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THE PLACE OF THE REGIONAL HOSPITAL IN POSTGRADUATE EDUCATION: THE PROVINCES

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'Postgraduate medical education is a subject almost without a literature.'—(Pickering, 1962a.)

THE invitation to contribute to this series arrived on the day fixed for a meeting to discuss how we could improve existing facilities for postgraduate education in this hospital. A fortnight later the article by Sir George Pickering (1962b) and the report of the conference convened by the Nuffield Provincial Hospitals Trust were published. Like many other non-teaching hospitals throughout the country, we have been trying for several years to provide facilities for educating our junior staff, and the sudden publicity was welcomed as being long overdue. Our difficulty has been not inertia or lack of enthusiasm, as Pickering implies, but the absence of official encouragement or assistance, except possibly in the case of the education provided for the general practitioner.

The dissatisfaction with the state of postgraduate medical education in this country is probably largely though not entirely justified. Once qualified the student receives little formal teaching. This is particularly true in the undergraduate teaching hospitals, where junior staff reading for higher degrees obtain little formal help. In fact such hospitals, committed as they are to undergraduate education, have expressed themselves as unwilling to assist in formal postgraduate teaching. The position in the non-teaching hospital is little better, though some attempt has had to be made to provide facilities, not only to comply with regulations laid down by some of the Royal Colleges but in order to attract suitable staff. An Indian registrar of my acquaintance, for instance, said that many of his compatriots in

looking for jobs tried to ascertain whether there were such facilities.

However, in stressing formal education it is important not to lose sight of the immense value of the apprenticeship system. The newly qualified doctor cannot fail to learn from the practice and example of a good chief, and this is more likely to be successful if the latter is not overburdened by private practice and the demands of several different hospitals. I am not convinced that the emphasis placed by some on continued formal education during the pre-registration year is correct. After five years as a student, the new resident is surely entitled to put aside his books and to get down to the *practice* of medicine. More can be learnt from the day-to-day management of a particular condition than from any amount of reading or formal discussion, and information gained at first hand forms a permanent foundation on which to build future experience and knowledge.

In certain circumstances, for example general surgery, the registrar in the non-teaching hospital has a well-known advantage over his teaching-hospital colleague. There are other arguments in favour of those reading for higher degrees in the general specialties taking appointments in non-teaching hospitals, where they are likely to obtain a more balanced view of the specialty, as well as experience and responsibility.

Nevertheless, the chance of developing postgraduate education is a challenge that should be accepted by the larger non-teaching hospitals for a variety of reasons: (1) to improve their status, (2) to attract junior staff, (3) to further contacts with general practitioners, (4) to foster clinical

research and enquiry, and (5) to make the best use of a large and varied clinical material.

Position in Birmingham

There is no shortage of clinical meetings and lectures in Birmingham, sponsored by such bodies as the British Medical Association and the Midland Medical Institute. The latter, with a lecture hall, library and restaurant, is the centre of medical activities, and has its various special sections on the lines of the Royal Society of Medicine. It publishes the *Midland* (formerly *Birmingham*) *Medical Review*. The Barnes Library of the Medical School, which must be one of the best undergraduate libraries in the country, is open to most doctors in the area.

Special lectures and courses are organized from time to time by the Children's Hospital, the Accident Hospital and the Midland Centre for Neurosurgery. During the past three years symposia have been held by the Medical School on respiratory, gastrointestinal and renal disease. In the main these have been for consultants and have been attended by interested persons from all over the country.

The B.M.A. publishes a diary card of medical events, and it would not be difficult for those who wished to do so to supplement their routine practice with meetings and lectures throughout the whole working week. Yet as far as I am aware there has been no attempt to cover wider aspects of medicine, surgery or other specialties for the postgraduate student reading for higher degrees.* There are certainly no courses for the full-time student such as exist in London and Edinburgh. A few hospitals in the region, notably at Stoke-on-Trent, Warwick and Wolverhampton, enjoy a local reputation for teaching, largely due to the efforts of interested individuals.

The general practitioner is perhaps more fortunate than junior hospital staff in that the Board of Graduate Studies in the faculty of medicine of the University is charged with providing facilities for postgraduate education. Lecture-demonstrations are held on Sunday mornings at different hospitals throughout the city during the summer and refresher courses in obstetrics have also been arranged. The University has recently taken the initiative of extending facilities for postgraduate medical education by appointing three area directors in various parts of the Birmingham region (*Lancet*, January 6, 1962).

Dudley Road Hospital

For several years Dudley Road Hospital, as well as taking part in the above schemes, has been

trying to improve the amenities for its own staff, coordination being undertaken by a Medical Society with representatives of senior and junior staff. A discussion of some of the details will provide a general picture of what I believe most non-teaching hospitals are already doing, and will also show some of the difficulties and shortcomings encountered.

The hospital is one of two large non-teaching hospitals in the city. There are approximately 800 acute beds of all major specialties, and geriatric and mental hospitals lie in close proximity. Since the main work of the hospital is emergency, outpatient departments are relatively small. Pre-registration posts are largely filled by local applicants from the Medical School, though there is only minimal interchange at student level. We have, of course, our share of junior staff from Commonwealth and foreign countries, especially at registrar level. On the general medical and surgical side work is carried out on the firm system and until recently the tradition of consultant and houseman persisted, with very little registrar help. But unlike the majority of non-teaching hospitals most members of the staff are whole-time.

The lack of registrar help and the tradition of all routine work being done by consultant and houseman obviously leaves little time for formal training; on the other hand, the fact that the majority of staff are whole-time, with allegiance to one hospital, provides an opportunity for a programme of postgraduate training. We have had many discussions, both formal and informal, as to ways in which this may be accomplished, and my colleagues, if they read this, will notice that I have borrowed many of their ideas. In mitigation I must express my gratitude for the stimulus they have provided, and I must also state that the opinions expressed are solely my own.

We have a medical library which subscribes to some 25 journals and contains most of the current textbooks; there are also journals in the special departments, such as pathology, X-ray, physics and paediatrics. Space in the library is limited and there is room for perhaps not more than six people to read at a time. Staff rounds are held once a week, on Mondays between 1 p.m. and 2 p.m., and a monthly surgical meeting is held at 5 p.m. A good deal of thought was given to the timing of these meetings, and it was apparent that any arrangement must be a compromise since it is impossible to suit everyone. Meetings are advertised to the local general practitioners, who attend in small numbers, but it is clear that Monday is not the most ideal day of the week from their point of view. On the other hand, meetings at the end of the working day tend to be poorly

*A very successful two weeks' course in advanced medicine was held recently at Stoke-on-Trent.

attended, and, of course, tend to clash with evening surgeries.

The Medical Society holds an annual dinner with an invited speaker, and also arranges showing of films and visits to industrial establishments. Attempts are made to maintain an X-ray and pathological museum and a library of clinical photographs, but the work devolves on interested individuals and efforts are hampered by lack of space and the absence of technical help. The difficulty of obtaining experienced clinical photographers is well known. Most hospitals are short of space and ours is no exception. Medical meetings are held in the Nursing School, which is up to date and provided with modern equipment for showing slides. The fact that we must rely on the good offices of the Sister Tutors is a sad reflection on the lack of facilities for medical education.

Certain members of the consultant staff conduct weekly 'Membership' and 'Fellowship' rounds, which take place in the afternoon or early evening. These are open to anyone and are attended by junior staff from other hospitals in the area. We have found that once the word gets round, numbers rapidly increase, and it is obvious that there is a considerable demand for this type of teaching in the provincial centres. The crowded wards of the non-teaching hospital, very often with beds down the centre, cannot be expected to accommodate 20 or more doctors in the manner of the teaching hospital round. My own round for example takes place on Thursday, which happens to be one of the admitting days of the firm. The wards are already busy with new patients, and an influx of doctors is not always welcomed by the nursing staff. On the other hand there are no side rooms where demonstrations could be carried out more conveniently.

In spite of the practical difficulties I feel that the long-established custom of examination and discussion round the patient's bed is the most satisfactory. It is usually possible to provide sufficient clinical material to occupy the two to two and a half hours devoted to the round, but it may not always be easy to keep up interest while a large number of individuals elicit a particular physical sign in turn. For this reason we have tried the variation of sending participants in pairs to ten or a dozen patients with instructions to examine a particular system or with a proforma containing as complete a list as possible of physical signs applicable to that system. This has proved popular, but to my mind has the disadvantage of removing discussion away from the bedside and of focusing attention on physical signs as an end in themselves.

Recently, at the suggestion of one of the

registrars, the last half-hour of the round has been set aside for presentation of a prearranged topic. This is prepared by one of the members, who circulates a cyclostyled summary of what he proposes to say. In this way we have been able to draw on the experience of those who work in branches of medicine such as chest diseases, venereology, neurology, etc. We have plans for the further pooling of special knowledge by the preparation of a bibliography of review articles on important aspects of general medicine—a project I have long felt would be valuable for the postgraduate student of medicine.

The Future

It seems likely that the large non-teaching hospital will be required to provide increasing facilities for postgraduate education. It is probable that in most cases this will only be possible with an increase in staff and the provision of material facilities for the purpose. However, it is valuable to consider what can be done within the existing framework, and it is convenient to consider separately (1) the general practitioner and (2) junior hospital staff, while remembering that there should be an overlap between the two and that neither group should be debarred from facilities provided for the other. The further education of the consultant should not be forgotten.

General Practitioners. The non-teaching hospital could do more than at present in particular fields such as general medicine, pædiatrics and obstetrics. I would like to see a start made on weekly ward rounds and outpatient demonstrations in these specialties for not more than a dozen participants. Afternoons, at times other than the winter, for a period of eight to 12 weeks, would not tax hospital arrangements and would ensure continuing attendance. One of my colleagues is already circulating selected general practitioners to see whether they would be interested in a weekly surgical round. The alternative of arranging series of intensive weekend courses has already been undertaken by some hospitals but requires considerably more organization. Assistance with administrative arrangements would no doubt be forthcoming from one of the bodies concerned with general practitioner education.

The above schemes might profitably be extended in a more limited manner to more specialized subjects. Short courses for up to ten people might be arranged for example in diseases of the ear, nose and throat and eyes, in dermatology, or in the elements of radiology, hæmatology and electrocardiography. There are already large numbers of general practitioners who work as clinical assistants in some of these subjects, and

such courses would provide a further stimulus to general practitioner integration in the hospital service.

One frequently hears it said that such schemes will only prosper if there is sufficient enthusiasm from the teachers. It must be recognized, however, that in order to attract busy practitioners with other interests outside their work, careful attention to detail is needed. The likely response and the most suitable time should be determined before embarking on a particular scheme.

Junior Hospital Staff. I have already indicated my opinion that pre-registration house officers require the practical training of a busy job rather than formal education. There is, of course, no reason why they should not take part in any available scheme of training, but this should be designed with the needs of the senior house officer and registrar in mind.

The problem of the postgraduate studying for a higher degree is a complex one. If the Membership is taken as an example it may be argued that the S.H.O. or registrar working in a teaching or non-teaching hospital should gain enough experience in clinical medicine to be able to sit the examination. He has the constant stimulus of clinical problems. There are, however, many people who are not directly concerned with general medicine—those working in pathology departments, psychiatry and chest hospitals, for example—for whom the Membership is still a status symbol. In addition, and equally important, are the postgraduates from Commonwealth and other countries who come to Britain not only to study for higher degrees but also to learn something of British medicine. The job they do and facilities for study will influence for good or ill their subsequent attitude to British medicine. This must not be forgotten in any discussion of postgraduate education, because an international approach is vital at this time. Any offer of formal postgraduate training is rapidly taken up by doctors from abroad, who are often prepared to pay fees towards the expenses involved and are always grateful for help given.

The following are some of the ways in which postgraduate education for junior staff could be extended, bearing in mind that to be successful they must have the active support and participation of consultant staff:

- (1) All major clinical departments should hold regular staff rounds.
- (2) Some of our pre-registration housemen have suggested that they should have their own weekly ward round, conducted by different consultants in turn and with the participation of radiologists and pathologists, so that

they can obtain a wider view of the practice of the hospital.

- (3) Monthly clinico-pathological conferences should be organized in conjunction with the pathological department.
- (4) Formal postmortem demonstrations should be held at a time calculated to attract as many members of the staff as possible.
- (5) Regular radiological conferences, which need not last more than half an hour, should be held in association with the clinicians.
- (6) Medical and surgical registrars should be encouraged to form a journal club to keep under review the journals taken by the library.
- (7) Occasional seminars should be given by members of staff and by invited speakers on topics of current interest.
- (8) The use of audio-visual techniques of teaching should be extended. For example, a central tape-recording service such as the excellent scheme run by the College of General Practitioners would have many applications in hospital practice.
- (9) All large non-teaching hospitals should be prepared to run at least one advertised course a year lasting from a weekend to two weeks, depending on available staff and facilities.

Discussion

The staff of non-teaching hospitals have more beds and less assistance than their colleagues in the teaching hospitals. Some re-thinking and re-organization will be necessary if the above schemes are to be put into operation. Time set aside for postgraduate education must come to be regarded in the same light as time for routine work such as ward rounds, outpatients and theatre sessions. Any scheme will fail for lack of support if the consultant regards it as an additional chore to be fitted into his routine work. Pickering (1962b) in his comparison of the lack of facilities in this country with those available in North America, fails to take into account two important points of difference. In the latter country medical staff tend to start work at least an hour earlier than in Britain, so that they are more easily able to set aside time for formal discussion between 12 and 2, and in addition, the staff of the larger hospitals are nearly always employed full-time. In this country it will not be easy to develop postgraduate education when many consultants divide their time between different hospitals, as well as undertaking private practice.

The question of who is to be responsible for organization of postgraduate education also needs careful attention. The appointment of a 'clinical

tutor', who should have some relief from routine work, as suggested by Pickering, seems to me to be unsatisfactory. The main stimulus to providing facilities in the non-teaching hospital comes from the ability to draw on a large amount of unselected material, and it would be difficult for one person to coordinate this, especially in fields other than his own. I would prefer to see a small group of interested individuals, who could plan for their own needs as well as coordinating the activities of others. The views of junior hospital staff and of local general practitioners should be represented in the group. Not all consultants will wish to take responsibility for organization, and success will depend on the enthusiasm and hard work of a few. The rewards of postgraduate education can only be measured in terms of personal satisfaction—and perhaps the ability to obtain junior staff. They do not compare for example with the publicity derived from a piece of research, and for these reasons teaching will remain a thankless task for all but the few who have a genuine enthusiasm for this type of work.

A further facet of the problem is the provision of adequate facilities. Most non-teaching hospitals are short of space, and are constantly faced by demands for accommodation from many sides—medical, nursing and administrative. It is to be hoped that space for postgraduate education will be provided in the planning of the new district general hospitals, but in the meantime some improvization will be needed if present views on expansion are to be realized. To my mind provision of space is more important than the appointment of extra staff so that teaching may be undertaken. The minimum requirement would be a self-contained building, providing a lecture theatre to seat up to 50 people, equipped with blackboard, projector, tape-recorder, etc., a seminar room/laboratory, an office, and toilet facilities. Ideally the medical library and a museum to house pathological specimens, X-rays and clinical photographs, would form part of the same building. It should not be too costly to provide one or more prefabricated huts for this purpose immediately. Perhaps the Nuffield Provincial Hospitals Trust could be induced to design a standard building, for which they would be prepared to subscribe some of the money—in conjunction with Regional Hospital Boards—out of the £250,000 which they have allocated for postgraduate medical education?

Pickering stresses the importance of a common dining room for all members of staff and adequate

married accommodation. Meetings during lunch, which are popular in many American hospitals, might get over the difficulty of finding suitable time during the day. If the non-teaching hospital is to provide regular full-time courses accommodation will have to be found for the participants. In University centres it might be possible to use hostels during vacations, if the hospital itself cannot find the space.

A question which has been asked in Birmingham and no doubt in other provincial centres is whether there are grounds for establishing a postgraduate institute on the lines of the Postgraduate Medical School of London. This will depend on policies for long-term development of buildings and staff, and is hardly a question that can be answered by an individual. If an existing general hospital were to be taken over for the purpose as Hammer-smith Hospital was taken over in the 1930s, the whole character of the work and staff would alter. At the present time it seems wiser to envisage the steady development of postgraduate education for medical staff already working in non-teaching hospitals, with the occasional provision of courses for the full-time, albeit temporary, postgraduate 'student'.

Conclusions

Postgraduate medical education implies much more than refreshing the minds of general practitioners or teaching techniques of passing higher examinations. One of its major roles is the mutual exchange of ideas between teacher and taught, and clinical teaching is eminently suited to such give and take. One does not have to rely on dogmatic presentation of facts as in undergraduate teaching, and one hopes that discussion will stimulate further thought and enquiry. For this reason formal lectures should be kept to a minimum and spontaneity and informality encouraged by ward round and outpatient demonstrations.

Those who undertake postgraduate education should be given opportunities for clinical research if they wish, and should be able to provide advice and encouragement to junior staff on such matters as surveying the literature, preparation of theses and suitable subjects for research. They should be able to attract the young man with an idea for research as well as the examination candidate.

The crucial question will be how to provide the consultant in the non-teaching hospital with time and facilities for postgraduate education without divesting him of his present clinical responsibilities.

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