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Conference Report

National Association of Clinical Tutors – Summer Meeting 1991

The National Association of Clinical Tutors' (NACT) Summer Meeting took place in Jersey on Friday and Saturday, 9th & 10th May, 1991. There was an excellent attendance – over 85 tutors attended from England, Scotland, Wales, Northern Ireland and Jersey. The theme for the meeting was 'Educational Contracts' and how they should be written, implemented and then how to assess the clinical performance.

After a pleasant introduction to Jersey and its health scenario by Dr Harvey Besterman, the clinical tutor in Jersey, the conference got down to business with the Chairman, Michael Paglieri, introducing new concepts of educational contracts.

Mr Michael Roberts, Postgraduate Dean for the South Western Region, gave the Dean's view, in which he emphasized that 1991 was a learning year and that no one appeared to have read 'Working for Patients'. The budgets for 1991 were based on last year's estimates and in his opinion were a recipe for disaster. His Region was establishing a contract for one year only – the unit in the District or Hospital would be responsible for providing postgraduate education and any shortfall would be met by that Unit. One of the more sensitive areas which needs thorough exploration is the question of study leave – who is taking study leave and more importantly, who is not taking study leave.

Dr Gifford Batstone, the immediate past Chairman of NACT, gave the clinical tutors' viewpoint. He saw the Postgraduate Dean entering into 'a contract' with the unit general manager and then both combining with the clinical tutor to enter into a business plan to provide postgraduate education for the Unit. The business plan would be proactive, involving the District Education Committee and the consultant body and would look at the current task and desired state of postgraduate education and from there evolve a strategy. It was most important that there should be a 'mission statement', in other words, a purpose outlining aims and objectives. Locations such as postgraduate centres, general practice surgeries and libraries should be looked at and current activities re-examined and where necessary new developments made, for example in career counselling and medical audit. Dr Julian Turner, an Educational Training Course Organizer, concentrated on the training contract made between the consultant trainer and his junior hospital doctor trainee. He thought it essential that consultant trainers are paid for their teaching time since this can help to reinforce accountability. There seemed to be five relevant criteria which would be used in approving consultant trainers and what he considered vital in the development of any system: the trainer should demonstrate enthusiasm, should undergo a prior training course, should provide 'protected' time for teaching, should demonstrate that he has assessed his trainee and that the trainee has assessed him on a regular basis, and finally the trainer should have supportive colleagues.

Subsequently members formed a number of small groups to deliberate on specific topics. One group, considering the question 'What contractual obligations has a consultant to teach?' were of the opinion that investment in medical training does not provide immediate returns but that consultant teaching does develop a learning ethos in the unit and by introducing medical audit, trainers could assess trainees and trainees assess the consultants.

The question 'Should clinical tutor's sessional time be over and above his contractual clinical duties or should it displace some of these clinical duties?' produced a fierce group discussion which overflowed into the plenary session – a vote was taken showing that 20% of all the members present would be prepared to give up clinical duties. This was a significantly higher percentage than when the matter was raised 4 years ago at a NACT Winter Meeting.

Another group topic was 'What can deans expect of clinical tutors?' These deliberations showed a wide range of activity – career counselling, implementing College recommendations, representation at inspection, assessing the amount and quality of education, monitoring study leave, updating audit, general practice education and ensuring up-to-date education of College tutors.

Another group considered the educational needs of Senior House Officers (SHO) and felt that the consultant and SHO should meet early and regularly, enquiring of career intentions and expectation of Juniors. There should be ongoing assessment, monitoring of performance and aptitude and most importantly there should be feedback and a checklist should be kept.

On a slightly different task another group was asked 'Should all consultants be required to train?' Some thought that there should be one consultant in a department who would be the 'teacher' and opinions were expressed that consultants should be seconded to experienced general practice trainers for a period of training, and that if consultants were found to be not teaching they should be threatened with having the accreditation of their SHO jobs withdrawn.

At the end of the plenary session, the Dean summed up, reiterating that it was essential to take managers with us on postgraduate education and that there should be a regular chain of command.

Dr Jennifer King, a psychologist, introduced the afternoon session which was entitled 'Educational Contracts: How do we implement and monitor them?' Her introduction was brief and stimulating and set the scene for the next speaker, Professor Tom Hayes, University of Wales College of Medicine and Postgraduate Dean for Wales, who spoke on the assessment of clinical performance. He gave a brief overview of all the possible methods of assessing the professional performance of doctors in training. He looked at the purposes of assessment, stressing the need to provide feedback to the junior doctor as an essential part of career guidance.

He outlined the competencies which we could use in performance appraisal and the methods of assessing clinical skills. Many of the terms he used, although well known to the general practitioners in the audience were very new to consultant tutors, e.g. OSCE, MEQ's, grey cases and PMP's etc. This led on to the selection of appropriate assessment methods and he underlined the
importance of the assessment being formative and not summative.

He was followed by Dr Michael Ruscoe, a General Practitioner Clinical Tutor and Course Organizer in Cornwall, whose subject was SHO training. He outlined the system of training for general practice, which is structured and evaluated, staffed by trained and accountable teachers and underpinned by sound educational theory, and challenged hospital doctors to show that they have the same. He looked at what is required in order to put SHO education on a professional basis and thought that the question could be answered on two broad fronts, educational and managerial. He pointed out that one of the prerequisites of successful education is assessment and that, once a doctor’s educational needs have been established, a teaching programme can be devised.

If General Practitioner Vocational Training has been a success, he believed that this is for two reasons – the GP teachers are trained and they are paid. To his knowledge, no consultants are actually paid to teach. He envisaged some consultants being identified as being keen to become professional teachers, attending training courses and, when trained, entering into contracts under which they would agree to devote, for example, one session each week to the education of one or more (probably three or four) junior doctors. He was quite sure that we cannot allow the present chaotic and unstructured system of training the next generation of doctors, to continue.

This was revolutionary stuff – not everyone agreed – but it led into the next session of small group work where the groups discussed various problems pertaining to the SHO, his training, his assessment, and importantly, his counselling.

After the group work, Dr Gifford Batstone gave a dissertation on ‘Coercion’. His theme was that if we used coercion we admit defeat and he was very much against using draconian measures but in favour of establishing an ethos of education within the department and hospital. Some of the new educational targets were threatening and he would attempt to defuse this by involving district counsellors anticipating problems, motivating trainees and consultants and educating doctors to the management of change.

The next morning we discussed ‘Women in Medicine’, in small groups followed by a short plenary session. It was sad – and disturbing – to see how difficult it was, among the tutors, to break down the prejudice against women holding part-time consultant posts gained in part-time training. The old argument of continuity of care was put forward, but this was firmly dismissed by the more enlightened who pointed out that what is important is conscientious care. Many speakers voiced the opinion that the three main reasons for failure were lack of funding, inflexibility and the view held by many consultants that those who had trained part-time had got in by the back door! This was followed by a talk given by Dr J. Lewis on ‘The German Occupation of Jersey’. This was fascinating as was the guided tour of the German Underground Hospital which followed.

It was a new departure for the Conference to look very hard at education and educational methods. The groups were about the right size and put in a lot of hard work to achieve aims and objectives. It was a far cry from the usual meeting with the same lectures with the dark blue slides and it meant that everyone was involved and hopefully should have got something from the Conference.

Well done, Mike Pagliero!

R.D. Abernethy  
Clinical Tutor,  
North Devon Medical Centre,  
North Devon District Hospital,  
Barnstaple EX31 4JB.

Reference

Postgraduate News and Views

Continuing medical education for general practitioners – MP's flying circus,
Michael Pagliero, F.R.C.S.
Chairman of the National Association of Clinical Tutors, writes:

Unlike his metropolitan colleagues, the rural general practitioner (GP) is not spoilt for choice when it comes to educational activity and must rely heavily on his postgraduate centre. Even that however may be difficult for the distances involved can often be an obstacle for the more remote practices. For many, the Thursday lunchtime lecture, what with driving time and the often daunting task of finding a parking space, can mean a 3 hour round trip which is far too large a chunk out of the clinical day. Distance learning packages and journals may of course be a part solution, but in East Devon we have adopted the 'Mohammed' principle that if the GP cannot come to the postgraduate centre, then the postgraduate centre must come to the GP. As clinical tutor I arrange monthly meetings in peripheral parts of the district during the winter months which are proving very popular. Due to the fortuitous initials of the author, the process has come to be affectionately known as 'MP's Flying Circus'.

The GPs come from 4 small communities to the east of Exeter enclosed by the Exe Estuary and the River Sid, namely Exmouth, Budleigh Salterton, Woodbury and Sidmouth. Each year a 'chairman' is appointed by his colleagues who is generally one of those who failed to attend the final meeting of the previous year. His task is two fold – firstly to consult his colleagues for a list of 'experts' whom they would like to meet to pick their brains and, secondly, to be the one who attends each meeting to propose a vote of thanks to the guest and the sponsoring pharmaceutical representative. The rest is up to the clinical tutor and centre administrator.

'Experts', usually consultants, are approached with a list of dates and the programme slowly grows. A flurry of correspondence between the centres, consultants, caterers and 'drug reps' develops into a smart programme in an eye catching colour, large enough to be 'blue tacked' to the surgery notice board and be seen, yet small enough to fold into the average GPs wallet.

Equipment is not often needed, but the postgraduate centre does keep for the purpose a mobile and easily transportable slide projector, overhead projector, projection screen and flip chart over and above the centres 'static' equipment. We do not allow 'static' equipment to be moved – nothing would be more frustrating than to discover just before a meeting in the postgraduate centre that the necessary audio-visual equipment is in the boot of someone's car miles away! The mobile equipment has proved very useful on many occasions.

The time and place for the meetings must rely on the preferences of the group. The time of 7.30 pm has proved fairly acceptable to allow evening surgeries to be completed. By starting the evening with refreshments, we have helped those whose surgeries overrun. They will not miss, therefore, any pearls of wisdom, but merely have to resort to the well practised habit, learnt by necessity as medical students, of bolting their food. No one day of the week is universally suitable and consequently we rotate the day from Monday through to Thursday to give everybody an equal opportunity to attend. The venue needs to be warm, quiet and convivial with a centre location and easy parking. We have found the East Devon Golf Club House to be an ideal place – the last 4 ball having groped its way off the 18th green in the gloom some 3 hours previously. The golf club caterers are only too anxious to have some trade at this lean time of the year. The comfortable chairs gathered around the log fire provide the perfect setting.

The meal is essential, we believe, with colleagues gathered around the table promoting a camaraderie essential for the success of these meetings. Several of the participants come straight from their surgeries in any case and would undoubtedly be discouraged if there were no refreshment available. We are not short of sponsorship – each autumn my secretary is inundated with requests from representatives who are only too pleased to have such a captive audience to discuss their products and are even more delighted to host the dinner at golf club prices which are considerably cheaper than would be found in the high street.

After supper the format is extremely relaxed, keeping away from the didactic lecture. In fact the 'expert' is positively asked to come unprepared or at least to be prepared for anything. He is shown to his chair with a cup of coffee or preferred alternative and when comfortably seated, questions flow. There is little need to have a chairman except to call a halt at an appropriate time, usually considerably longer than the prescribed 1 hour. It is up to the audience to keep the 'victim' to the point and up to the 'victim', who undoubtedly will have one or two things he or she wishes to get across, to ease the discussion accordingly.

Most importantly, however, is whether this process is of educational value. Does it adhere to good educational principles? George Brown urges us to reflect on our educational programmes and introduced a useful mnemonic for those who share my poor memory and wish to look at education critically – 'SONAR'. This refers to the 5 ideal educational attributes namely Safety, Objectivity, Needs, Activity and Relevance.

Certainly these meetings are Safe. A small group of familiar colleagues gathered around the fire is about as unthreatening and SAFE as one could ever wish to achieve. The sessions tend to be more OBJECTIVE than the lecture where the speaker calls the tune. The objective is to update knowledge which implies a starting point and an end point. The end point is defined by the specialist, but the starting point can only be defined by the general practitioner. What lies between is the curriculum. The NEEDS of the Practitioners are well satisfied. They decide at the outset what subjects they wish to discuss during the term and which specialist they would like to join them. The sessions are certainly ACTIVIST as there is always plenty of free exchange of ideas and opinions. At such an informal gathering nobody is too self conscious to join in. Finally RELEVANCE is assured by the very questions that the general practitioners choose to ask. There is very little educational time wasted in these sessions.
But enough of theory, what do the customers think? The group is made up of about 35 GPs plus a couple of vocational trainees. Bearing in mind that 5 are ‘on duty’, the average attendance has been 15 (50%). These figures speak for themselves. The popularity has spread and we now receive requests from neighbouring practices to join in. However, this has had to be carefully watched just in case the group becomes too big making it less ‘Activist’ and possibly less ‘Safe’. The creation of additional groups might be preferable to the formation of larger groups. I think the present numbers are about right and similar sized educational groups have been formed in the adjacent countryside.

Finally with the advent of the postgraduate educational allowance I have had to ask whether my ‘customers’ would wish me to seek educational approval which it would certainly justify based on the criteria produced by the South West General Practitioner Committee. The answer from the group and adjacent groups was a unanimous NO – the fuss of collecting the money, paying the speaker, filling in attendance registers, etc was just not considered worth the bother. Each group felt that they would come whether or not it had approval. Indeed, I do not perceive the need to induce GPs to engage in continuing medical education on my patch! By the same token, speakers need no encouragement. We offer no fee for the privilege of meeting with and speaking to their community colleagues. It should be pleasure itself and more so should the assembly show its appreciation in the customary tangible and usually liquid form!

I commend this process to clinical tutors and GPs alike, but make no claim to its conception. I was introduced to the idea by the Totnes Practice that lies in the South Devon District in which I am on the staff but not clinical tutor. They invite Torbay consultants in rotation to their monthly dinner plus ‘inquisition’. My time seems to come up about every 5 years. Its serious intent was demonstrated to me on my second visit when I responded to a question from a senior practitioner about the indications for the repair of a hiatus hernia. When I finished he looked me straight in the eye and said ‘Mike – that’s not what you said last time!’

Reference

Book Reviews


Clinical Autonomic Research is a new international Journal, the first volume of which appeared in March 1991. Its Editor-in-Chief is Dr C.J. Mathias of St Mary’s Hospital, assisted by an eminent and lengthy Editorial Board. The purpose of the Journal is to cover ‘the different aspects concerning function of the autonomic nervous system in both normal and diseased man’. Its range is therefore wide since it covers neurology, cardiology, physiology, pharmacology as well as interdisciplinary studies. The first issue aptly reflects the specific aims of the Journal in that it contains a number of original articles describing research in both humans and experimental animals. There is a strong cardiovascular input but also some interesting neurology. The March issue also has a number of succinct short Meeting reports as well as Proceedings and Abstracts of the recent Autonomic Research Society Meeting in London. I found the Short Reports particularly useful and I believe that the combination of original articles, reviews, meeting reports and Proceedings is one that will prove attractive to readers. The Journal is well illustrated and the standard of presentation generally high. I think this is going to prove to be a very useful addition to the current literature on the autonomic nervous system and it should be taken by all good medical libraries.

Professor P.G.E. Kennedy
Institute of Neurological Sciences,
Southern General Hospital,
Glasgow G51 4TF.


David Seedhouse’s book is an essay on uncertainty: uncertainty in scientific knowledge, technical competence, communication, ethics. While a great deal of medical science is as close to certainty as anything can be, much is not and its application is still more uncertain. This simple message is not novel but the author’s presentations and subsequent argument certainly are. They make the book an attractive introduction to conceptual problems in medicine for undergraduates and postgraduates alike. After exploring uncertainty in the consulting room and in underlying concepts of normality, health and disease the core of the book discusses a practical model – the rings of uncertainty – that aims to enhance doctors’ understanding of their role and of medicine’s purpose. He concludes with an account of ‘the reasonable doctor’ and some of the most helpful insights into the often sterile territory of inter-professional relationships.

Opportunities for discussion are offered throughout and as an intensely practical introduction to medical ethics for student groups can scarcely be bettered. It is equally stimulating to the individual reader. Indeed the only improvement I can suggest for the next edition is a short annotated bibliography covering the main themes, such as ‘health’ and ‘autonomy’. If you want to think about medicine, go and buy it. You too may find it liberating. Strongly recommended.

J. Saunders
Neville Hall Hospital,
Abergavenny,
Gwent NP7 7EG.

Books Received


Postgraduate Diary

Institute of Cancer Research
Regular programme of seminars and teaching sessions throughout the year.
Information: The Dean, Institute of Cancer Research, Haddow Laboratories, 15 Cotswold Road, Belmont, Surrey SM2 5NG, UK.

National Heart and Lung Institute
Courses leading to award of University Diplomas in Cardiology and Thoracic Medicine. Short Courses, meetings and symposia are held throughout the year.
Postgraduate Office, National Heart and Lung Institute, Dovehouse Street, London SW3 6LY. Tel: 071-351 8172.

Institute of Child Health
Short courses booklet available.
For further details please apply to: Anne Crowley, Short Courses Office (Room 6), Institute of Child Health, 30 Guilford Street, London WC1N 1EH. Tel: 071-829 8692 (direct).

Institute of Dental Surgery
Courses for M.Sc. in various aspects of dentistry, Diploma in Dental Public Health, basic medical sciences, etc.
Information: The Dean, Institute of Dental Surgery, Eastman Dental Hospital, Gray's Inn Road, London WC1X 8LD, UK.

Hunterian Institute
Long and short courses in basic medical sciences for primary FRCS (including revision courses in Anatomy/Physiology/Pathology), Primary FDS, FFA part 2 held through the year.
Courses in Clinical Surgery for final FRCS held in Spring and Autumn. Anastomosis Workshop; AO course of fracture treatment.
Details and applications: The Hunterian Institute, Royal College of Surgeons, Lincoln's Inn Fields, London WC2A 3PN. Tel: 071-405 3474.

Institute of Laryngology and Otology
Pre-FRCS and DLO exam courses. Advanced courses on:
Temporal bone surgery – November and June.
Anaes-
thesia for ENT – October.
Rhino-
logy and Surgery of the Nasal Cavity and Paranasal Sinuses – October.
Nasal Plastic and Facial Soft Tissue Surgery – Feb-
ruary.
Pathology of the Ear, Nose and Throat – June.
Applications and enquiries: Cheryl Overington, Secretary to the Dean, Institute of Laryngology and Otology, 330/332 Gray's Inn Road, London WC1X 8EE.

Institute of Neurology
Sandoz Foundation advanced lectures on clinical and experimental neurology. Each Wednesday evening throughout academic year.
Details: Institute Registrar, National Hospital, Queen Square, London WC1N 3BG, UK.

RPMS Institute of Obstetrics and Gynaecology
Details of symposia from: Symposium Secretary, RPMS Institute of Obstetrics and Gynaecology, Queen Charlotte's Hospital for Women, Goldhawk Road, London W6 0XG, UK.

Institute of Ophthalmology
Regular courses in ophthalmology held throughout the year.
17/25 Cayton Street, London EC1 9AT, UK.

Institute of Orthopaedics
Professional Unit Pre-Operative Conferences – Mondays 11.00 a.m. at Middlesex Hospital and Thursdays 9.30 a.m. at Stanmore.
Professorial Unit Residents' Seminars/Conferences – Thursdays 8.00 a.m. at Stanmore.
Course on disorders of the knee – September to December 1991.
Details: Miss A.M. Lucas, Postgraduate Secretary, Institute of Orthopaedics, The Middlesex Hospital, London W1. Tel: 071-380 9418.

Institute of Psychiatry
Programme of courses and lectures.
Community care for elderly people with dementia – psychosocial issues. 18 November 1991.
Details: Mrs Leo Wilding, Conference Office, Institute of Psychiatry, De Crespigny Park, London SE5 8AG. Tel: 071-703 5411 ext 3170.

Institute of Urology
Short courses on aspects of urology and nephrology – throughout the year.
One year Diploma courses in urology and nephrology commencing September each year.
Advanced stone management course – held twice yearly.
Applications and enquiries: The Dean, Institute of Urology, 172–176 Shaftesbury Avenue, London WC2H 8JE, UK.

Royal Postgraduate Medical School
Regular courses on advanced topics.
School Office, Royal Postgraduate Medical School, Hammersmith Hospital, Du Cane Road, London W12 0HS, UK.

Royal Free Hospital School of Medicine
MRCP Part II. 5-day course for clinical examination. Monday 10 February to Friday 14 February 1992.
Details from: Dr Geraint James, Visiting Professor of Medicine, The Royal Free Hospital School of Medicine, Pond Street, Hampstead, London NW3 2QG. Tel: 071 794 0500 ext 3931.
London Sports Medicine Institute
Lecture series:
6 November 1991 Viral illnesses in sport and their investigation
13 November 1991 Sports medicine in general practice
20 November 1991 Head and neck injuries in sport
27 November 1991 Exercise and the skeleton
4 December 1991 Traumatic knee injuries in sport
Details: London Sports Medical Institute, c/o Medical College, St Bartholomew’s Hospital, Charterhouse Square, London EC1M 6BQ.

Third International Conference on Systemic Lupus Erythematosus
Queen Elizabeth II Conference Centre, London, UK.
Details: Industrial Seminars, 90 Calverley Road, Tunbridge Wells, Kent TN1 2UN, UK.

University of Michigan Medical School
Red Lion’s La Posada Resort, Scottsdale, Arizona.
Details: Angela Voeller, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, The University of Michigan Medical School, PO Box 1157, Ann Arbor, Michigan 48106-9869, USA.

Royal Society of Health
Conferences;
Risks, dignity and responsibility in residential homes – 5th December 1991.
Information: Conference Department, The Royal Society of Health, 38a St George’s Drive, London SW1V 4BH.

The Fellowship of Engineering and The Royal Society of Health
Details: Christa Langan, The Fellowship of Engineering, 2 Little Smith Street, London SW1P 3DL.

Techniques and Applications of Molecular Biology
A course for medical practitioners.
Details: Dr Rachel Strachan, Department of Biologicadiences, University of Warwick, Coventry CV4 7AL.

MSD Foundation – Tutorship Courses
These are designed for general practitioners who are prepared to examine the role and tasks of postgraduate medical education in times of change.
The next course will be held at the Marina Posthouse Hotel, Hull on 27–29 November 1991.
Details: The MSD Foundation, 5 Arden Crescent, London E14 9WA.

London School of Hygiene and Tropical Medicine
MSc, diploma and research degree courses in public health and tropical medicine.
Enquiries: The Registrar, LSHTM, Keppel Street, London WC1E 7HT.

IgA Nephropathy “The 25th Year”
International symposium, Nancy, France. 31 August - 2 September 1992
Details: Laboratoire d’Immunologie, BP 184, Avenue de la Foret de Haye, 54500 Vandoeuvre-les-Nancy, France.

Sixth International Conference on Behcet’s Disease
To be held in Paris, France, June 30 to July 1, 1993
Information: B. Wechsler, M.D., Pitie-Salpetriere Hospital, 47/83 Bd de l’Hôpital, 75014 Paris Cedex 13, France.

National Association of Clinical Tutors
The Association assists clinical tutors in their role as leaders in district medical education. Membership is open to University-appointed clinical and GP tutors. The Association arranges courses for the training and continuing professional development of clinical tutors and holds Winter and Summer Meetings for all members.
‘How to be an effective Clinical Tutor’ – 5/6 December 1991, Bristol.
Counselling Course – 12/13 March 1992, Stoke Rochford, Lincs.
Summer Meeting – May 1992 – Bangor, N. Wales.
Information about the NACT and its activities can be obtained from The Secretariat, National Association of Clinical Tutors, 6 St Andrew’s Place, London NW1 4LB. Tel: 071 935 5556.

NEWS
Lt-General Sir Robert Drew the President and Hon. Officers of the Fellowship of Postgraduate Medicine and the Editor of the Post Graduate Medical Journal were represented by Mrs. J.M. Coops (Executive Secretary, Fellowship of Postgraduate Medicine) at the service of thanksgiving for the life of Lt-General Sir Robert Drew held at the Royal Hospital, Chelsea on Friday 4th October, 1991.
MedicaEducation and Training in Europe: the future

Preliminary Announcement

October 1st/2nd 1992 at the Royal College of Physicians, 11 St Andrew’s Place, London NW1 4LE (by kind permission of the Treasurer).

'Medical Education and Quality of Medical Care in Europe: Aims and Objectives for the Future'. A major international congress bringing together the leaders of medical education and health care in Europe. The programme is designed to examine critically the political and educational implications in medical training in Europe following harmonisation in 1992.

Sessions will include presentations and discussion on:
1. Directives for health professionals;
2. Harmonisation of hospital training programmes;
3. Monospeciality initiatives;
4. Training and quality of care initiatives;
5. Educational research and development (including primary care); and
6. Recommendations and implementation.

Speakers will be invited from all European Commission countries. The conference language will be English. The programme will include opportunity for free discussion following the formal presentations.

If you are interested in receiving further information on the meeting and on registration, please communicate with: Dr M.W.N. Nicholls, Chairman – Organising Committee, Fellowship of Postgraduate Medicine, 6 St Andrew’s Place, London NW1 4LB. Tel: (44) 071 935 5556. Fax: (44) 071 224 3219.

Royal College of Obstetricians and Gynaecologists

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13th-18th January 1992

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