include both those " over 20 years " and " under 20 years ") and associates. In this way, the practitioners

in the group will contribute considerably to the efficiency of the group by virtue of these varying experiences and interests. The group will also contain the lecturer, who will have been chosen for his specialist knowledge and (more helpfully) his ability to take part in group discussion of this nature.

(ii) The group organizer, *who will be an experienced practitioner*, will thus have a knowledge of the outlook of the practitioners. He will understand that they would benefit more by the demonstration of small amounts of the matter to be presented to them for consideration—he will understand that they, by virtue of their experience in handling large numbers of ordinary people, both sick and well, will have a point of view. That this point of view will be of value, in that it will be the end result of thought and experience; that, therefore, each practitioner—as a member of the group—can be made to contribute something to the discussion.

(iii) The group organizer will introduce the subject for discussion. This will be in general terms: he will call upon an older member of the group to offer comment, a younger member of the group will also then be brought in. The specialist member of the group will remain silent. When the organizer considers that the atmosphere has mellowed sufficiently for everyone to feel at ease, he will then bring the specialist member into the discussion. At this stage, if expedient, a patient may be presented. Discussion amongst the members of the group will then be carried on under the gentle yet supervising authority of the group organizer. It is considered that such discussions may last for 30—45—60 minutes, depending upon the complexity of the subject matter, and the wishes of the members.

The success of this method will lie in the ability of the group to proceed to discussion as a whole: this will depend considerably upon the efficiency, in this context, of the group organizer.

BUTTERWORTH GOLD MEDAL

The subject for this year's essay is " The Science and Art of Prognosis in General Practice ". Essays, identified by motto only (with the author's name and address in a sealed envelope) and not exceeding 10,000 words, should be submitted to the chairman of the Awards Committee, College of General Practitioners, 14, Black Friars Lane, London, E.C. 4, not later than September 16th, 1957.