do everything possible to foster postgraduate medical education, especially by financial aid, but it would be a great pity if the Ministry did this through its existing regional organisations because these again are sure to show marked variation in enthusiasm. ASME may provide the nidus of a National Organisation and I hope that this will prove to be the case, but until a really suitable organisation is found I am quite sure that as far as surgery is concerned, we will continue with complete confidence under the leadership of our Royal College, which enjoys the respect and admiration of us all. The notion that the tutorial scheme pioneered by the Royal College of Surgeons of England would lead to a state of anarchy and competition between colleges, is just too silly for words, because there are, at least as far as the English, Scottish and Irish Colleges of Surgeons are concerned, already many precedents for friendly and fruitful cooperation.

Dr. McCAll said that the location of the Centre had caused some difficulty: some ill patients could not be shown. Moreover the local ambulances had no authority to bring patients from their homes anywhere else than to a hospital.

The Department of Education at Keele University were helping the clinicians with instruction in teaching techniques.

FINANCE AT REGIONAL LEVEL

Stephen Whittaker, M.A., M.D., F.R.C.P.
Chairman, Consultant Services Committee, Birmingham Regional Hospital Board.

There are 15 Regional Hospital Boards in England and Wales and 5 in Scotland. I can only tell you how one of them is trying to cope with the problem of financing postgraduate medical education and make particular reference to Postgraduate Medical Centres. I hope to learn during the discussion what other Regional Boards are doing and get some new ideas.

The Birmingham Region is the largest in the country and serves a population just under 5 million in the counties of Warwick, Worcester, Stafford, Salop and Hereford. Their medical needs are looked after by 4,050 doctors working in the following fields:
- General Practitioners: 2,100
  (a third work in hospitals)
- Consultants: 750
- Other Hospital Staff: 950
- Public Health, Industrial and others: 250

All these doctors require some sort of continuing medical education and our Postgraduate Dean, Dr. George Whitfield, has a very heavy responsibility. In order to assist him with his task, the University agreed 4 years ago to appoint, in consultation with the Regional Board, 3 Area Directors of postgraduate studies and a number of clinical tutors in certain hospital groups and in mental hospitals. The present position is as follows:
- Area Directors of Postgraduate Medical Education: 4
- Clinical Tutors in Hospital Groups: 9
- Clinical Tutors in Mental Hospitals: 16

Although the idea of postgraduate medical centres or institutes undoubtedly came from the North Staffordshire Medical Society at Stoke in 1959, there was already a good deal of postgraduate medical work going on in the Region, notably at the Birmingham Accident Hospital and at the Robert Jones and Agnes Hunt Orthopaedic Hospital at Oswestry. The Stoke venture proved such a success both financially and otherwise that the idea soon spread, and in the Birmingham region we now have 8 centres either open or at various stages of planning or construction.

Capital Costs—Postgraduate Medical Centres

<table>
<thead>
<tr>
<th>Centre</th>
<th>Complete</th>
<th>Cost £</th>
<th>Non-N.H.S. Sources</th>
<th>R.H.B.</th>
<th>H.M.C.</th>
<th>Nuffield</th>
<th>Free Grant</th>
<th>Monies</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stoke</td>
<td>100,000</td>
<td>100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>650</td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Birmingham</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>14,000</td>
<td>7,000</td>
<td>5,000</td>
<td>1,000</td>
<td>1,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worcester</td>
<td>2,500</td>
<td>800</td>
<td></td>
<td>1,200</td>
<td>500</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dudley Road</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birmingham</td>
<td>12,500</td>
<td>12,500</td>
<td></td>
<td>90</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Planned or under construction at Selly Oak, Hereford, Coventry and Shrewsbury.

You will see that so far there have been 3 patterns:

(i) The whole cost raised by public or private appeal as at Stoke.
(ii) A mixture of private subscription with help from the Regional Boards exchequer funds and the Free Monies of the Management Committee at East Birmingham.
(iii) The whole cost being paid from the Board's exchequer funds at Dudley Road.
In all cases part of the Nuffield Trust’s grant to this region was used to help in equipping the centre.

It is impossible at present to say what the pattern of the future is likely to be since the impetus to set up a centre comes from the local members of the profession and the Board may not even be asked to contribute as was the case at Stoke. The Birmingham Board’s free monies, which only amount to £30,000 a year, are distributed almost entirely to the H.M.C.s and therefore if the Board is to contribute it must be from exchequer funds. Any change in the Board’s policy regarding free monies would not be popular with the H.M.C.s and, personally, I think it is more appropriate that the purposes for which free monies are used should be decided locally.

Running Costs

Where the postgraduate centre is actually part of the hospital as in the case at three of the centres so far completed, the Hospital Management Committee has agreed to pay the whole of the running costs and indeed it would be difficult to separate these from the costs of the hospital. Subscriptions from members or any profits made, at, say, a bar, can be retained by the postgraduate committee and used for things like payment of travelling expenses for lecturers and the purchase of special teaching equipment, etc. In the case of Stoke where the building is separate from the hospital and the running costs are estimated at about £5,000 a year, the Management Committee are probably going to pay 4/5ths and the remaining 1/5th will be found from subscriptions and the like.

I would emphasize that the Board has as yet no settled policy regarding capital costs, but when running costs are to be paid by the H.M.C., the amount of money received by the H.M.C. from the Board includes this amount and, therefore, it is really a regional payment.

I should like now to say a few words about the other ways in which the Birmingham Board is giving financial support to postgraduate medical education in the Region. Table 2 shows our estimated bill for the current year.

(An asterisk means that we received an extra allocation from the Ministry to cover this item under the terms of the 1964 Circular, H.M.69.)

You will see that the Ministry have kindly done what they said they would do in their Circular, that is, to give us an extra allocation in our revenue account to cover the honoraria paid to the Postgraduate Area Directors and Clinical Tutors. In addition, they are meeting in full our estimated costs for secretarial help for postgraduate work which is a very considerable gain. The grant of £2,000 for postgraduate courses is to cover the losses that we make on some of the more expensive courses such as the one in basic sciences and some of the specialised courses. Until this year these have been covered by the Nuffield grant.

The grant to the Institute of Child Health we gladly make because Professor Hubble and before him Professor Smellie set a pattern of postgraduate teaching at the Children’s Hospital which is of great benefit to our paediatricians and their junior staff, and I doubt whether any region is in such a fortunate position as we are.

The 14 Supernumerary Registrarships were established some years ago at selected centres and hospitals, and it enables overseas graduates to come to this country with a post waiting for them to which they have usually been appointed by the Board on the recommendation of our Postgraduate Dean based on the information he receives about them. This will be especially valuable for Indian graduates in the future since they now cannot leave their country without a post to come to.

Our Commonwealth schools were started by Dr. Whitfield and Dr. McCall and although the organisation is going to be somewhat different in future, we still plan to offer training in a supernumerary post to overseas graduates before they apply for an established post at house officer level. We also have 6 training posts for entrants into general practice.

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th>1965/66 Budget for Postgraduate Medical Education £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honoraria to Postgraduate Area Directors and Clinical Tutors</td>
<td>1,900*</td>
</tr>
<tr>
<td>Secretarial help</td>
<td>9,250*</td>
</tr>
<tr>
<td>Grant for postgraduate courses</td>
<td>2,000</td>
</tr>
<tr>
<td>Grant to the Institute of Child Health</td>
<td>1,000</td>
</tr>
<tr>
<td>14 Supernumerary Registrarships for Overseas Graduates</td>
<td>22,000</td>
</tr>
<tr>
<td>Commonwealth training 'schools' for house officers</td>
<td>5,000</td>
</tr>
<tr>
<td>Training posts for general practice</td>
<td>9,000</td>
</tr>
<tr>
<td>6 Sheldon Clinical Research Fellowships</td>
<td>9,000</td>
</tr>
<tr>
<td>Senior Registrars “Off year” training</td>
<td>3,500</td>
</tr>
<tr>
<td>Bi-annual grants of £20 for Senior Medical Staff Refresher Courses</td>
<td>4,000</td>
</tr>
<tr>
<td>Grants for study leave</td>
<td>4,000</td>
</tr>
<tr>
<td>Postgraduate centres, capital and running costs</td>
<td>30,000</td>
</tr>
</tbody>
</table>

£100,650
The 6 clinical research fellowships were founded by the Board 2 years ago and linked with the name of J. H. Sheldon who has been a member of the Regional Board since its inception and done so much to promote postgraduate study and clinical research. We award them to any member of our junior staff who has been in the Region for a period of one year and has obtained a higher qualification. It is a grand opportunity for a registrar to start on a research project which may enable him to get an M.D., and most of them are working at least part time in the research laboratories of the teaching hospital. At a higher level we usually have 2 Senior Registrars spending a year doing research or travelling overseas and we pay for a locum.

The bi-annual grants of £20 are made to any consultant, S.H.M.O., or senior registrar who applies to go on a postgraduate course or symposium or indeed anywhere that he fancies if he thinks he will learn something. We started this some years ago because we found that only a limited number of consultants—usually the same ones—were applying for grants for study leave, and we thought that if we offered and publicised the £20 grant it might encourage many more to attend the excellent symposia and courses now being organised at places like the Royal Colleges and the specialist Institutes. We have had a very gratifying response and now practically all the senior staff apply for the grant. Our study leave scheme continues as before and with the growth of the specialist units in the Region, we are spending quite large sums on sending consultants to America and other places for special study. The money spent on postgraduate centres I have already referred to and you will see that the grand total is over £100,000 for the current year.

I have excluded the grants made by H.M.C.s for medical libraries but the total spent is in the region of £15,000 a year. We have let it be known that if the consultants are dissatisfied with the amount allocated by the H.M.C. we should like to know about it, but in fact we have not had a single request for help and H.M.C.s are really being very generous—in my own Group, for instance, which is a scattered one, we spend over £1,000 a year on books and periodicals and manage to buy four copies of the Quarterly Journal of Medicine—one for each hospital library.

Lastly, some of you may wonder whether a Regional Board is really fitted to spend around £100,000 a year on postgraduate medical education. I can only answer for my own Region and stoutly defend our fitness to do so. In the first place, the University has given us a Postgraduate Dean who advises us at every turn and whose enthusiasm and exertions set a tone throughout the whole Region. Secondly, we have a strong postgraduate medical education committee with University, teaching hospital and Board representatives including our 4 Area Directors, all Fellows of the College of Physicians. We have an S.A.M.O., Christie Gordon, who drives us on and will not be satisfied until we are doing at least three times as much as we are at present. Our relations with the Teaching Hospital are excellent and Professor Melville Arnott, in particular, is a tremendous help to us.

Perhaps most important of all we have a Chairman of the Board, a Chairman of the Finance Committee, a Secretary and a Treasurer who realise that the reputation of their Region must always depend on the quality of the medical care given to patients both in their homes and in hospital, and to achieve the best it is necessary to spend large sums on the continued education of doctors.

Members of the Board include such eminent medical figures as Sir Arthur Thomson and J. H. Sheldon, three medical Professors, a member of the M.R.C. Staff, and a General Practitioner. The Chairman of the Planning Committee is a physician, and on surgical matters we are advised by yet another professor. Successive Ministers of Health have made some first class appointments to our Board, and with such a wealth of academic talent let no one think that our postgraduate medical centres are not going to maintain the highest academic or national standards or that we are going to stop at 8. The Regional Hospital Boards are the growth companies of postgraduate medical education, and with the continued support of the University, the blessing of the Ministry and perhaps a little help from the Nuffield Trust or some other national body, Birmingham eagerly looks forward to the future.
Proceedings of the conference on the postgraduate medical centre. Finance at regional level.
S. Whittaker

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