covers all the undergraduate medical schools, all the Royal and other colleges, nearly all the Regional Hospital Boards and Boards of Governors of Teaching Hospitals, and a wide number of other organisations concerned with medical education. Individual membership ranges through every branch of medical practice and medical science. ASME is therefore not only the Association of British and Commonwealth Medical Schools but it is also an Association of medical teachers and of those interested in and concerned with medical education. It is a professional body, linking together very many other professional bodies. It has no executive function. It can and does provide a service in educational expertise and facilities. It can and does conduct much needed research into medical education. It can and does provide facilities for free discussion on all matters relating to medical education. On the occasion of this conference the Association brings together people from many different parts of the country and from many different branches and organisations in medicine, so that they can discuss together under the auspices of an uncommitted professional body which has no axe to grind, the objectives, some of the methods and some of the problems of postgraduate medical education in the postgraduate medical centres.

First Session: Objectives and Methods
Chairman: Professor D. V. Hubble

INTERNS (Pre-Registration House Officers)

L. P. Le Quesne, D.M., M.Ch., F.R.C.S.
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I MUST preface my remarks with two disclaimers. First, I wish to point out that I have no specialised knowledge of the subject on which I am to talk. My remarks are based on an interest in medical education, and my experience with house-surgeons in a general surgical unit in a teaching hospital. Secondly, I disclaim any responsibility for the use of the Transatlantic term “Interns” in the title of this communication. Aside from the fact that we have the long-established English term “houseman” (or housewoman) to describe the category of doctor under consideration, I am not certain that the duties and responsibilities of an intern are strictly comparable with those of a houseman, so that the term may be slightly misleading.

In considering the educational purpose and significance of the pre-registration appointment it is clear that this appointment must be related both to what comes before and that which follows afterwards. For purposes of convenience we are accustomed to talk of undergraduate training and postgraduate training, just as this afternoon we are discussing separately pre-registration house-jobs and the subsequent training to be either a consultant or a general practitioner. This division of the training of a doctor into apparently self-contained compartments is undoubtedly of convenience, but it is important that we do not allow our thinking on this subject to be shackled by what are, in fact, arbitrary divisions. For education is a continuous process. In some people this process continues, with ever-widening horizons, up to the time they retire from active practice, whilst in others, perhaps because of the circumstances in which they practise medicine, it may terminate at a much earlier date. Similarly, there is great variation in the rate at which each individual’s education progresses, so that different individuals collect different benefits at different times in the course. But these apparent discrepancies should in no way be allowed to obscure the essential fact that the education and training of a doctor is, or should be, a continuous process from the time he enters medical school, through the pre-registration year and on into postgraduate studies.

In relating the pre-registration posts to previous and subsequent training, two obvious points require emphasis. First, at the conclusion of the pre-registration year the careers of doctors immediately begin to show a marked divergence, some men going on to prepare themselves for careers as general practitioners, some as consultants, some for work overseas in various fields, and some for careers in many of the fields of so-called laboratory medicine. It is true that during their undergraduate and pre-registration days student-doctors show a variation in their
ability, interests and rate of progress, but throughout this period there is a recognizable uniformity in their training. However, this uniformity disappears at the end of the pre-registration appointment, a landmark which may be said to mark the great diaspora of the medical profession. This divergence of interest at this point in the career of doctors carries with it, I suggest, the corollary that we must not attempt to force too great a uniformity on doctors in their pre-registration year, except to make sure that all have a thorough grounding in basic clinical methods. Rather, in this period the student-doctor should be encouraged to try to discover his real bent and field of interest.

Despite its overall uniformity, there are important divergences in undergraduate training, which influence greatly the pre-registration year. The individual variation between students has already been mentioned, and to this must be added the differences between the curriculum in the various medical schools, becoming more marked with the introduction, to a greater or lesser extent, of so-called integrated teaching in some schools. But of greater importance is a lack of uniformity in the minds of the teachers themselves as to the content and purpose of undergraduate training. I am aware that this conference is concerned with postgraduate training, but it is not possible to discuss pre-registration posts rationally without some consideration of undergraduate training.

Before the passage of the Medical Act, 1950, it was to a great extent true that the purpose of undergraduate medical education was to train a doctor who could go straight out into practice, where often he would work with little or no supervision. This is no longer true, and all medical graduates must now spend a year working in hospital, under supervision. This means that the pre-registration house-jobs are an essential, indeed compulsory, part of the training of a doctor, regardless of his later plans. If then the pre-registration house-jobs are an essential part of training, the question immediately arises, what part?

It is commonplace nowadays to point out that the education of a doctor consists of two overlapping but distinct processes. On the one hand there is the so-called academic component of the curriculum, concerned with an understanding of basic disease processes and disturbances of function, a study of which can and should be made an educational process in its widest sense. On the other hand there is the vocational component, concerned with the training of a doctor in the diagnosis and treatment of a patient. The successful fusion of these two components is not easy, and I would submit that we can only overcome the difficulties by a full, conscious acceptance of the pre-registration period as an essential part of the curriculum. Once this is accepted it at once becomes both logical and obvious that during the prequalification, undergraduate clinical period the emphasis should be on the academic aspects of the curriculum, whilst in the post-qualification year the emphasis is essentially on the vocational aspects.

During his pre-registration year the student-doctor should learn how to put into practice the knowledge he has acquired in his previous studies, in the process becoming familiar with the variations of disease processes in individual patients. At the same time he begins to master the day-to-day problems of managing sick people, and the skills required in talking to their relatives. Furthermore, in his normal duties he carries a weight of responsibility beyond his previous experience, and he must learn to bear this responsibility with discretion and equanimity. Finally, it is at this stage of his training that he has the opportunity to master the many minor manual skills, such as catheterisation, lumbar puncture, simple suturing etc., which are involved in the care of sick people. During this time, whether he be house-surgeon or house-physician, I would suggest that he is not so much studying these subjects for their own sakes, as using his experience in these fields to further his own general training as a doctor. It is of importance that during the pre-registration year the student doctor does not spend too much time in some of the narrower fields of specialist, but in general I would suggest that what job he does is of less importance than where he does it and with whom he works.

Turning now from the educational content of the pre-registration year to the methods involved, I would suggest that during this year formal education exercises have but a minor role. During this period the training is essentially practical, and the student-doctor should immerse himself in clinical medicine, learning by doing things himself, by discussion with his colleagues, his registrars and his chiefs, and by example. The essence of the training in the pre-registration year is that the student-doctor exercises a controlled, delegated authority, and it is of the utmost importance that he works under the supervision of a more experienced, senior person, and furthermore that this supervisor is readily available for advice and consultation at
all times if so required. During the year, the student-doctor should certainly continue with his reading. But I would suggest that in the main this should consist of the current journals and reading about the conditions he is involved in treating, and that this is not a period for any formal, systematised reading. Similarly he should be encouraged to attend case-conferences and discussions taking place in the hospital or department in which he is working, and it is valuable for him to present patients at these conferences from time to time. But I would suggest that during this period of training he should not have time off to attend courses or any formal teaching sessions.

To conclude, I would summarise my remarks by saying that in his pre-qualification years a student is learning medicine, and in his pre-registration year is learning to become a doctor. This is clearly a great oversimplification but contains, I suggest, the essential truth about a complex educational process designed to produce at its end a doctor capable of utilising his talents to their utmost in his own chosen portion of the wide, rich fields of Medicine.

SPECIAL VOCATIONAL TRAINING FOR THE SPECIALTIES

A. PATON, M.D., M.R.C.P.

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I must begin by saying that I do not feel altogether happy about the title of this talk. Firstly, "vocational" seems to me altogether too narrow a definition for training a specialist, if by this is meant merely learning a trade. Secondly, while I can speak with some assurance about the specialty of medicine, I am not sure that what I have to say necessarily applies to all specialties. And thirdly, I will have to exclude any consideration of the important, and to my mind, largely unexplored role of hospitals in training for the specialty of general practice.

I would like to divide this talk into three parts—the man, the job and the means. First, the man. I hope he will be well trained in the basic sciences, with perhaps a B.Sc. or an honours degree, and at the same time keenly interested in people as human beings. He will of course be motivated by an intense desire to become a hospital consultant, and will not mind putting up with some adversity to achieve his goal. I do not think it right that the path should be made too easy for him in material terms as is currently suggested, but his youthful enthusiasm, energy and potentiality should be fully recognised and encouraged, as is more commonly the case in the United States than in this country. He will I hope have learnt to take nothing on trust, but to observe and question with a due sense of humility. He should recognise that specialisation inevitably means dedication to a narrow and time-consuming discipline, and should try to offset this by a practical interest in and awareness of other aspects of life. Having myself married soon after qualifying, I am naturally glad to be able to point out that it is no longer necessary for the aspiring consultant to remain celibate, but I would suggest that he tactfully point out to his wife that his specialty comes first and the family second.

And now the job. Having finished his pre-registration appointments the young man who wishes to specialise immediately comes up against a hurdle—the difficulty of obtaining a senior house officer post. One of the best house physicians I have had, who was unfortunately bent on a career in surgery, took nearly three months to get such a post, and I believe this experience is not unusual in all specialties. Having achieved this step however he is not likely to find it so difficult to get a registrar appointment and this will almost certainly be in a regional hospital. I am sure this is the place from which higher examinations should be taken, and the sooner they are taken the better. I know the criticisms: inadequate teaching, registrars used as "pairs of hands," no time for thought or study. Sir George Pickering (1962) was worried that the young man in the regional hospital might be a menace because of the lack of intellectual stimulus and educational minds. I think he can be reassured. The tremendous upsurge in postgraduate education, sparked off by Pickering himself, the increasing
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L. P. Le Quesne

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