Scenes from Postgraduate Life

Helping hands

Two of the many lessons I learnt from Hammersmith Hospital were that it was the unspoken duty of chiefs of service to look after their juniors and that medical education and research were inextricably linked. These closely related themes are the subject of this month's sermon.

I spend a great deal of time talking to juniors about their training, and almost always there are complaints about the lack of guidance from – and sometimes even lack of appearance of – individual consultants. One of the latter I spoke to cheerfully admitted that he would not recognize his houseman, and another had not done a teaching ward round in three months. And before you throw up your hands in righteous indignation, my experience suggests that this sort of thing, though less extreme, is the rule rather than the exception and all of us are guilty. The trouble is we wear two or more demanding hats, whether it be private practice, committees, work for royal colleges or medical schools, etc etc etc. There are just too many things hospital consultants are expected to do. That is no excuse if it is accepted that in the Hippocratic tradition one of the main responsibilities of a consultant (teacher) is towards his juniors (assistants, students). The General Medical Council (GMC) now recognizes the importance of this relationship by insisting that junior doctors should have *named* consultants who are responsible for their training.

At Hammersmith it was easier because the seniors were full-time and other commitments could often be contained within the working environment. But there was something more to it than that. The reputation was such that young doctors came expecting to learn and research; there was certainly a relatively larger number of staff than in most hospitals; and there was a remarkable *esprit de corps*. In addition you were expected to succeed at the appropriate level; most people did and were given support. A few found the atmosphere incompatible and were helped to find alternatives. The closeness of the contacts helped; they were not severed by leaving the hospital, as I discovered when applying for a consultant post some years later. Active proselytizing on my behalf rather than a platitudinous testimonial was exactly the help needed.

Consultants do not seem able to give impartial advice to their juniors, particularly when that advice is unpalatable. Only a small minority are realistic. Quite recently I was asked to see a young man with a surgical fellowship who had been told by his chief that his contract would not be renewed. The reason – that it was in his best interests because there were hundreds of people in his position and as he was not in the top flight it was unlikely that he would succeed. Better to change direction now than become a disgruntled casualty years later. The young man was shocked but I told him that he might look back on this in later life as the best advice he had been given. It was the first and only time in six years as a postgraduate dean that I had met such a situation. I hope it will not be the last when plans for proper careers advice are implemented.

Hammersmith was a centre for research *and* teaching; there was never any question of their being separate entities. The concept was implicit in the deliberations of the committees set up after the 1914-18 war to plan a postgraduate medical school. As a result it had a reputation for training young clinicians and this was disseminated just as widely as its renown for research. Unfortunately the same has not been true of postgraduate education in most of Britain. It developed, as a matter of expediency, in district hospitals which, with a few notable exceptions, were not engaged in research. The aim was narrow and pragmatic: to provide high quality clinical teaching in order that hospital doctors might be enabled to pass their higher examinations. Success would be to the advantage of the hospital in attracting good residents.

The bureaucratic structure of postgraduate education has not lent itself to the encouragement of research. Local control is vested in clinical tutors; they are loosely related to a postgraduate dean who is responsible for coordinating educational activity throughout the region, His/her remit is thus geographically diffuse, and ultimate responsibility is shared by universities, royal colleges, region, and GMC. This makes it difficult to describe the role of the postgraduate dean, let alone to carry out a comprehensive job. In London the British Postgraduate Medical Federation (BMPF)

of the university administers both the postgraduate institutes and the four regional postgraduate deans' offices. The institute deans have a responsibility for education *and* research which is not available to their regional colleagues. The latter also lack the prestige needed to speak up for postgraduate education in places where policies are formulated, such as region and districts.

How can the image be improved? If those involved have a background in teaching and research, they could provide the academic cachet. At the same time they need to acquire a body of knowledge¹ and techniques which differ from those of the undergraduate medical school. Didactic teaching is seldom appropriate; more often it is a matter of asking questions – of oneself and others – and trying to find answers. This is where research comes in; research which could be – and increasingly is – led by the great body of consultants who work outside the medical schools.

Two types of research are particularly suited to the district hospital: clinical investigation into common illnesses and health service research. The former has a long tradition in a few hospitals, Avery Jones's unit at the Central Middlesex for example, but the opportunities have yet to be fully exploited. I remember a surgeon telling me that he had read a paper concerning 100 patients with perforated peptic ulcer seen over a certain period of time in a prestigious centre of excellence. 'We have seen over a thousand', he said, 'in the same time'. Here is a clue to part of the district hospital's difficulties – so much experience and so little time to analyse it.

Perhaps a more important factor which is seldom considered in this country is that research needs to be taught just as clinical practice has to be taught; there is no general tradition of medical students learning by doing as there is in the US. The intercalated B.Sc. (under threat through government economies) and places like Hammersmith can reach only a few. There is a need to instruct the large number of people who are likely to be consultants in district hospitals in such topics as data collection, statistical analysis, conduct of clinical trials, etc.²

Money (strangely) may not be of prime importance. The collection of data can often be undertaken alongside routine work; a desk-top computer comes in handy when data are to be analysed. The object should be to decide in advance what you want to collect or measure, and to keep the questions simple. Locally organized research funds, money from charities,³ awards such as the Sheldon research fellowships given by West Midlands Regional Health Authority, or money from drug firms in the case of clinical trials, can provide

equipment and pairs of hands. There are often hospital staff as well as junior doctors who are keen to help – nurses, secretaries, technicians. An enthusiastic consultant can actually keep time at bay by delegating ideas to eager assistants. One postgraduate centre I know employs a research secretary whose job includes the preparation of graphs and figures for both lectures and articles. This has proved a major catalyst for undertaking research.

Unfortunately the need to research is very great among doctors in training in these competitive days. Most registrars have had to publish a number of papers by the time they apply for senior registrar posts, and some have obtained an M.D. or M.S. degree. Young doctors who are often ignorant of the concepts of research, and may be unsuited or even antagonistic, are forced to do something which should be exciting but which for them is an unpleasant chore. They will be lucky if they find one of their seniors who is able to encourage them. The result is that instead of being stimulated by attempts to answer questions, they throw over all thought of research once they become consultants, and gone is one *raison d'être* for continuing education.

A further obstacle is that clinical research has a poor image and health service research an even worse one. This is unfortunate because the latter especially can be undertaken in district hospitals to answer questions about the efficient and effective use of the service. This is akin to clinical audit which should be a part of every unit in order to evaluate what is being done.

Finally it is no good postgraduate deans preaching research unless they are prepared to evaluate educational practice. There is only one unit in Britain which actively researches the teaching process in medicine and that is Professor Harden's Centre for Medical Education in Dundee. Isolated efforts by interested individuals are made to examine various aspects of education but there is surely a need for further centres in Britain where expertise can be concentrated into looking at the techniques and technology of postgraduate education, the training of teachers, the effectiveness of programmes, and the collection of information about those to whom the educational effort is targetted. It is widely acknowledged, for example, that data about individuals and training posts are inadequate; postgraduate deans' offices do not have the staff to oversee training or to analyse training programmes. We all know that service needs frequently overwhelm attempts at the provision of proper training. Similarly, little is known about the benefit of the training provided. Like health service research, research into medical education is difficult to sup-

port (and finance), yet it is important to know if it is beneficial and therefore contributing to patient care. The only way this could be done would be to build money and research staff into regional postgraduate deans' offices as an integral part of the service provided. On the present shoestring budget they are not always able to provide even routine

information about trainees and programmes in their regions.

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