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DEVELOPMENTS IN POSTGRADUATE MEDICAL EDUCATION IN LEEDS

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As in most Medical Schools the University of Leeds has, since the war, arranged fortnightly courses for general practitioners, weekend courses and courses spread out over six to 20 weeks in a variety of subjects. General practitioner rounds and occasional evening meetings have also been organized.

The changing pattern of medicine, and particularly the rapidity of technological advances, led the committee to plan a long-term development for training which would include both training in hospital and preparation for general practice. After much discussion the committee felt that the role of a provincial centre should mainly be concerned with in-training though every opportunity should be taken to make available expert opinion from other centres and from other regions. Assuming that with the cessation of military service and in accordance with growing medical opinion there would be the need for two to three years in the hospital service before the taking up of a specialty or entering into general practice, the committee have approved two schemes of training for house officers, one generalized, one specialized. In the case of the general training it is suggested that on completion of the pre-registration appointments

the applicant would apply to a Management Committee for a rotating house appointment and he would be appointed for three years, two years as S.H.O. and one year as a Registrar. He would be encouraged to take a variety of appointments, including at least six months as an obstetrics officer, and then further six months periods such as casualty; ear, nose and throat; eyes; psychiatry; paediatrics; orthopaedics; dermatology. On completion of this period of training which would be arranged in the major district hospitals the candidate would be free to apply for a traineeship in general practice or for entry into specialized training in hospital work. The aim of the kind of appointment mentioned is to give all round hospital experience and yet at the same time enable a person to live in one area and if necessary to have suitable residence should he be married. Once there is some alteration in the present regulations it is hoped to link up this type of general training with entry into general practice, rather on the lines of the Wessex Scheme with necessary modifications. We hope it may be possible for a person to hold a trainee appointment for a year and be paid at the same rate as a Registrar. This suggestion for the moment must remain only as an expression of the wishes of the

committee as there are not the administrative regulations to permit such a liaison.

In the event of the registered medical graduate being certain that he wants to specialise in either medicine, surgery or obstetrics then it is proposed that he would hold his appointments in his first three years in aspects of the specialty in one of the three major hospitals in the region. The basis of the appointment would be similar to the general appointment, namely two years as a S.H.O. and one year as a Registrar. It is anticipated that the Postgraduate Dean or his representative will be present at the appointing committee so that someone in authority knows the holders of such appointments and that the successful applicants will feel that the Postgraduate Dean or his representative is aware of their interests and they can turn to them for advice as to their future training.

The second stage of training for hospital work would consist in an appointment as a Registrar for three years in one of the three major centres. This appointment would be made by the Registrars' Committee which is a joint committee of the University, Teaching Hospital, and Regional Board. The appointment here would be made within the broad divisions of medicine but again the individual would be allowed to obtain experience in several divisions of medicine or surgery during his three years of office. To facilitate residential requirements the appointment would rotate within the same geographical area so that the Registrar would not be required to change his domicile.

The final stage of hospital training will be the Senior Registrar grade. These appointments will of course be made like the others as a result of advertisement. The candidate will have his appointment on a sessional basis and in the first year will be attached to the teaching hospital. During his second year he will do general medicine but not necessarily in the teaching hospital and will have the opportunity to develop special interests by having sessional commitments in special subjects such as psychiatry, neurology, dermatology, cardiology, chest diseases, infectious fevers, and such other specialties as may be approved. He will be able during his training to

have experience in several specialties but if he develops a strong interest in one then he will be encouraged in his third and succeeding years to hold the major portion of his sessions, something like 9/11ths, in his chosen specialty. In all the Registrar and Senior Registrar appointments a definite time will be allotted for private study and investigation.

It is hoped to develop in all the major hospitals internal teaching rounds and pathological conferences at which all grades of staff will be encouraged to participate.

Little has been said about the training of general practitioners other than the initial introductory training. It is hoped to use the proposed medical assistant grade to provide permanent openings in the hospital service for general practitioners. Before this can be fully implemented it will be essential for payment for hospital appointments to be taken out of the 'pool' and for the Ministry to accept the principle of joint appointments between the hospital service and general practice.

We envisage the appointments being of three grades, the first corresponding to the present clinical assistant grade which a person would hold for six or 12 months. He would apply to a hospital for experience in a special subject and would be allotted to the appropriate consultant who would arrange for him to have clinical access to the work of the department and would give a report on the assistant's work in the appointment at the end of the year. This kind of appointment would be designed to enable a general practitioner to get knowledge of a special subject or to see whether he wishes to develop an interest in some particular branch of medicine.

The second stage would be used for those who had already had Registrar experience in the hospital service or had qualified for such an experience whilst holding the previous type of appointment. Here duties would be those corresponding to that of a Registrar but would be on a fixed sessional basis and would be under the supervision of an appropriate consultant. The appointment would be for several years and not subject to an arbitrary cessation after six or 12 months.

Finally there would be the top grade of medical

assistant who would correspond professionally to a Senior Registrar. Here the appointee would have the clinical responsibility comparable to that of a Senior Registrar but would have a definite appointment with fixed sessions. It is envisaged that if a person in general practice had reached this level and wished to become a specialist, it would be open for him to apply for a consultant appointment, or, if he needed more practical experience, to take a full-time appointment as a medical assistant in the first instance to enable him to compete with Senior Registrars for appointment as a specialist.

It is quite obvious that the full implementation of this scheme will depend on slight modifications in the existing regulations. Furthermore it would be difficult for people in single practice to have a definite contract for the second and third grades within the medical assistant classification. The region has adopted this approach because it is felt that in-training is far more satisfactory than mere courses. The region intends to provide courses

of all kinds, both for general practitioners and for registrars. The nature of these courses will be determined by the Postgraduate Committee on which are representatives of all branches of the profession. A special course in medicine has already begun which will be spread over 14 weeks, twice a year, and is open to registrars in any branch of medicine. It may in the future be extended to S.H.O.s. The course at present consists of a weekly lecture, followed by a demonstration, or clinico-pathological conference, or a panel discussion, and a clinical tutorial. The candidates are given an hour on a case and then have to present it to the consultant or to the tutor.

These are some of the schemes which have the approval of the Postgraduate Committee and of representatives of the Teaching Hospital Board and the Regional Hospital Board. It is hoped that all will be capable of implementation within the immediate future. The course in medicine and the training scheme for the post preregistration period, registrars and senior registrars, is now being put into operation.