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THE NORTH STAFFORDSHIRE MEDICAL INSTITUTE

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THE Stoke-on-Trent Hospital Group serves the industrial area of North Staffordshire, which has a population of 500,000. It is a relatively isolated community situated 50 miles from Birmingham and lies at the northern limit of the area administered by the Birmingham Regional Hospital Board. The past 10 years has seen a rapid expansion in the hospital services of the district. There has, for example, been a three-fold increase in the number of consultant staff and many new special departments have been developed, including those of neurology, neurosurgery, thoracic surgery and cardiology. The two major general hospitals of the district, the North Staffordshire Royal Infirmary and the City General Hospital, are situated within half a mile of each other and will shortly be linked by a large common out-patients department, centred between them. These two hospitals have a complement of some 1,400 acute beds and already form a large single hospital centre.

We gradually realized, however, that the problem of achieving and maintaining the highest standard of medical practice in an area remote from the influence of the teaching hospital could not be solved simply by appointing more consultants for routine clinical work and the creation of new specialized departments. The best medical practice demands the constant stimulus of those academic pursuits which lie outside routine clinical practice. It is generally accepted that such activities should include regular clinical and

scientific meetings, seminars, staff rounds, clinico-pathological conferences, regular teaching by the senior staff and ready access to an adequate library. No hospital, however large, can achieve its maximal potential unless an atmosphere of continual progress and study is maintained by the academic activities of its medical staff.

In teaching hospitals, the academic side of professional life is largely the responsibility of the Medical School. In regional hospitals, such activities depend entirely on local initiative and this is all too often frustrated and stultified by lack of the necessary facilities. Under the National Health Service Act, Regional Hospital Boards have no authority to finance such activities nor to provide the necessary facilities and accommodation.

In Stoke-on-Trent we have an old established and active body, the North Staffordshire Medical Society, which, for well over 100 years, has been the main focus of the academic life of the medical profession of the district. Since the National Health Service began we have also had, through the foresight of the Hospital Management Committee, a useful library which already takes some 100 journals. Unfortunately, however, the Medical Society has no premises of its own in which to meet and the library has rapidly outgrown its accommodation so that almost all except current periodicals have to be stored in an inaccessible basement.

During the past four years the physicians of

the Group have held regular weekly staff rounds in the two main hospitals alternately. In addition, clinico-pathological conferences have been held monthly and several consultants have weekly teaching rounds. At the weekly staff rounds cases of interest from the medical side are presented by the Registrar in charge of the patient. All members of the senior and junior hospital staff are invited and the attendance now averages between 30 and 40. A few general practitioners attend and more would like to come but no general invitation can be extended due to lack of accommodation. In one hospital a small day-room adjoining a medical ward is used and at the other it is necessary to 'borrow' a nurses' lecture-theatre which is not necessarily always available.

Some three years ago the Council of the North Staffordshire Medical Society decided that the academic requirements of the district could best be met by building a Medical Institute, preferably on hospital grounds. It was planned that the building should house an adequate lecture-theatre, a more comprehensive library with a lending service and a pathological museum, mainly of well-documented colour transparencies and also X-rays, electrocardiograms and other specialized techniques. It was decided that there should also be a meeting room where seminars, clinico-pathological conferences and other similar activities could be held. In order to encourage research, more particularly among junior hospital staff, the building was planned to include a number of small rooms or carrels which could be allotted to individuals engaged in research projects. They would be able to use these for study and for the storage of the documents and case notes relating to their research and it was hoped that secretarial help might be provided.

It was clear that all this would cost a considerable sum of money and since we could not look for help from Exchequer funds it was decided to appeal to the people of North Staffordshire themselves for the necessary financial support. Professional advice suggested that a capital sum of £100,000 would be required for this project.

From the outset the sponsors of the Institute were greatly stimulated by the encouragement and help they received, both from the Hospital Management Committee and the Birmingham Regional Hospital Board. We received every encouragement from the University of Keele and the Birmingham Medical School. An excellent site for the building situated centrally on hospital grounds was offered to us by the Regional Board and agreed to by the Ministry of Health. For legal reasons, however, the Institute will have to pay a rent of £150 per annum for this site.

Although the public appeal for funds is scarcely more than a year old, the capital sum already raised, if firm promises are included, has reached the encouraging total of £82,000 and it is intended that building will commence early this year. The local medical profession themselves have already contributed £10,000 to the project, mainly in the form of seven-year covenants. There has been a generous response from local industry, both from employers and trade unions. Local trade union leaders are organizing a penny-a-week contributory scheme which is gradually growing and may well make a substantial contribution to the running costs of the Institute. The City of Stoke-on-Trent have promised £6,000 for this year. We have good reason to hope that we may get a further £6,000 next year if the then Council approves. A similar sum is under consideration by Staffordshire County Council but we have not yet been informed whether a decision has been taken.

The nursing profession has given enthusiastic support and by organizing garden parties, dances and 'fayres,' have already contributed some £3,000 to the Institute. Since much of the capital sum which has been raised is in the form of seven-year covenants, some delay in commencing building might have been necessary while waiting for these covenants to mature. This difficulty has been largely solved by the generosity of the Nuffield Provincial Hospitals Trust who have offered an interest-free loan of £50,000 to enable an early start to be made.

The Institute and Postgraduate Teaching

When planning the Institute, it was considered that one of its most important functions should be to provide the necessary facilities and encouragement for organized postgraduate teaching. It was felt that regular teaching was one of the most rewarding ways of maintaining the highest standards of efficiency at all levels, for teaching must always be mutually beneficial both to those giving instruction as well as to those receiving it. It was realized that this would help to attract the best quality junior medical staff to the district. At least on the medical side, moreover, it was felt that our junior registrar posts were particularly suitable for those seeking higher qualifications. In many teaching centres (including Birmingham) no-one can be accepted for a Medical Registrar post unless he has already passed the M.R.C.P. examination. They have, however, few if any suitable posts in a more junior grade which can provide the necessary broad clinical experience which is an essential background to success in this examination.

At present, of course, postgraduate teaching is

not a recognized part of the duties of regional hospital consultants. The whole concept of the North Staffordshire Medical Institute, however, was based on the assumption that if the necessary facilities were available, the medical staffs would readily and voluntarily engage in all forms of academic activity. Indeed, it has already become clear that the very prospect of the Institute has already acted as a powerful stimulus to local postgraduate activities. Towards the end of 1961 the Group Consultants Committee set up a special subcommittee to consider postgraduate education and research in the district. This subcommittee felt that a start should be made in running organized postgraduate courses with the facilities at present available. A further stimulus came when Birmingham University appointed Dr. A. J. McCall, the Chairman of the Subcommittee, as Area Director of Postgraduate Education, one of three similar posts in the Region. In May, 1962, the experiment was tried of running an advertised course in Advanced Medicine under the auspices of the Department of Postgraduate Studies of Birmingham.

The course lasted a fortnight with morning, afternoon and evening sessions on five days of each week. A number of distinguished consultants from outside the district kindly came to help, but the local consultants were responsible for the majority of the sessions. Although this obviously entailed a considerable amount of work on a purely voluntary basis the proposal was received enthusiastically by all those approached and 17 local consultants took part. The medical registrars of the Group made a considerable contribution by presenting the cases at the clinico-pathological conferences and ward rounds. The matrons of the two major hospitals kindly allowed the nurses' lecture-theatres to be used and the Hospital Management Committee were responsible for the catering arrangements and provided accommodation for those attending the course from a distance. There was unanimous agreement that the course was a success and it is planned to hold similar courses twice a year in the future. When the Institute building is available, the organization and running of such courses will clearly be greatly simplified.

Similar postgraduate activities are being organized by the surgical staffs of the Hospitals. They have already held two successful advertised symposia. The first was an all-day programme on the 'Management of Acute Injuries.' The second was an afternoon meeting on 'Pain in the Arm.'

A deficiency shared by most non-teaching hospital centres is lack of facilities for instruction in the basic sciences. Dr. McCall is planning that the Institute will hold such courses along the

lines of the one at Southampton. It is intended that the subjects should include anatomy and physiology for the particular benefit of junior hospital staff wishing to sit for the primary fellowship examination.

At the suggestion of the Department of Postgraduate Studies at Birmingham, a pilot scheme is to be tried next year for graduates from the Commonwealth countries. Eight such graduates will receive a three months course of instruction in Stoke in medicine, surgery, obstetrics and paediatrics. Satisfactory completion of this course will provide them with a testimonial to supplement their application for junior hospital posts in the Birmingham Region.

Thus far, postgraduate activity in Stoke has been described in relation to education of junior hospital staff. The provision of facilities for postgraduate studies for the 250 general practitioners in the district will clearly be an important function of the Institute. More than half of these practitioners are already members of the Medical Society and a large number have responded generously to the appeal for funds. While the Institute will provide, as one of its prime purposes, the much needed accommodation for the meetings of the Medical Society, it is hoped that much more will be possible. Formal week-end courses have been run in the past with the usual disappointing attendance and it seems unlikely they can make any very useful contribution to this problem. It is intended, however, that the Medical Institute will investigate the value of less stereotyped methods of instruction. The building itself will form a common meeting place for general practitioners and hospital staffs and one proposal to be explored is the formation of informal discussion groups in which practitioners can discuss common problems among themselves with the counsel, if they wish it, of a consultant in the appropriate discipline.

The Medical Institute and Research

It is generally acknowledged that research plays a vital role in any active, progressive medical community. The sponsors of the Medical Institute have always hoped that one of its main functions would be to foster and encourage local medical research. No large-scale plans can be formulated until it is known how much money will be available. The Birmingham Regional Hospital Board have already provided a research secretary, who will have an office in the building and whose services will be available to those engaged in suitable research projects. North Staffordshire is particularly suitable for long-term clinical studies for its population is largely static,

partly due to its geographic isolation and partly to the traditions of its two staple industries.

Comparison with other Medical Institutes

Most other medical institutes in this country are in cities with undergraduate medical schools and they therefore serve a rather different function from that envisaged for the North Staffordshire Medical Institute. The recently opened medical centre at Kingston-on-Thames is again not strictly comparable for its primary purpose is to serve as a common meeting place for general practitioners and hospital staffs. The Stoke-on-Trent scheme is perhaps most akin to the new Postgraduate Institute at Exeter. There is perhaps a major difference in the underlying concepts of the two Institutes. The primary purpose behind the planning of the North

Staffordshire Medical Institute was to provide the facilities for achieving and maintaining the highest possible standard of medical practice, at all levels, in the district. This must remain the first objective though clearly the future development of the Institute may expand along more ambitious paths.

In conclusion it should be emphasized that the concept of the North Staffordshire Medical Institute had long been in the minds of the senior members of the medical profession of the district. Its realization is due to the combined efforts of numerous individuals, including consultants, general practitioners and laymen who have selflessly devoted much of their spare time to the achievement of a goal which all believed would benefit the community.

Obituary

It is with great regret that we announce the death of Professor R. F. Woolmer, V.R.D., B.M., F.F.A.R.C.S. Professor Woolmer was appointed director of the new research department of anaesthetics at the Royal College of Surgeons in 1957 and became the first holder of the Chair of Anaesthetics established there by the British Oxygen Co. in 1959. He joined the Executive Committee of the Fellowship of Postgraduate Medicine in June 1959. He leaves a wife and two daughters, to whom we extend our sincere sympathy.

CORRECTION

Professor Findlay Ford, Professor of Child Health, University of Cape Town, and Dr. Edmund Cooper, M.O.H., City of Cape Town, have written to say that Dr. Duncan Leys has been misinformed about the treatment of African children with tuberculous meningitis in that city. They wish 'to state most emphatically that

neither they nor any of our numerous ethnic groups here are treated on lines other than those which would be entirely acceptable to experts elsewhere'.

The *Postgraduate Medical Journal* sincerely apologizes for this error in the issue of November 1962 (Paediatrics 2).