Scenes from Postgraduate Life

National Association of Clinical Tutors Winter Meeting 1990

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The association came of age with the 21st Anniversary Meeting held following the Winter Meeting on 23 November 1990. Perhaps appropriately for these turbulent times the first contribution at the Winter Meeting was from the Chief Medical Officer whom we again thank for his continuing support.

Significant points made by the CMO were: (1) There would be ear-marked and protected funds for agreed programmes of postgraduate medical education and training of career grades. (2) Postgraduate Deans would be appointed by Universities and the appropriate Region. (3) Regions would be asked to provide estimates of existing expenditure on continuing medical education (this may take several years). (4) Deans would be funded by Regions and Universities. (5) The long-cherished amateur status of clinical tutors was at an end. (6) Budgets for continuing medical education would be held by Units – thus making Units responsible for Study Leave payments. (7) Dedicated time will be given to consultants for teaching and counselling. (8) Managers will be instructed about the fixed protected budget for study leave.

After the coffee Dr Stephen Hill of the London School of Economics spoke about total quality management. Total quality assurance and clinical audit like postgraduate medical education itself should be assumed to be governed by the 'Jefferson Principal' (the US Declaration of Independence drafted by Jefferson contains the memorable words 'We hold such truths to be self-evident'). In Japan where the concept of quality assurance has been subsumed into the work ethic more than anywhere, several aspects are regarded as self-evident firstly that the whole workforce is involved but this has to be from the top to the bottom and not *vice versa* and, secondly, that costs of quality assurance are irrelevant for the first 5–7 years after it is introduced.

In my own hospital this was taken almost as a

license for the private firm engaged to measure and report on 'quality assurance' to write the naughts on their payment cheque. The whole thing was daft – they asked what was wrong and what was needed to put it right and after a few months they wrote a report which told the managers what we had said was wrong and the ways we had told them to put it right. What was spent on their fee would have paid for most of the things that were wrong in the first place. This is not what Stephen Hill meant but it is the sort of thing that gives quality assurance a bad name. The dilemma we all have is that the tenets of quality assurance seem to be so self-evident and obvious that one somehow feels that one is missing something by thinking that they are self-evident – this is particularly so when vast amounts of money appear without being requested. If you start to protest that you think the Emperor has no clothes then your hospital doesn't get the money so – end of protest. The amounts of money being made available without being requested biases one against so called quality assurance from the start; to the cynic it looks like bribery and the fact of the 'funny money' or 'flash cash' being wasted negates the thesis that part of the object of the exercise is to be more thrifty.

At the 21st Annual General Meeting of the Association the retiring Chairman, Gifford Batstone handed the Association to his successor Mike Pagliero. Gifford has done a magnificent job and will be a hard act to follow – he has moved the Association into the broad uplands of professional educationalism. We are now married to the Fellowship of Postgraduate Medicine and have embraced medical audit as well as the new Standing Committee on Postgraduate Medical Education.

After lunch we had a transatlantic glimpse – very appropriate in view of the fact that this year is the centenary of the Forth Bridge which was seen by the Victorians as a major link in order to be able to go by train from Aberdeen to New York (via, of course, the projected channel tunnel, the trans-Siberian railway and the anticipated causeway across the Aleutian Islands to Alaska and thence across the USA). Peter Wilkinson (Cardiologist,

Ashford) and David Griffiths (Surgeon, Yeovil) gave their impressions of medicine in the USA followed by Dr Gene Mayer who is the Director of North Carolina Area Health Education Program and who has always hosted the NACT/Wyeth Travelling Fellow. Gene gave us a rewarding view of North Carolina's imaginative scheme for persuading medical graduates to return to work in rural locations. Sadly, although up to 25% of medical students in some schools are sponsored by agricultural organizations, there is a worsening rural distribution of physicians.

One has a suspicion that historical studies which record only happenings still miss the essential vitalism of events as experienced by those who have lived through them. Every detail of the sleeping princess may be recorded but until Prince Charming brings her to life we don't know what the girl is really like. So it was with this section of this meeting at which *all* the previous chairmen of the Association spoke. It was an unforgettable couple of hours and made one feel privileged to belong to the same profession as these men. The historical facts are easy to record but one had to be there to feel the magic. Most of the Association's milestones seem now to be so self evidently true that it is difficult to imagine they were ever controversial.

By 1969 the Christ Church Conference had already established the principles that most postgraduate and continuing education could and should take place in district general hospitals, that consultants and general practitioners should teach and learn together and that there should be clinical tutors in all postgraduate centres.

Under John Lister's chairmanship clinical tutors were invited to participate in the newly established (and now defunct) Central Council for Post-

graduate Medical Education and there was the dispute with the Department of Health (which wanted to establish multidisciplinary education Centres instead of centres primarily for medical staff) which resulted eventually in acceptance of the principle of protected medical areas in education centres.

Under Hugh Leather the amateur status of clinical tutors was consolidated which was certainly the right decision given the ethos of those times. The increasing role of district general hospitals in teaching undergraduates was also recognized.

Under Frank Robertson, Vocational Training for General Practice and the formation of the Association for Postgraduate Centre Administrators were established.

Under Peter Clark the principle of having general practitioners as clinical tutors emerged and the Association become consolidated into the counsels of the good and the great in medical education.

Under Tony Bowyer medical audit entered our vocabulary and the Association moved away from financial support from the pharmaceutical industry (although times have now changed yet again).

Under Michael Nicholls, Nuts and Bolts Courses for new Tutors were started, the Research in Medical Education group was convened and the Association's permanent Secretariat was agreed.

Under Gifford Batstone firm links with the Open University and *Postgraduate Medical Journal* were forged.

Now the Association has truly come of age. The days of our cherished amateur status have gone – clinical tutors will now be professionals.