

# Editorial

*Tony Townsend has been a general practitioner for 30 years. Although he has dabbled in medical politics, medical ethics, community-based teaching, university-based teaching, quality improvement and assessment, his passion remains clinical general practice. He is currently a full-time general practitioner in Whangamata.*



## Teaching and learning in general practice

I learned about general practice the hard way. It was hard on me and sometimes hard on my patients. In the early 70s training programmes were not easily accessible so, after two years of hospital experience, it was a dive in at the deep end. I learned from my patients, some of my peers and some very helpful specialists. I learned by trial and error, which is nowadays considered unacceptable, although inevitably, and properly, it still happens. I learned by asking questions, reading, reflecting and relying on common sense. Much of what I learned has stood me in good stead. Some of what I learned was wrong. There is no doubt that there were many patients that I would nowadays treat differently from how I did back in my early learning days, but I am not sure that they would necessarily all be better off now than they were back then. One thing that I have learned is that time is a seductive but often fickle teacher.

I became seriously interested in teaching during the time that I spent, along with several other ordinary New Zealand GPs, in the Department of Family Medicine in Miami with Lynn Carmichael in the late 1970s. I believe that this was a milestone in the development of academic general

practice in New Zealand. There were no University Departments of General Practice and the GP training programme was in its infancy. Although two registrars were recruited in both Auckland and Wellington in 1974, the programme really only began to operate in December 1977.<sup>1</sup> The teaching that we experienced, largely based on the premise that teaching students paralleled what we were already doing in our everyday consultations – now known as patient-centred medicine – was stimulating and exciting. Many of the GPs who participated in this programme are still very much involved in teaching today.

During the 1980s most of my teaching was involved with vocational training and continuing medical education. I learned a lot. In the 1990s I spent several years teaching undergraduates and learned even more. Now we have 4th year students, TIs, PGY2s and registrars rotating through our practice and this certainly helps to keep us on our toes.

Teaching is about asking questions and learning is about finding answers. Learning is about asking questions and teaching is about finding answers. But there is much more to teaching than questions and answers. There are particular skills that help learners to learn and teachers to teach. We need to know how to enhance the building of relationships, the sharing of passion, self-exploration, promoting self-esteem, creating a vision, and much more.

The contributors to the theme papers in this issue share some of their experiences of learning and teaching with us and look ahead to try to predict what teaching general practice might be like in the near future. Those of you involved in teaching will agree with some of what

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they have to say. You may also disagree with some of what they say. That is how it should be. Those readers who are not yet involved in teaching may be encouraged to become involved. It is challenging, stimulating and enjoyable.

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### References

1. Wright-St Clair R. A history of general practice and of the Royal New Zealand College of General Practitioners. Wellington: RNZCGP; 1989.