MANCHESTER HEALTH CENTRE

EDUCATIONAL FUNCTION

BY

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Manchester University, with the help of the Nuffield Trust, the Rockefeller Foundation, and the Manchester City Council, with the co-operation of four general practitioners, is proposing to establish a health centre at Darbishire House, in Upper Brook Street, within a stone's throw of the Manchester Royal Infirmary: The health centre conforms broadly to the specifications recently laid down in the Messer Report of the Central Health Services Council and provides facilities for teaching. It will aim at uniting the preventive health services with the work of the family doctor; it will encourage group practice; it will seek to supply the needs of good general practice in terms of scientific aids; it will, it is hoped, develop into a common meeting-ground of those interested in general practice, in preventive and social medicine, and in the welfare services.

Four General Practitioners

The centre will provide accommodation for four general practitioners and for the maternity and child-welfare and school health clinics of the city which serve the area. Each general practitioner will in due course limit his practice to 2,750 patients, so that the health centre will be serving an area containing in the first place about 11,000 patients, together with a rather larger community focused on the preventive clinics. The four practitioners will conduct the preventive health clinics, and each, as a further measure of integration, will hold a post in hospital as a clinical assistant. There will in the first instance be no group practice; this will depend on practical developments.

The precise lay-out of the health centre and its equipment are still the subject of study (the centre is not expected to open before next spring); it will include a side room for routine pathological tests, and (contrary to the Messer proposals) x-ray facilities.

The health centre will be governed by a board of management consisting of four representatives from the university, three from the city council, two from the executive council, and one from the local medical committee, together with the four doctors engaged at the centre. The day-to-day business is to be the concern of a management committee (appointed by the board), which will consist of the four doctors of the centre and three university representatives.

Training of Students

"The full objective will probably take five years to complete and will pass through several stages of development," says a recent report of the Nuffield Trust. The first two years will be a period of settling in, during which teaching will not be undertaken. At the end of this time medical students will attend as an integral part of clinical training. At this juncture it is not possible to predict how much time each student will be expected to give to this new work, nor to forecast the precise part which he will play in the work of the centre. Much will depend on rearrangement of work in other spheres, since the pint pot is already full here, as elsewhere. It is often said that few students before qualification as doctors have any first-hand experience of the commoner and less serious illnesses, and that they have little knowledge or understanding of what the normal home is like, or of the social, economic, emotional, and other factors

which play such a large part in the genesis of disease and its continuance. The health centre will present an admirable opportunity to remedy these deficiencies and at the same time to show how the work of the prevention of disease and the promotion of health can be integrated with general practice. The health centre, as the focus of services for an area, will also develop an understanding of the advantages of the team approach to many of the problems of social medicine.

While this educational function is the primary one to influence the University to undertake this new responsibility it is clear that Manchester will perform an experiment of considerable national interest and importance. Although health centres have been widely discussed since the first recommendation of the 1920 Dawson Report, we are still very ignorant of their precise function. If they are to perform the great purpose envisaged for them as the linchpin of the new Health Service, if they are to provide the conditions in which general practice in Britain can be reborn, if they are to find for us the answer to that ever-pressing problem of how to tackle the social, emotional, environmental, and welfare needs of people in harmony with their purely medical requirements; then it is certain that much research and experiment must be undertaken before health centres can become general. The teaching health centre at Manchester may help to fill in a few of the present large gaps in our knowledge.

EDUCATION IN GENERAL PRACTICE

AN EXPERIMENT AT ST. MARY'S HOSPITAL

BY

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To be a good general practitioner a young doctor must himself experience the conditions of general practice, guided at first by an older man, but free to improve on his predecessor.

How then can he be prepared while still in hospital? Only to this extent: his *first vivid impression* of general practice must be of the highest quality, so that all his life he has a criterion by which he must subconsciously judge all future practice, and especially his own. He must have before his eyes a challenge to make him revolt against poor work; wherever he settles he must feel that he has an opportunity to improve the standard he finds. A young man with any guts will be dissatisfied for ever afterwards unless he can attain at least to his memory of his first impression rather than acquiesce in what has hitherto passed as adequate general practice.

How St. Mary's Evolved Its Own Particular Solution

During the early 'thirties members of the teaching staff of the hospital found themselves involved in arguments with one or two recently qualified students who put forward the unorthodox point of view that there was a lot in general practice which was not, and could not, be taught in hospital. The honorary who was called in consultation, after his friendly pat on the shoulder, and "Well how are you settling down?" found himself put on the spot. All the usual questions were pressed. Why were we not told the great difference between the conditions under which medicine was practised in hospital, in the home, and in the consulting-room? Had our teachers themselves any personal experience of the difficulties of applying good medicine in bad surroundings, and without all the automatic ancillary help?