

ACTIVITIES OF THE BRITISH COLLEGE OF GENERAL PRACTITIONERS*

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UNDERGRADUATE EDUCATION

The function of the Undergraduate Education Committee is to advise the College on all matters concerning undergraduate education. In its most recent recommendation to medical schools, the General Medical Council states: 'It is desirable that the student

should be given opportunities to learn something of the work of the general practitioner. During the study of all clinical subjects, the attention of the student should be continuously directed by his teachers to the importance of the interrelation of the physical and psychological and social aspects of disease.' The first task of the Undergraduate Committee was to ascertain in how many of our medical schools there was attempted any teaching of general

* Three addresses given by Dr. Grant during his recent tour in South Africa.

practice. In only 9 schools out of a total of 28 was there any instructions in general practice, and in only 2 of them was there a teaching unit. The old apprentice system may have had many faults but, when it was terminated, the teachers of that day were all men who had been for a long time in general practice and many of them were still working as part-time general practitioners, and students, even in hospital, were still taught quite a lot about the treatment of cases in the home. But today the student is taught by members of a hospital staff who are highly skilled specialists but who have had no personal experience of family doctoring. Many of them have never treated patients in their homes.

The College believed that a change of heart was needed in the schools and that we should develop collaboration between general practitioners and hospital doctors. We consider that all students, whether destined to become family doctors or specialists, should know more of the good general practitioner's standards and methods and thereby more accurately judge the quality and significance of his work. We believe that the time has come for medical schools and general practitioners to combine over the training of family doctors. Both should recognize their responsibility for the quality of general practice in Britain. And so was born the student attachment scheme—the Deans argued that the curriculum was full, but again and again in the past 50 years it has been shown that the curriculum can be adjusted to the needs of the student, and each year more students voluntarily enrol for one or two weeks' attachment to a selected and capable general practitioner. To date, over 1,200 doctors have agreed to take students for a week or more in their practices, and over 1,000 students have accepted their offer. By the end of 1957 all the medical schools in Britain had some formal lectures given by members of the College. All use the student attachment scheme, and 3 of the London schools have a Director of Studies in General Practice. This, I think, may be considered a very real achievement by the College.

In 1956 a conference on undergraduate education was held in London. Each Faculty sent a representative and each medical school sent, as a guest, a senior student. The students were all agreed that they would like to learn more about the work of the family doctor, but the majority felt that lectures were not sufficient and desired to have more opportunities for seeing patients in their homes and obtaining first-hand experience of the work of the general practitioner. All too often in the past the achievements of those working in hospital have tended to suggest to students that only in hospital can satisfactory medicine be practised. The attachment scheme has changed that outlook, and those students who return to hospital after 2 weeks in general practice, and more particularly in country practice where still is conducted a considerable degree of minor surgery, midwifery and even laboratory work, are now satisfied that a full and satisfying career can be provided in general practice. Before the foundation of the College only 1 student in 20 wished to enter general practice as a first choice; now 1 in 5 desires to be a general practitioner. Unfortunately for the ambitions of these students, 1 in 2 is economically forced to enter general practice.

The General Medical Council reviews the medical curriculum approximately every 10 years, and the latest review has just been completed. The policy of the Council is to interfere as little as possible with medical schools, and to leave every school as free as possible to experiment with its own curriculum; and, although it views favourably some instruction applicable to general practice, it does not demand that instruction as obligatory. We, as a young College, must appreciate that attitude, and we must consider the ways and means by which we can make our own contribution to medical education. It is, therefore, by close association at Faculty level with the medical schools that we can make our most effective contribution. Although as a College we have much to offer the undergraduate, we must realize that it is the duty of the medical schools to keep the curriculum truly basic and that it is not their responsibility to turn out ready-made general practitioners. In so far as we can be permitted to assist in the training of the student, we must bear in mind that what we have to offer should be just as relevant to the future consultant or public health officer as it is to the student who intends to make general practice his career. We do believe that each school should appoint an experienced general practitioner as adviser in general practice and that, whenever possible, a Department of General Practice should be established in each school. The Edinburgh department is an outstanding example of how efficiently such a department can be run.

Each Faculty has its own particular problems. In some schools the point of view of the general practitioner has already permeated the school and its teaching staff; whilst, at the other extreme, there are schools which appear unwilling to take advantage of the facilities offered by the local Faculty of the College. It is our task to examine all possible means of demonstrating to medical students the fact that socially, academically and professionally general practice is a satisfying career. We have a responsibility towards them not merely to introduce them to our own interests and problems but also to help them to see our work against the background of the whole profession which they are about to enter. Much can be done to further this aim by contact with local student societies, by the way in which we receive the students into our practices, and the way in which we assist the young graduate in his early formative years. I am one of those who are firmly convinced that the good general practitioner is of just as much value to the community as is the good consultant or specialist. The one is complementary to the other, and each in his own sphere is serving society in complete equality.

THE WORK OF THE POSTGRADUATE COMMITTEE

The Postgraduate Committee is perhaps the most important Committee of the College because the chief criteria for membership of the College is an undertaking to attend postgraduate classes for 20 hours each year or 11 half-day sessions in 2 years. It is therefore incumbent upon the Postgraduate Committee to ensure that the classes arranged are likely to be of interest and value to the general practitioner, as opposed to the highly specialized postgraduate training necessary for the aspirant to consultant status. That the College has been successful in its policy is proved by the steady increase in membership. There are now 22 Faculties in the United Kingdom, each corresponding roughly to the area served by a medical school. Each Faculty has its own postgraduate committee, which coordinates the facilities for the postgraduate education of general practitioners within its area, increases the facilities where necessary, but in no way supplants existing activities. Twenty years ago epoch-making advances in medical knowledge were comparatively few, and an occasional visit to a teaching hospital and the reading of one or, at most, two journals each month sufficed to keep the general practitioner *au fait*, not only with his own problems, but also with the new techniques in the specialties.

But in 1938 a therapeutic revolution occurred with the discovery of prontosil—the first of the chemotherapy drugs, and a few years later, the finding of penicillin, the first of the antibiotics. New techniques, new methods, new drugs and miracle surgical procedures all appeared with bewildering regularity so that the young graduate is quickly out of date unless he immediately embarks on postgraduate study. He has two main problems: (1) Which of the new drugs and techniques he is going to adopt for his own use, and (2) how he must keep in touch with what is happening in the specialized branches of medicine so that he will not withhold from his patients the full benefit of modern medicine, surgery and obstetrics. He must know not only what the specialist can offer his patient—he must also be sure that the patient is referred to the right specialist, thereby saving a multiplicity of visits to various hospital departments where the investigation by too many physicians may result in adding a psychoneurosis to the undiagnosed physical disease. Again, the introduction of the new antibiotics has increased rather than diminished his responsibilities. He must combat each virus or bacterium with the appropriate antibiotic, otherwise he may encourage dangerously resistant strains of bacteria. So greatly has the face of prescribing changed that it is estimated that 80% of the drugs in common use today were not discovered 25 years ago. The advent of the Welfare State in Britain with its various departments, both medical and social, dealing with the well-being of the individual, together with the progress made in preventive medicine, has increased the responsibility of the family doctor. He must now be fully cognizant with all these developments; when he graduates from the University, he is almost completely ignorant of this field of activity.

Firstly, then, we need *postgraduate training for the young graduate* who wishes to enter general practice. The Government has recognized this need by the institution of the trainee practitioner scheme, whereby a selected practitioner, conducting his practice on a high level of professional standards, is designated a trainer and is given a young assistant, wholly inexperienced in general practice, as a trainee. He receives a small grant of £150 per year

for acting as a trainer, and the remuneration of the trainee, about £1,000 per year, is paid by the Government. There has been a good deal of criticism of the scheme; some say the trainee is abused and treated as an ordinary paid assistant; others say the trainer does not bother to teach. Whilst these criticisms are valid, they apply not to the scheme but to the individuals working it. The College has given much thought to the problem and has published a booklet covering the type of training which should be given. The trainee should see what equipment is necessary for the surgery and for the emergency bag. He should be asked for constructive suggestions. He should be shown the administrative and financial side of practice. He should be put in touch with the various departments of the local authority, with the Ministry of Labour, the National Assistance Board and the many voluntary organizations that exist to help the unfortunate. He should have an opportunity by secondment to study various types of practice—that of the country doctor, the industrial medical officer and the doctor attached to a small cottage hospital (this type is getting rarer, unfortunately), and even to spend some time in local authority clinics. This type of secondment would effectively dispel the accusation that the trainee is exploited as a form of cheap labour. Another suggestion is that the trainee might spend a second year in hospital work as a junior registrar rotating for 3 months in turn to those departments where after his year in general practice he felt his knowledge was most lacking, e.g. Eyes, E.N.T., Paediatrics, Psychiatry, etc. A combination of traineeship and rotating-internship would constitute a particularly sound training for general practice, and would be of equal value to a registrar appointment for intending consultants.

Let us now consider *postgraduate education for the established practitioner*. Self-education by reading, by attending medical societies and by domiciliary consultations may go some way towards keeping him up to date, but there is, in addition, the need for some formal organized study, which the College lays down as at least 20 hours every year. The most important method of self-education is to carry out good general practice, ignoring the temptation to drift into slovenly and undisciplined habits of thought. The old tenet, which we were all taught in our student days, of careful history-taking, full and unhurried examination and careful record-taking may perhaps be a counsel of perfection, but it will stimulate our professional interest and involve critical reading of modern literature. With large lists and much of the day spent in providing placebos for trivialities, the general practitioner may well become weary in well-doing, but he should take every opportunity of meeting his consultant colleagues. Domiciliary consultations are perhaps the greatest benefit the National Health Service has provided for him. The gradual exclusion of the general practitioner from hospital has automatically tended to lower his standards, and the finest stimulus that could be given to a general practitioner, the finest method of postgraduate education, would be the appointment of a keen and able general practitioner as a full member of the hospital team. There is no greater mental stimulus than to take responsibility for, and to share in the care of, a difficult and perplexing case. The Ministry of Health will pay for general practitioners the fees and locum fees and expenses of postgraduate courses up to a maximum of 80 hours in 2 years, and when one tries to ascertain why more practitioners do not take advantage of this opportunity the main reasons given are lack of time, deputizing difficulties (good locums are hard to find) and lack of practice in sustained study.

The general policy of the College is to develop and improve the postgraduate facilities already available, and to arrange facilities in those areas where they are lacking. The importance of good administration cannot be over-stressed. The lectures should start promptly and end promptly and at the advertised time. There must be adequate time for discussion, which is often the most valuable part of the session. This is the moment when the general practitioner can mention the problems that have arisen in his own practice, and points that have not been considered in the formal lecture may be clarified in the discussion period either by the lecturer or by one of the practitioner's own colleagues. Very often a symposium with a physician, surgeon and radiologist, each giving his point of view, with a general practitioner either opening or closing the discussion, is the best method of giving instruction. Those who are arranging the course might well be advised to invite a general practitioner of experience to help them, because he can explain the general practitioner's point of view and ensure that the subject matter is approached from the angle which will

help and interest the general practitioner, rather than from a highly technical specialized angle.

The Postgraduate Committee is therefore mainly advisory and policy-making. It acts in liaison and close cooperation with the Ministry of Health and Postgraduate Medical Federation centrally and with the Medical School or University locally. There should be an interchange of representation between the Faculty Committee and the Medical Schools and in this way courses can be arranged which are best suited to the needs of the general practitioners. Our Postgraduate Committee issues a monthly diary detailing information about forthcoming courses. It arranges an occasional symposium—e.g. one on Dyspepsia, which will take place immediately after our annual meeting. It has developed a series of lectures recorded on tapes and long-playing gramophone records, which have proved very popular with isolated country practitioners. These are kept in the central office and can be forwarded with the appropriate tape-recorder machine to small meetings of doctors in the country. After the lecture is over, the doctors discuss the subject matter over tea or a drink, and great appreciation has been expressed for this service. Those College members who wish to join register with the medical recording service and receive, at regular intervals, recordings by well-known lecturers on subjects likely to be of general interest. The service, except for postage, is free to all College members. For the formal postgraduate course, the most popular subjects are Cardio-vascular diseases, Dermatology, Obstetrics, Paediatrics, Chemotherapy and the Rheumatic diseases. Sunday ward rounds are very popular and frequently not all applications to attend them can be accepted. In country districts where there is a small cottage hospital, a consultant will attend and discuss cases which are referred to him by the local practitioners. You will have your own ideas about the best type of postgraduate teaching for your members, and each Council of the College has complete autonomy to undertake its postgraduate study in the way most appropriate for its own members. As members of the College we may not always attain success in the treatment of our cases but we can ensure, by constant study, that we deserve success.

RESEARCH IN GENERAL PRACTICE

Research in the field of medicine seen by the general practitioner is potentially as valuable as observations made in a hospital ward or a University department. In general practice are found the beginning of disease, familial diathesis and the end result of the chronic degenerative diseases. There is thus presented to those of us who work in general practice a challenge to make a fuller contribution to the study of disease by investigating more fully the problems we are called upon to handle.

There was an era in the history of medicine when all research was general-practitioner research, for there were none but general practitioners to undertake it. Advances were made through the careful noting of facts observed during the routine daily round. In this way Jenner recognized the relationship between smallpox and cowpox and Witherings noted the diuretic effect of the leaf of the foxglove. But then came the era of specialization and the flame of general practice burned low, to be fanned into occasional brilliance by such men as James MacKenzie and more recently our past president, William Pickles, whose contributions on the epidemiology of disease in country practice attracted world-wide attention. The opportunities which an academic organization of general practitioners could offer for observational research were immediately appreciated by the Foundation Council of the College and in January 1953 the Research Committee was established. It was quickly apparent that there was a reawakening of interest in research work by doctors in general practice; the first task was to ascertain the extent to which family doctors were interested and then to find out where these interests lay. A Research Register was inaugurated to facilitate the introduction to one another of practitioners who share common research interests and to enable them to pool and exchange their information. A panel of experts willingly agreed to give guidance and advice whenever needed. Volunteers came in quickly and soon information from these applicants enabled them to be classified under 3 main headings:

(a) Individual workers with an interest in some particular subject of research who would appreciate guidance but who preferred to work alone.

(b) Group researchers willing to share their observations and clinical material with other practices.

(c) Group researchers willing to take part in centrally organized and planned studies.

The Research Register served the double purpose of enabling those with like interests to be put in touch with one another and of providing a suitable subject for research.

The Research Committee agreed that no work would be sponsored which could better be done by other organizations. Every project undertaken by the College should be one which would yield information applying to and of value to general practice. The first College-sponsored investigation was into the value of sulphonamides and antibiotics in the prevention of the complications of measles.

The necessity for maintaining interest among members of the Research Register was quickly recognized and the Research Newsletter was published, at first as a 4-page typescript sheet. During the years it has grown in size and stature and is now reaching maturity as the quarterly Journal of the College. The research workers, however, still have issued to them, at regular intervals, two less ambitious publications, *Between Ourselves*, a document giving information on research studies in plan as well as those in progress, and also a *Progress Report*, which is a summary of the Report made for Council by the Chairman of the Research Committee. Each Faculty now has its research committee and can undertake a local research project. The central Research Committee, however, reserves the right to see and approve any material which is to be published in the name of the College. There are now 557 members and associates on the Register, many of them from overseas Faculties in Australia and New Zealand, and it is of interest that the College study of Epilepsy is being assisted by the Western Australia Faculty.

These widening horizons have led us to form a central register of Research Projects; all Faculties, Councils and Colleges throughout the Commonwealth have been invited to subscribe information for the register and to suggest research projects.

An epidemic observation unit has been established whereby all members of the Research Register are alerted to watch for the occurrence of definite disease patterns of whose diagnosis we may not be quite certain.

Each year, after the annual meeting, a research symposium is held, which has proved of wide interest. Last year we discussed ways and means in general practitioner research, and this year we hope to discuss the subject of Dyspepsia.

In regard to collaboration in therapeutic trials of new substances produced by pharmaceutical firms, the Council have decided for the present that, whilst there is no objection to individual doctors so collaborating, it is perhaps unwise for the College to sponsor the trials, mainly on ethical and legal grounds. It has agreed, however, that the Research Committee shall be free to enter into discussion with any pharmaceutical firm which desires to submit a proposal for clinical trial. The Committee will study the plan and note any foreseeable difficulties and,

when these are overcome, the proposed trial can be brought to the notice of members in the Research Register; but it will be left to each individual doctor to decide whether or not he contacts the firm with a view to helping in its trial. The College require that any advertising matter relating to the trial must first be submitted for approval to the Council of the College. During the past year, 7 firms have approached the College, and 2 proposed clinical trials have been circulated to our Research Register members.

Our relations with the Medical Research Council, the Nuffield Hospitals Trust, the London School of Hygiene and the General Register Office are all cordial. At the request of the last-named, an investigation into the health of males in the years of retirement has been commenced.

The undernoted College-sponsored investigations may be of interest to you in South Africa:

Chronic bronchitis—sometimes known as the English disease, for it is commoner in the British Isles than anywhere else in the world—has little known about its aetiology, prevention or treatment, which is still largely empirical. A research is being conducted into this condition, in which 120 members of the Register are taking part, and the cost of coordinating the investigation is being met by a grant of £4,500 from the Nuffield Trust.

Eighty doctors are engaged on a study of Epilepsy. Fifty doctors are studying the incidence of Diabetes in the community. Forty doctors are investigating the cause of Asthma in children. Over 60 other Faculty-sponsored investigations are taking place.

These projects need money and the College Council feel that the Research Fund must soon be greatly increased. The doctors themselves are willingly giving of their time and many indeed have found that this research activity has opened for them new horizons and given them a new interest in their daily work. But, correlating all the data which are received requires expert statistical staff and, unless the Research Committee can be assured of financial aid for the development of its plans and projects, the outstanding progress already made cannot be long sustained. The work in which we are engaged is of inestimable value both to medicine and to the general community. To our great industrialists we make this appeal: 'Give us the tools and we will do the job.'

The Research Committee has found convincing evidence that amongst their fellow general practitioners there are many who are capable of making a worthy contribution to medical knowledge. It is hoped that the academic isolation which is felt by so many general practitioners will gradually disappear and that once again the ideas which are born of observation by family doctors in their patients' homes will become a growing source of inspiration for research. If, as a result of the guidance and coordination of research by general practitioners, new knowledge is found, new treatments are established and new interests are created, then the College will indeed have served one of the main purposes for which it was founded.