The postgraduate clinical tutor

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AT A recent conference on postgraduate medical education, I was rash enough to say that a quarter of my time was spent in organizing postgraduate activities. This article is an attempt to justify this statement, and to analyse the duties of a postgraduate clinical tutor.

Background

Tutors were appointed in the main hospitals of the Birmingham region in 1963 and were given honorary University status. Central administration of postgraduate education is in the hands of the Board of Graduate Studies of the Medical School, which deals with advertisement and finance, leaving detailed arrangements to local hospitals. Our own activities are conducted by a small sub-committee of the Medical Staff Committee, which includes the Hospital Secretary and a representative of the general practitioners. The postgraduate clinical tutor acts as secretary, and individual members take responsibility for various aspects of postgraduate education, such as general practice, medicine, surgery, etc. Full-time secretarial assistance is provided and indeed is essential, as is a sympathetic Hospital Management Committee. (Catering for instance becomes a major problem if the postgraduate centre has no facilities of its own.)

A prefabricated postgraduate centre with a large lecture room and a smaller seminar room has been built. This is available for all educational (not only medical) activities and can be used, if free, by bodies outside the hospital. Demand is considerable, not only during the week, but at many weekends, and there is already a danger of over-booking. It has been necessary to make a rule that requests for use of the centre come in writing to the sub-committee, and a careful diary is kept.

The tutor

It is obvious that a postgraduate clinical tutor can only encompass activities in his own speciality, though this does not stop him from acting as a catalyst among his colleagues. My own concern has been with arranging weekly 'Membership'

rounds throughout the year, and a fortnight's course in advanced medicine in the autumn. The latter requires organizing early in the year and arrangements are usually complete by April or May. The strain of such a concentrated course is considerable, albeit short-lived. As an alternative this year, we are conducting a weekly series of lectures and demonstrations extending over 3 months in conjunction with the East Birmingham Hospital, each session lasting 4 hr. Designed for those interested in higher examinations, it is gratifying to find that approximately forty junior staff from the region can be given time off for one afternoon each week. With two or more hospitals sharing the load, there seems no reason why several such 'continuation courses' should not be held each year. Similar types of course are already run by the surgeons and the obstetricians, and this looks to be the emerging pattern for a large district hospital with a postgraduate centre, at least in the major specialties.

There is a danger that the provision of specialist training for groups of doctors from the region will lead to neglect of formal education for one's own junior staff and local general practitioners. This is offset to a certain extent by regular staff meetings and weekly rounds for general practitioners. We also arrange concentrated practical tuition for the handful of registrars sitting the Membership in the last months before the examination. It may be argued that the time and organization is disproportionate to the small numbers involved, but such 'tutorial groups' have an obvious place in disciplines like anaesthetics, radiology and pathology.

In theory, the postgraduate clinical tutor should be available to any member of the junior staff for advice on his future training. In practice, of course, he is only able to advise in his own particular field, but this involves at least a knowledge of appointments in the region (and perhaps outside) and close contacts with colleagues at other hospitals. The tutor should not regard himself as confined to his own hospital, and there is much to be said for regional tutors on the lines of those appointed by the Royal College of Surgeons. There are many hospitals which are not large enough to support a

clinical tutor, but which could perhaps benefit from a roving postgraduate adviser.

Regular requests are received from the Medical School or the Regional Board to take on in a supernumerary capacity doctors from abroad or from general practice, or married women wishing to return to medicine. In a district hospital these people can usually be accommodated without difficulty. The postgraduate clinical tutor in this region is also responsible for running the rotating internship scheme for doctors wishing to enter general practice (Coope, 1966). His activities should not, in my view, be confined solely to education, but should embrace clinical research, with which he should be prepared to give help and advice. He also has a special responsibility towards doctors from abroad, and much of the criticism one hears from these people could be allayed if such responsibility were conscientiously accepted.

In the past few years a great deal of time has been spent in exploring the mechanics of postgraduate education, in answering questionnaires and in learning the techniques of this relatively new field. We are attempting to build up a library of publications devoted to the subject and of film catalogues and teaching aids. Two other projects which are the province of the clinical tutor deserve mention. The first is the preparation of a diary of postgraduate activities planned on a 6-monthly basis. The second is the organization of a per-

manent exhibition in the postgraduate centre on the lines suggested by Plunkett (1966), to be changed at frequent intervals. Many of these things cannot be done without money, and we have found it useful to establish a postgraduate education fund with contributions from lecture fees, drug firms and other sources.

Conclusions

The postgraduate clinical tutor does not work in isolation; he requires active participation from colleagues in other disciplines. His role may perhaps be summarized as: (1) the co-ordinator of postgraduate activities, (2) the general administrator of the postgraduate centre, for which he requires the services of an efficient secretary, and (3) the adviser of junior hospital staff, doctors from abroad, and general practitioners seeking continuing education.

Acknowledgments

I am grateful particularly for the help of Mr P. Gilroy Bevan, Regional Tutor in Surgery of the Royal College of Surgeons, and Miss D. McAllister, our Postgraduate Secretary.

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