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A PROGRESS REPORT ON THE POSTGRADUATE MEDICAL INSTITUTE OF THE UNIVERSITY OF EXETER

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THE TRADITION of medical teaching in Exeter goes back to the eighteenth century and first half of the nineteenth century. The closure of its medical school in 1856 was one of the effects of the regulations of the Conjoint Diploma of the Royal Colleges of Physicians and Surgeons, as this could be awarded only to students who had worked in medical schools associated with universities. After 1856 Exeter continued its role as one of the centres for local postgraduate medical education in the South West of England.

Exeter University received its charter in 1955; in 1962, the *Lancet* announced the plan to form a postgraduate medical institute of the University of Exeter. The Faculty of Medicine of the University of Bristol had given their support to the project and were represented on the committee of management together with members of the South Western Regional Hospital Board, the representatives of the consultant staff of the Exeter hospitals as well as members of the Senate of the University of Exeter. Financial support had generously been given by the Nuffield Provincial Hospitals Trust. It is from this point that this progress report begins.

Dr. David Mattingly took up his appointment in July, 1963 as medical director of the Institute and consultant physician to the Exeter hospitals. Funds did not permit any additional medical appointments and the Institute has been dependent for its teaching upon the generosity of the Exeter consultants with valuable help from the medical staffs of the Plymouth, Torbay and North Devon Hospitals. A number

of departments of the University of Exeter have also made major contributions to the teaching programme. The Royal College of Surgeons appointed Mr. Keith Vowles as their tutor in Surgery to the Exeter Clinical Area in 1963 and this appointment has been integrated with the work of the postgraduate medical institute. The work of the institute began in October, 1963.

Teaching

The postgraduate teaching programme of the Institute is planned for doctors of widely differing interests.

Full-time Postgraduate Students

Since its inception in October 1963, the Institute has offered four ten-week terms for full-time postgraduate students. During these four terms, modifications in detail have taken place but the basic aim has remained unaltered. This is to provide both an introduction to British medical practice for postgraduates newly arrived from overseas and a refresher course for British graduates (whether in practice or about to resume practice after an interval). The course is widely orientated to include the new applications of physics to medicine and basic pathology as well as the clinical subjects and preventive medicine. Preliminary attempts have been made to increase the scope of the courses still further by including some instruction in economics, psychology, sociology and statistics. Most of the teaching is in the form of discussion groups or tutorials and very little is formal or didactic. In addition to the general course, the postgraduates are attached as

clinical assistants to particular departments according to their own choice of speciality. A consultant in each department then becomes the personal tutor to the particular postgraduate. Although the students' work is mainly in Exeter, demonstrations of public health medicine are arranged by the medical officers of health of Devon and Exeter and visits to hospital centres at Plymouth are also arranged each term. It is hoped that in time experience in general practice will be added to the curriculum.

From the postgraduate students, the greatest demands are for general medicine and paediatrics although individual requests have included accident and orthopaedic surgery, ophthalmology and psychiatry. The number of students attending the four ten-week courses has been as follows (the first course was not advertised until August, 1963): -

	<i>Number of postgraduates attending</i>
October-December 1963	3 (3)
January-March 1964	5 (4)
April-June 1964	11 (9)
October-December 1964	13 (7)

The figures in brackets indicate the number of overseas postgraduates in each group. Present facilities limit the number on each course to a maximum of 15.

Of the 19 postgraduates who attended the first three courses, their immediate future following the Exeter course was as follows: -

Hospital appointments in NHS	7
Unpaid Clinical Assistantship (followed by NHS appointment)	1
Returned to previous employment	6
Attending courses elsewhere	5

The countries of origin of the postgraduates have been very numerous, the present term of 13 students being made up as follows: Australia (1), Great Britain (6), India (1), Iran (1), Jordan (1), New Zealand (1) and Pakistan (2). On previous courses the following countries have been represented: Borneo, Bolivia, Greece, India, Iran, Mexico, Nepal, Pakistan, Southern Rhodesia, United Arab Republic, United Kingdom.

For the young postgraduate from overseas, this course appears to be successful in acclimatising him to British medical practice before he takes up a resident hospital appointment in the NHS (the medical director and the personal tutor can advise the students in obtaining a suitable appointment) or before his subsequent postgraduate work in Britain becomes restricted to a particular speciality.

Some students have benefited by attending the Exeter branch of the British Council where they have received help in overcoming language difficulties.

For other overseas postgraduates (already established in posts in their own countries) and for British postgraduates, ten weeks appears to be a satisfactory period for a general refresher course or for a re-introduction to medicine (e.g. women postgraduates returning to active practice after an interval of some years). This scheme does not preclude some students from remaining for longer periods of instruction while holding unpaid clinical assistantships in the hospitals.

General Practitioners

It is the intention that general practitioners should participate fully in the life of the Institute. One of the first departments to be created as soon as funds permit will be a Department of Social Medicine which will be particularly concerned with the organisation of general practice and with research activities. It is anticipated that the head of this department will be dependent for teaching on the general practitioners in the same way as the medical director now calls on the consultants in the Exeter hospitals.

The Northcott Devon Medical Foundation and the Ministry of Health are to be co-partners in the building of a medical centre for all the medical practitioners of Devon at the new Devon and Exeter Hospital. This centre with library, conference rooms, museum, lecture theatre and common room will form part of the home of the Postgraduate Medical Institute.

Since October, 1963 the following courses for general practitioners have been arranged in Exeter with the approval of the Dean of Postgraduate Studies of the University of Bristol: -

	<i>Average attendance</i>
Ten evening postgraduate lectures (2 courses)	50
Courses on interpretation of electrocardiograms (3 courses)	40 (limited to this number)
Five-day general course	20 (limited to this number)
Five-day paediatric course	22 (limited to this number)
Week-end course (arranged for the College of General Practitioners)	27
Week-end course on Cerebral Palsy (arranged for the Spastics Society)	30 (limited to this number)
Week-end course in Psychiatry	34
One-day symposium on Carcinoma of the Bronchus	45

Apart from these courses, there have been regular meetings of the Devon and Exeter Medical Society (average attendance 70), of the Devon and Exeter Child Health Group and of the British Medical Association. Local general practitioners are encouraged to visit the Exeter hospitals and open ward-rounds take place weekly in general medicine and pædiatrics. Fortnightly clinical demonstrations are being held at the Royal Devon and Exeter Hospital by the Postgraduate Medical Institute and will be continued in 1965.

Hospital Staff

In July, 1963 a weekly staff round for all hospital staff, to which the medical officers of health are also invited, was started and has been highly successful. The average attendance is between 30-40 each week. Eighty-two patients have been shown at these meetings in the first fifteen months.

Weekly evening tutorials were given for junior hospital staff during the winter of 1963/4 although pressure of work in the wards made it very difficult to find a convenient time to hold them. These have been most valuable and it is hoped that arrangements can be made to release more housemen to take advantage of them in the future.

A journal club has been held once a month for the junior medical staff and the general physicians also run their own medical journal club each month.

The departments of Chemistry and Physics have arranged courses of lectures for the full-time postgraduates to which all hospital staff are also invited.

Monthly clinico-pathological conferences, under the control of the senior consultant pathologist, are arranged for all the hospital staff and the usual attendance is 40-50.

Apart from these specific postgraduate activities, the presence of postgraduate students in the hospital and on ward-rounds has had a stimulating effect upon the less formal teaching activities. Registrars are encouraged to take part in the postgraduate teaching programme.

Library

The library at the Royal Devon and Exeter Hospital has had a full-time librarian since 1963. Sixty current journals are taken and a good collection of modern textbooks is being built up.

Research

Whilst the Postgraduate Medical Institute

can encourage research by individuals, it is hoped that its more important function will be the co-ordination of group research projects. Thus, it is hoped that in 1965 a large group of general practitioners in Exeter may start work on a general morbidity survey in co-operation with the Departments of Social Science of the University of Exeter. If successful, this morbidity survey is to be followed by more detailed surveys of local medical and social problems brought to light by the wider-ranging initial survey.

Individual research work commenced in 1963. Dr. Mattingly and his research assistant, Dr. Christine Tyler, have received a grant from the Medical Research Council to study adrenocortical function, using fluorimetric methods for measuring free 11-hydroxycorticoids in plasma and urine. In 1964 Dr. J. Verrier Jones commenced studies on immuno-chemistry supported by a grant from the Northcott Devon Medical Foundation. It is hoped that other research work in Exeter such as the project on neonatal physiology and the respiratory distress syndrome of the newborn will be brought under the general direction of the Medical Institute.

The Future

The need for continuing postgraduate medical education of all doctors, in whatever capacity they may be employed, is being increasingly recognised. This recognition is emphasized by the recent memorandum, H.M. 64(69), from the Ministry of Health to Regional Hospital Boards. The planned expansion and development of the Exeter Postgraduate Medical Institute during the next few years is dependent on the extent to which this need is recognised and financial provision made for it by the Ministry of Health. Among the lines on which it is hoped to expand as soon as possible would be the teaching of pædiatrics, pathology, and social medicine.

The work of the Postgraduate Medical Institute will be greatly strengthened with the establishment by the University of Exeter of new departments of Biochemistry and Physiology in the very near future.

Meanwhile the medical profession in the Exeter area are very grateful to the Nuffield Provincial Hospitals Trust, the University of Exeter, the Northcott Devon Medical Foundation and the South Western Regional Hospital Board for the encouragement and support that they have already provided.

REFERENCE

LANCET (1962): A New Postgraduate Medical Institute, ii, 1038.