their educational programmes, possibly by supplying speakers and material. Both the Brook and Lewisham hospitals have been fortunate in receiving grants from the King's Fund, and an excellent centre has already been opened at Lewisham. Brighton have received £15,000 from the Nuffield Provincial Hospitals Trust and has been able to more than double this sum with local support: a major centre is under construction and will be opened next spring. Only Canterbury have been unsuccessful in obtaining a capital grant from any source: we can only hope that, in view of the exceptional interest of the programme which they have developed and the clear evidence it provides of fresh thinking, they will be more fortunate before very long.

The other groups in which Clinical Tutors have been appointed are Medway, Dartford, Farnborough and Hastings. We are hoping to include Orpington and Sidcup (both due to be rebuilt before very long) and Tunbridge Wells soon. In the latter group, of course, a great deal of postgraduate and research work is already being done at the Queen Victoria Hospital at East Grinstead. At the new Medway hospital (which is being gradually upgraded from the old R.N. Hospital, Chatham) an excellent centre is being made out of the small separate building which used to contain the officers' billiard room and a large ante-room: these are being turned into a small lecture theatre with a club-room and library. At Joyce

Green Hospital, Dartford, an old ward block has been converted into a small centre.

Formal postgraduate teaching, meetings and discussions are taking place in nearly all the other Groups in the Region. Some, like Bermondsey and Camberwell, are now closely linked with teaching hospitals. Others, like Greenwich, face early rebuilding and at St. Alfege's there are plans for a teaching centre for both doctors and nurses in the new hospital.

The whole of this regional activity is under the surveillance of the Regional Postgraduate Committee, on which there are representatives of the teaching hospitals, the Royal Colleges and the College of General Practitioners. The Committee exists to define objectives, coordinate activities and allocate resources. We have two teaching hospitals in this region and they take a close interest in regional education. As the Colleges are represented, the committee should have cognizance of all that goes on in the various specialties but unfortunately this has not always been the case. It should surely be able to prevent the appointment of a plethora of tutors in one centre and to maintain a reasonable balance between the different interests at each one, as so many of these are clearly complementary to each other. It is apparent that a strong Regional Postgraduate Committee, representing all interests in this way, is essential if co-ordinated progress is to be made towards an objective for the region as a whole.

THE STOKE POSTGRADUATE MEDICAL CENTRE

A. J. McCALL, M.D., F.R.C.P., F.C.Path.

Area Director of Postgraduate Medical Education (for North Staffordshire)

WE have in Stoke a compact Medical Centre consisting of two large General Hospitals, providing just over 1,300 beds between them, and a new Central Out-patients' Department situated about equidistant from both; the Medical Institute is sited here and is about 400 yards from each hospital. The population dealt with by all services is about half-a-million, and a further quarter of a million are supplied by some of the services. There are about 200 general practitioners in our immediate area in contract with the Executive Councils as principals. The consultant staff in the Hospital

Group number 75 and there are 100 members of the junior hospital staff, half of whom are below the rank of registrar.

For the past four years, we have run a two week Course in Advance Medicine advertised nationally. The "home team" have occupied the morning sessions and most of the afternoons have been occupied by visiting speakers—we have found that the occasional inclusion of a College censor is a good draw. Local medical staff have found the sessions given by visiting physicians very stimulating, and I have had the assistance of committee of the Group phy-

sicians with the programme. Local junior staff are encouraged to attend the course and registrars and others participate in demonstrations. We have been fortunate in being able to offer a certain amount of residential accommodation to students although this is rapidly diminishing; without this facility, we would probably have been able to draw only from the Birmingham region.

Our most ambitious project so far, which we have run only once, has been the Basic Science Course aimed at the Primary Fellowship examination. This lasted six months and comprised 100 sessions, conducted on one day each week, and recruited 17 people. The very successful efforts of Dr. Shackleton had encouraged us to attempt this, and about three-quarters or more of the teaching was done by local consultants. Working parties were set up with one of my consultant colleagues as chairman of each to organise the various sections such as Anatomy and Physiology. It was undoubtedly a tremendous advantage to have suitable premises for this course; the possibility of leaving things like microscopes ready and reliable projection facilities available and of providing quick refreshments on the premises saved a great deal of time.

For general practitioners, we have so far avoided prolonged and ambitious postgraduate courses as they are well provided for in many accessible areas. Local functions are organised on a tri-partite basis, there being the Medical Society, the British Medical Association and myself. The Medical Society runs monthly afternoon clinical meetings which are only moderately well attended, but it also runs some evening symposia which are much more popular. The B.M.A. runs Supper meetings with lectures which are also well attended. Both these bodies have their secretariat for all the functions that take place in the Medical Institute, including the catering. The greatest success, however, has undoubtedly been the lunchtime meetings for general practitioners which we started as a Medical Institute venture this year. Other areas had, of course, done this before and recorded similar experiences. The essence of a successful G.P. lunchtime meeting appears to us to be strict timing; a buffet lunch is provided at 12.45 p.m. to 1.15 p.m. (costing 3s. 6d.), talking begins at 1.20 and the party breaks up at 1.50 whether discussion is finished or not. The subjects have been largely those with a therapeutic or management content, and concision and brevity has been strongly encouraged. If the talk is sufficiently short, it is almost im-

possible for it to be bad. We have found, however, that the secret of our success is not, as we supposed, the excellence of the talk or even the skill with which the subject is chosen, but the very strong pressure of the wives to get their husbands out of the house at least one day a week for lunch. They are never allowed to forget and we regularly get attendances of eighty to ninety practitioners. A number of consultants always attend.

Finally, there is provision for our junior hospital staff. We have a so-called Medical Ward round and a Surgical Ward round held once a week at the Institute at which cases are presented, usually by registrars or S.H.Os. Practitioners frequently attend the medical round which is at mid-day. One of our consultant physicians has accepted responsibility for the selection of cases and for the standard of presentation being maintained. One or other of the hospital R.S.O's select and arranges for presentation of the surgical material, and I have had no responsibility for these functions except to see that these facilities are provided.

Bedside teaching for the Membership is done systematically by several of the physicians and for the Fellowship by some of the surgeons, but this does not impinge on the Medical Centre. However, we have recently been exercised about the more junior members of the staff, especially the pre-registration people, and I have now arranged a series of lunchtime meetings for them every Thursday. One of the difficulties which I should mention at this point arises because the Institute is situated outside hospital premises and the hospital authorities will not ordinarily cater there. I have, therefore, arranged for outside caterers to provide lunch on these occasions, and the Hospital Management Committee has agreed to reimburse residents for the cost of their lunch if they attend the lunchtime meetings. Lunch runs from 12.30 p.m. to 1.00 p.m., and some subject is then discussed by a consultant for about forty minutes. The discussions are generally about practical subjects such as the acute abdomen, preparation of diabetics for operation, cardiac arrest and so on. They have also asked for talks by a coroner and psychiatrist. Attendance has been encouraging and the utilization of lunch-hour time seems an important gain; previously we had great difficulty in getting any number of hospital staff together at one time. Every fourth Thursday, it is proposed that a Clinico-Pathological Conference should be presented,

and the entire senior and junior staff encouraged to attend.

The conveniently situated premises provided by the Medical Institute have greatly eased the organisation of all these functions. We are certainly fortunate in having it centrally situated and it is especially important that it is within "bleep" range so that residents can remain on duty and attend meetings while on call. There are, however, some features on the debit side and these, as I have indicated, arise mainly from the fact that it occupies premises which are quite separate from any of the hospitals, although situated close by. The Institute is a Limited Company, and although much of its running costs derives ultimately from the Hospital Management Committee, the H.M.C. has no responsibility for it. It is well to bear in mind that with an arrangement of this sort, a number of things which are taken for granted when working in hospital premises become a problem. There is first the mere mechanics of meetings—the moving of chairs, blackboards and apparatus, keeping ash off the floor and so on, especially when the premises are used for multiple purposes. The service for minor repairs such as projector lights, plugs and so on, all functions which were formerly undertaken by hospital porters or electricians, may no longer be available. I am sure that anyone entering into this field should try to ensure that these services continue insofar as it is at all possible. The H.M.C., although extremely well disposed to the project and indeed co-operating in it, has felt itself unable to let its staff work in the Institute, even though porters are available in a hospital only some ten yards away. We have, therefore, had to employ a non-resident caretaker, and chair-moving and room arrangements are usually undertaken by the cleaners we employ under the direction of the caretaker, or by one of the resident secretaries of whom there are two. If at all possible, it would be a great advantage to be able to use hospital catering services which we are unable to do. I am quite sure there must be the possibility of catering easily in any successful Medical Centre, especially when dealing with general practitioners when time is of the first importance, and food runs it a close second. Eating areas and meeting areas should be separate so that there is no delay in moving from one activity to another; even the provision of abundant lavatory accommodation is a time-saver.

This brings me to secretarial work and communications. We find there is an astonish-

ing amount of secretarial work. A Research and Postgraduate Secretary is provided by the Regional Hospital Board and the Institute employs an additional secretary. Both work within the building in adjacent offices and they are both fully occupied. Communication to senior hospital staff is always by individual notices and we are about to get an addressograph machine. Everyone knows, of course, that people need not only telling but reminding, and a consultant may often wish to know about functions which are not intended for him personally, such as what is being laid on for the junior members of his staff. Some artifice must be adopted to prevent communications being thrown into the waste-paper basket without being opened, and this is liable to happen with anything less than a 4d. stamp; envelopes can be marked "Medical Institute". The easiest channels of communication are to the general practitioners. We write to them through the Executive Councils and through the B.M.A., both of whom are more than willing to include our notices in their handouts. We would normally notify about 400 practitioners of any functions in both these ways, and the fact that both channels are used is a useful reminder—it is impossible to tell people too often. G.P.s seem to consign more to the waste paper basket unopened than do consultants.

The problem of communication with junior hospital staff is the most difficult one of all. They change frequently and many have names which are difficult to pronounce and impossible to remember; individual personal communications to the 100 members of the junior staff several times a week has proved impossible. It was thought at one time that the problem would be solved by setting up an "Academic Notice Board" in each hospital which would carry nothing but academic notices, and it was supposed that everyone would look at it daily. There was, however, no ideal site and when it was at last possible to get the board put up, it was too dark to see notices and in a region such as ours, where there is a massive output of documents relating to postgraduate matters by the University's Board of Graduate Studies, local notices soon become buried. A very large board indeed is required. We are now sending people round to all the boards we know of in each hospital, but this is not satisfactory either. Communication in our Group is difficult and we have not solved the problem. The selection of suitable members of the resident junior staff to act as liaison officers in each hospital is a considerable help.

Finally, I would say a brief word about finance. I do not want to trespass on Dr. Whitaker's province which is large-scale finance, but I think it worth mentioning that I have been greatly helped by having at our disposal a Postgraduate Fund on which we can draw immediately. This comes in terribly useful in buying urgently needed material or apparatus which it does not seem to be anyone's job to get. Also for paying projectionists, visiting lecturers, and so on. I can certainly say that my difficulties would have been very much greater if such a fund had not been available. The money in our fund derives from the fees which were due to local consultants for giving postgraduate lectures, but which they agreed to place in the Postgraduate Fund. The money is administered by our Postgraduate and Research Committee. I am Chairman of this Committee and there are eight Consultants on it, together with a Medical Officer of Health. Members of the Committee are frequently consulted informally, especially when the expenditure of the fund is concerned, but formal meetings are now rare. We have usually pro-

ceeded by setting up *ad hoc* committees or working parties to deal with particular problems such as the Medical Course, G.P. meetings, Primary Fellowship Courses and so on. A working party with G.P.'s, which includes M.O.H's, the secretaries of the B.M.A. and the Medical Society, and representatives of the College of General Practice, also exists and its object is to co-ordinate the activities of these various groups, with special reference to the provision of educational facilities for the general practitioners.

I think I should make it quite clear that I have no responsibility for running the Medical Institute. This has a Council with Sub-Committees—the Library, the Museum, Postgraduate Education and Research, etc.—and its Secretary and Treasurer. The Council has a slight medical majority. Day-to-day running is in the hands of a Joint Committee with the Hospital Management Committee.

Finally, I would say that the setting up of suitable premises has been a great stimulus to medical education in the area.

DISCUSSION

MR. D. C. BOWIE (British Postgraduate Medical Federation) thought that the influence and support of the Universities was most important. Medical Centres offered a wonderful opportunity for research into the total medical care of the community and here again, the University influence was important. The equivalent of a clinical professor's salary paid into each region for five years to foster this research would produce astounding results. New universities were giving courses in such subjects as building and printing but where was the study of men, women and children?

DR. SHACKLETON (Wessex) asked whether there was any difficulty in getting junior staff released for study days. The Wessex region had been running a Basic Science Course for 8 years and there had been no trouble in this case. The physicians seemed to find it most difficult to release their juniors.

DR. DAVID MATTINGLY (Exeter) asked if Dr. McCall had difficulties in bringing patients to the centre when it was 400 yards from his hospital. He emphasised that at Exeter a Research Unit on the lines suggested by Mr. Bowie had already been set up (POSTGRAD. MED. J. 1965, 41, 517).

MR. WILLIAMS (Canterbury) asked who was responsible for approving pre-registration posts.

PROFESSOR SMART said that the postgraduate dean advises the University, who approve the post. There was a special pre-registration committee at Newcastle. Universities had an agreement to recognise each other's posts.

A number of Universities in fact, had departments of social medicine (e.g. Birmingham).

Newcastle had found it was easier to have courses

which junior staff could attend at a set time each week. A course, covering a given subject, might last a number of weeks, say 3, 4 or 5, and this would then be followed by another on another subject. The courses ran during the University terms. This arrangement had advantages over a course planned to run as a whole continuously throughout the year.

The Registrars' committee saw that consultants gave their juniors time off to attend. The psychiatrists released their men for one day a week to work for the D.P.M.

MR. O. DANIEL (Rhyl) expressed surprise and distress at the remarks made by Professor Smart and Dr Lewis, which could only be interpreted as being derogatory to the important lead which has been made by the Royal College of Surgeons of England in establishing the Nuffield Tutorial Scheme. We have all been impressed by the enthusiasm which has led to the recent appearance of so many new peripheral centres of postgraduate education and it is now of paramount importance to encourage this development and to ensure that these largely isolated centres be welded together into a national organisation which will ensure that all will share the same uniform high standard. It would be very nice if this organisation could be entrusted to the universities, but there is no such thing as a truly national university. The universities as we know them are regional, vary greatly in the enthusiasm with which they support postgraduate medical education, and, above all, have widely varied geographical difficulties with regard to control of the peripheral medical centres. It is to be hoped that the Ministry of Health will welcome and

do everything possible to foster postgraduate medical education, especially by financial aid, but it would be a great pity if the Ministry did this through its existing regional organisations because these again are sure to show marked variation in enthusiasm. ASME may provide the nidus of a National Organisation and I hope that this will prove to be the case, but until a really suitable organisation is found I am quite sure that as far as surgery is concerned, we will continue with complete confidence under the leadership of our Royal College, which enjoys the respect and admiration of us all. The notion that the tutorial scheme pioneered by the Royal College of Surgeons of England would lead to a state of anarchy

and competition between colleges, is just too silly for words, because there are, at least as far as the English, Scottish and Irish Colleges of Surgeons are concerned, already many precedents for friendly and fruitful cooperation.

DR. MCCALL said that the location of the Centre had caused some difficulty: some ill patients could not be shown. Moreover the local ambulances had no authority to bring patients from their homes anywhere else than to a hospital.

The Department of Education at Keele University were helping the clinicians with instruction in teaching techniques.

FINANCE AT REGIONAL LEVEL

STEPHEN WHITTAKER, M.A., M.D., F.R.C.P.

Chairman, Consultant Services Committee, Birmingham Regional Hospital Board.

THERE are 15 Regional Hospital Boards in England and Wales and 5 in Scotland. I can only tell you how one of them is trying to cope with the problem of financing postgraduate medical education and make particular reference to Postgraduate Medical Centres. I hope to learn during the discussion what other Regional Boards are doing and get some new ideas.

The Birmingham Region is the largest in the country and serves a population just under 5 million in the counties of Warwick, Worcester, Stafford, Salop and Hereford. Their medical needs are looked after by 4,050 doctors working in the following fields:—

General Practitioners	2,100
	(a third work in hospitals)
Consultants	750
Other Hospital Staff	950
Public Health, Industrial and others	250

All these doctors require some sort of continuing medical education and our Postgraduate Dean, Dr. George Whitfield, has a very heavy responsibility. In order to assist him with his task, the University agreed 4 years ago to appoint, in consultation with the Regional Board, 3 Area Directors of postgraduate studies and a number of clinical tutors in certain hospital groups and in mental hospitals. The present position is as follows:—

Area Directors of Postgraduate Medical Education	4
Clinical Tutors in Hospital Groups	9
Clinical Tutors in Mental Hospitals	16

Although the idea of postgraduate medical

centres or institutes undoubtedly came from the North Staffordshire Medical Society at Stoke in 1959, there was already a good deal of postgraduate medical work going on in the Region, notably at the Birmingham Accident Hospital and at the Robert Jones and Agnes Hunt Orthopaedic Hospital at Oswestry. The Stoke venture proved such a success both financially and otherwise that the idea soon spread, and in the Birmingham region we now have 8 centres either open or at various stages of planning or construction.

Capital Costs—Postgraduate Medical Centres

TABLE I					
Complete	Cost £	Non-N.H.S. Sources	R.H.B. Exchequer Funds	H.M.C. Free Monies	Nuffield Grant Equipment
Stoke	100,000	100,000	—	—	650
East Birmingham Hospital	14,000	7,000	5,000	1,000	1,000
Worcester	2,500	800	—	1,200	500
Dudley Road, Birmingham	12,500	—	12,500	—	90

Planned or under construction at Selly Oak, Hereford, Coventry and Shrewsbury.

You will see that so far there have been 3 patterns:—

- (i) The whole cost raised by public or private appeal as at Stoke.
- (ii) A mixture of private subscription with help from the Regional Boards exchequer funds and the Free Monies of the Management Committee at East Birmingham.
- (iii) The whole cost being paid from the Board's exchequer funds at Dudley Road.