PRACTICE OBSERVED

Personal Paper

Thoughts of a general practice clinical tutor

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Early in 1985 I was appointed a course organiser for the vocational training scheme. In the following year the post of general practice clinical tutor became vacant. I had hankered after this job for some time but had rather hoped that it would present itself at a later date. I certainly had no desire to give up course organising so soon; if I were to take on the post of clinical tutor it would have to be combined with that of course organiser. After considering the effects that this dual commitment might have and discussing them with my family and partners I applied for the post and was appointed in June 1986. What follows is a series of observations and conclusions formed after analysing my feelings, a pattern that is the reverse of my normal thought process but that seems appropriate. My feelings have changed little in the time I have combined the two roles, becoming only more intense in each direction—positive and negative—so I need not describe their development.

As a course organiser I feel comfortable, and did so right from the beginning, working within a well defined framework with plenty of support from colleagues and guidance from the regional adviser and associates. My main problem as a newcomer was how to make my mark without upsetting a well designed and highly tuned apple cart. As a tutor the opposite applies: I feel uncomfortable and exposed and lacking in support. No worries about apple carts here—there isn't one.

Why should the two jobs feel so different? They should really be very similar, both being concerned with medical education, and the education of doctors in general practice at that. But just as many young doctors feel overwhelmed by the scope of the discipline when they first go into general practice, so I think that tutors, when they first survey the scene, must be staggered by the task confronting them. They are responsible for the educational needs of a hundred or more (sometimes many more) of their colleagues. They must try

to meet this need with the minimum of resources and in their spare time; and, just to boost their confidence, they will find that everyone—general practitioners, consultants, the college, and even patients—is saying that they are not doing the job very well.

Similarly, trainees or young principals may well observe that they have not only to deal with the whole of clinical medicine but also to take into account patients' feelings and expectations, while at the same time practising opportunistic preventive medicine and health education, playing their part in society, and running a business. The task seems so enormous as to be beyond the scope of any mortal, so how do they cope? They cope because their colleagues show them how to define realistic objectives, draw boundaries of responsibility, and delegate effectively. Instead of seeing their job in terms of an impossibly open ended commitment they learn to confine their activities to targets they know they can achieve and to disciplines in which they feel comfortable. That is not to say that with experience and confidence the boundaries cannot be pushed back: this is the personal and professional development that makes general practice so exciting. Trainees and young principals also have the advantage that their political representatives have negotiated sufficient resources for them to achieve their objectives.

Course organisers have much in common with principals in general practice. Their task is well defined—even laid down in statute in some areas—and there is general agreement among most of those participating about how to set about that task. In the same way that general practitioners can broaden their horizons course organisers can share in the evolution of vocational training. Furthermore, course organisers are blessed with adequate financial and human resources, even if not overendowed with riches. Tutors can claim none of this, and whereas course organisers usually work in groups of two or three, with all the advantages of regular meetings and exchange of ideas, tutors must work in isolation. Thus there seem to be three aspects of need, whose fulfilment might reduce the tutors' discomfort: support, job description, and resources.

The loneliness of the tutor

There is nothing more lonely than working alone, especially if the work entails responsibility and accountability, and yet this is what

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tutors have to do. They alone are responsible for continuing education in their district, and they rarely meet colleagues from other districts except on large regional committees, when contact is diluted by agendas, minutes, and "other business." By contrast, course organisers usually work in twos and threes, meeting with each other weekly, and they meet other course organisers several times a year for the sole purpose of exchanging problems and ideas. The answer must be to combine the two roles: merge the job of tutor with that of course organiser. The training and skill required are the same, and both are concerned with facilitating further education for general practitioners. The result of this merger would be a "postgraduate education organiser," three or four of whom would be appointed in each district to organise postgraduate education for all general practitioners. There would still remain the two parts of the job—vocational training and continuing education—and a group of organisers might decide to honour this division by dividing the work accordingly; the crucial aspect of this arrangement, however, would be that they all shared overall responsibility.

A job description for clinical tutors is important for two reasons: to ensure that the tasks expected of them are performed satisfactorily so that they can be held on account and to ensure that they themselves know where they stand and what their obligations are. Without a proper job description unenthusiastic tutors will not find it difficult to do the bare minimum while conscientious tutors will wear their fingers to the bone and still feel guilty that they have not accomplished all that they might. The contents of the job description must be debated, and I would not presume to pre-empt the outcome of that debate here. Nevertheless, a broad starting point might be that the tutor's role is to assess the needs of general practitioners in continuing education and to facilitate the fulfilment of those needs.

Lastly, there is the question of resources. It goes without saying that if the job of tutor was merged with that of course organiser the person in the post would expect the same rate of remuneration as course organisers rather than the present honorarium. No doubt the universities could be persuaded to relinquish their right to appoint tutors, but it might be more difficult to get the Department of Health and Social Security and family practitioner committees to accept responsibility for their remuneration. It is up to our representatives and others in medical education who have the government's ear to put up a convincing argument that good educational facilities are not only essential for the development of general practice but cost effective as well.

There is a trend to push the emphasis of education in general practice away from the postgraduate centres and back into the practices. This may well be a useful move for educational reasons as it is likely to make doctors feel more responsible for their own professional growth. Partnerships may well find it desirable to appoint one of the partners to be responsible for educational matters, just as they now handle financial and staffing duties. If we are to encourage this trend it will, at least initially, be expensive not only in financial but also in human resources. Tutors will need to visit many practices to foster this kind of process and they may well require the help of others—for example, college tutors, trainers, or even willing volunteers.

The role of the general practice tutor at present feels uncomfortable largely because tutors are unsupported and underresourced. The job is, however, potentially challenging and exciting, and with a few cost effective changes in organisation tutors might become key figures in maintaining and improving standards in general practice.

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100 YEARS AGO

The struggle between the Council of the College of Surgeons and its constituents—the great bulk of the profession—which the unyielding and high-handed course adopted by the Council has rendered inevitable, has now commenced by the public announcement on the part of the Council that it has adopted the report of its "Committee on Charters and By-laws", and is about to take the necessary steps immediately for obtaining a new charter from the Privy Council. This means, in effect, that the Council of the College has rejected every substantial reform which has been asked for by its constituents, except the Fellows' privilege of voting by proxy papers—and even this small concession had only been wrung from it by an agitation protracted over many years. All the more important demands of the profession, as formulated in meetings of the Fellows and Members, called by the President and Council to discuss College affairs in the College, have been met by a blank refusal. The tenure of the great office of President is in a most unsatisfactory condition, and leads to a state of things whereby the government of the College is far too much in lay hands; yet the Council will do nothing to amend it. The mode of election of the President has become so much a matter of routine as to deprive it of all dignity and all honour, yet the Council steadily refuses even to consider any method whereby the election can be made more of a reality. The College is entering into most important relations with the College of Physicians, and is, in connection with that body, pursuing a course towards the Apothecaries' Society leading directly to a perpetuation of the "double portal" to medical diplomas, which a very large proportion (we believe a great majority) of the profession wished to see closed. Yet the Council steadily refuses to consult its constituents on these or any other matters of great public moment, excepting such illusory and empty consultation as takes place after the matter has been settled, and at meetings in which the Council preserves an unbroken silence. The College has come (or will come immediately) into the possession of very large wealth; yet its constituents are to have no voice in the distribution of those funds, which may all be wasted on objects with which the great body of the profession has no concern whatever, for anything that anyone outside the Council Chamber can do. We call the bulk of the profession "the constituents" of the Council advisedly, since it is by their funds that the College has been constituted and built up, and it is on their numbers, influence, and public services that it depends for its position and emoluments. But in the technical sense in which the word "constituency" is used to signify a voting body, we need hardly say that the Council (or at least those members who dictate its course) will not hear of extending any voting

privilege, still less any representative functions, to the general body of Members; and has treated with contempt the petition which has been signed by about half the whole body of Members, backed as it is by the support of a large proportion of the Fellows. The question is therefore a very simple one: shall the College of Surgeons be allowed to remain, as at present, a close corporation of consulting surgeons, in which the general profession has no voice, and in which its interests are entirely unrepresented; a body respectable, no doubt, from the great names which have been, and to some extent are, still connected with it; efficient, no doubt, for examination purposes, and claiming with reason a due share of public gratitude for the great national museum of human and comparative anatomy; but so utterly useless to the profession, that no professional subject of vital interest is ever brought before it; and so utterly without influence in medical politics, that an ex-President (Mr. Erichsen) said the other day, in a speech defending the present state of things, that the College left such matters to the British Medical Association? The action of the Council, if unopposed, will stereotype this state of things for at any rate a good number of years; for although we believe it is a state which cannot last permanently, yet if a new charter is obtained from which all these reforms are omitted, the experience of the movement for allowing the Fellows to vote by balloting papers shows how long it will take to replace the present by a more progressive Council. It behoves everyone, therefore, who is interested in College affairs to bestir himself. The two Associations of Fellows and Members will no doubt apply for leave to address the Privy Council against the proposed new charter—not, of course, because they have any objection to the trifling reforms which it will introduce, but because they believe that other and greater reforms are necessary, which will be shelved for an indefinite period if a new charter is now granted without including them. We need not say that, in our opinion, the most important of these reforms is that which would admit the Members to a share in the management of the College; and the Members have shown such admirable moderation, and such respect for the vested rights of the Fellows, that we cannot but feel confident that they will carry their point before any impartial tribunal. But it is essential to lose no time, and any of our readers who sympathise with the movement for enlarging the influence and usefulness of the College should at once communicate with the secretaries of one or the other Association, and put his name and influence at their service. The medical press also appears unanimous on the question, and will lend its powerful aid. It will be strange indeed if the mistake made in the reign of George IV. of handing over this great institution to a small privileged class should be repeated or sanctioned in the fiftieth year of Queen Victoria, when all other class privileges are so rapidly disappearing. (*British Medical Journal* 1887;i:888.)