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POSTGRADUATE MEDICAL EDUCATION IN AUSTRALIA

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1. Geographical and Historical Background

To understand what is being done about postgraduate medical education in Australia, it is necessary to take account of some features of geography and history. Australia is about the size of the United States of America. It extends from the tropics in the north into the temperate zone in the south. It consists of a vast central desert bounded by areas in which the climate and natural resources have permitted settlement by a population which is predominantly of British origin. The accompanying figure illustrates the distribution of the population and emphasizes its variable density. This unevenly distributed population totals about 10½ million. By natural increase and immigration it has grown rapidly, especially in the last two decades. More than half the people live in the capital cities of the eight states and territories and more than three quarters live in towns with a population of 1,000 or more.

The medical organisation of Australia, including postgraduate medical education, is dominated,

therefore, by the problems of large distances and irregularly distributed population groups, and, consequently by irregularly distributed doctors. As an example of distance, for a doctor in Perth, in Western Australia, to attend a meeting in Melbourne or Sydney in the east, he has to travel about the same distance as that across the North Atlantic. The two largest cities, Sydney and Melbourne, each with populations of roughly two million, are about as far apart as London and Aberdeen. Consideration of the distribution of the population shows that the popular concept of the Australian community as being mainly made up by peoples of the out-back and wide-open spaces is far from the truth. The well-known and challenging problems of the out-back exist, and are important, but Australia is also a country of huge suburbs.

Historically, settlement in Australia developed round widely separated focal points and this is reflected by the division of the country into states, each, as in U.S.A., with its own traditions

Population density and distribution in Australia (1954). (Modified from map published by the Commonwealth Bureau of Census and Statistics).

and organizations. Differences between states are naturally reflected in their medical organizations, though in this, as in many other fields, state bodies are often linked through a central Federal organization. Nevertheless, the differences between states in customs as well as in population numbers are enough to make generalizations about such matters as postgraduate education difficult.

Finally, to understand the situation in postgraduate medical education, it is necessary to know something of undergraduate education and the pattern of medical practice. The six-year undergraduate university course in medicine throughout Australia resembles in all important respects the traditional British course from which it was copied. Until recently, there have been four medical schools, in the Universities of Adelaide, Melbourne, Sydney and Queensland. The oldest, in Melbourne, celebrates its centenary this year. In the last few years new medical schools have been created in the University of Western Australia, the University of New South Wales and in Monash University in Victoria. Graduating medical degrees (M.B., B.S.) of Australian universities are registrable in U.K. and vice versa. Comparably with the U.K., the hallmark of the would-be specialist in medicine is the diploma of Membership of the Royal Australasian College of Physicians and, of the would-be specialist in surgery, the Fellowship of the Royal Australasian College of Surgeons. These bodies, which are Australasian, i.e. include New Zealand, while autonomous, have close links with their parent colleges in U.K. The links are such that reciprocity exists between the U.K. and Australasian colleges in respect of parts of both the membership exams for physicians and the fellow-

ship exams for surgeons. In addition to these diplomas in specialities exist, some awarded by universities and some by other bodies.

The pattern of medical practice has evolved from the British pattern. Despite the growth of specialization, the general practitioner has remained a prominent figure. Except in teaching hospitals and the more central hospitals in large cities, whose senior staff consist of consultants and specialists, the staffs responsible for both public and private hospital patients are the local general practitioners. Throughout most, though not all, of Australia, the services of visiting doctors are given without payment to public hospital patients. There is a close parallel between this situation and that in U.K. before the National Health Service was introduced.

2. Organizations Involved

(a) *State Postgraduate Committees and the Australian Postgraduate Federation*

Organized postgraduate medical education in Australia began soon after World War I when the return of many doctors who had been on active service made necessary some organization concerned with refreshing their knowledge of civilian clinical medicine. The basis of the organization was the formation of a local Postgraduate Committee in each of the six states.

As a result of differing conditions in the various states, the constitutions of these committees varied. For instance, three developed as university committees while three did not. As their work increased it was clear that there was a need to prevent duplication of effort, that co-ordination was desirable, and that there should be some body that could speak and act for Australian medicine as a whole in this field. As a result, the Australian Postgraduate Federation in Medicine was formed in 1948, with membership comprising all the State Postgraduate Committees of Australia. Provision was also made for other interested bodies to become honorary members, such bodies including the Postgraduate Committee in Medicine in the University of Otago (New Zealand), the several Royal Colleges, the Federal Council of the British Medical Association (now the Australian Medical Association), and the British Postgraduate Medical Federation. Meetings have been held twice yearly, when matters which involve more than one state committee have been considered, such as invitations to overseas lecturers and arrangements of their itineraries. There is, however, no attempt to interfere with autonomy of the state committees in regard to their objectives and organization.

(b) Other Organizations

Many other bodies also concern themselves with postgraduate education, usually as one of several other activities, and some are very active in this field. Sometimes these bodies collaborate with the State Postgraduate Committees, sometimes they act independently. A comprehensive list would be very long, but these bodies include the colleges of physicians, surgeons, obstetricians and gynaecologists, and of general practitioners; specialist associations, such as those of ophthalmologists and psychiatrists, state government authorities concerned with mental health and school medical services, and national and state charitable foundations such as those concerned with cancer and with heart disease.

In summary, therefore, organizations concerned with postgraduate education fall into two main categories: (a) the state postgraduate committees and their co-ordinating federal body which are concerned solely with postgraduate education; and (b) other bodies whose objectives are concerned only in part with postgraduate education.

3. Activities of the Postgraduate Committees*

Broadly speaking, since the first one was formed in Melbourne in 1920, the committees in the several states have evolved a similar set of activities, help being directed to the following groups of doctors:

(a) General Practitioners

(i) In the metropolitan areas. Refresher courses are organized at teaching hospitals. These courses tend to be intensive, occupying those who enrol full time for about a week.

(ii) In the country. State committees keep lists of consultants and specialists who are willing to visit country centres. Each year, groups of practitioners in country districts choose two or three people on the list whom they would like to visit them. The visitors usually go for a week-end, travelling distances up to 450 miles each way by car, rail or air, and lecture, dine and talk shop with the doctors who gather from surrounding districts. The latter may frequently travel over 100 miles each way for the occasion. These gatherings probably average about 20 doctors in number.

To meet the needs of country doctors who, by virtue of sheer distance, or difficulty in finding locum tenentes, are unable to attend meetings and courses as often as they wish, lectures delivered in the cities by visiting teachers are recorded on

*As an example of the activities of a state committee the activities of the committee in Victoria in 1961 are shown in the appendix.

discs and the accompanying slides replicated. These records and slides, which are increasingly in demand, are posted to doctors in country areas on request.

(b) Younger Graduates

Courses are designed for those studying for higher (postgraduate) degrees and diplomas. In these courses, the postgraduate committee is the prime mover and organizer, the actual instruction being given in the universities and their teaching hospitals.

(c) The General Body of the Profession

Each year, numbers of overseas teachers visit Australia. Some are brought out by the postgraduate committees and their federal body. Others are primarily guests of individual universities, colleges, teaching hospitals and other organizations. Through the good offices of the postgraduate committees, some of the latter guests are enabled to visit centres throughout the country. Some guests are also diverted on their way to or from New Zealand. These overseas visitors are generally invited to lecture to metropolitan and sometimes to country audiences, and they spend an appreciable part of their time in teaching hospitals and university clinical departments, in discussion with teachers, resident medical officers and senior students.

(d) Graduates Proceeding Overseas

Graduates proceeding overseas seeking higher degrees or to further their training are helped in various ways. This work, which consists of advice and facilitation, is greatly assisted by the close link established with the various state committees by the British Postgraduate Medical Federation, by its first Director, Sir Francis Fraser, and amply maintained by his successor, Sir James Paterson Ross. A similar happy relationship with Sir Alexander Biggam, formerly Director of Studies, Edinburgh Postgraduate Board for Medicine, has continued with his successor, Professor D. E. C. Mekie. Much benefit has also ensued through the helpful co-operation of the World Health Organization in Geneva, the Nuffield Foundation in London and the Rockefeller Foundation in New York.

(e) Overseas Graduates

For a variety of reasons, doctors are coming in increasing numbers to Australia from overseas, and particularly from S.E. Asia, for postgraduate education. The state postgraduate committees, in conjunction with the Federal Government Departments of External Affairs and of Health, try

to arrange the placement of these welcome visitors so that they may get the particular help which they seek.

4. Activities of the Australian Postgraduate Federation in Medicine

The co-ordinating function of this body in relation to state committees has already been mentioned. Among other activities, it has made two important contributions which may exert considerable influence on development in postgraduate medical education throughout Australia. One was the organization of a conference, held in Sydney in 1960, on postgraduate medical education (Proceedings of the First Australian Conference on Postgraduate Medical Education, 1960). This was attended by nearly 200 delegates representative of various bodies in Australia and New Zealand who are interested in this subject. One outcome has been a close association between the federation and the College of General Practitioners, including monetary assistance to allow a survey of the postgraduate educational needs of general practitioners. The second was a conference on medical journalism, held in Sydney in 1960, with the object of reviewing existing conditions of medical journalism and publishing in Australia and New Zealand and to consider future developments (First Conference on Medical Journalism in Australia and New Zealand, 1961). Both these conferences were supported by grants from the Postgraduate Medical Foundation of the University of Sydney, which is described later.

5. Activities of Other Bodies

Many of these bodies, of which some examples have been named, have similar objectives to those of the postgraduate committees, but in special fields. Some, however, unlike most of the postgraduate committees, are also concerned with seeking and providing funds to support postgraduates in studies in Australia and overseas. Some of them, too, are concerned with helping graduates to travel to courses and meetings in other centres in Australia and New Zealand; distances make the personal exchange of ideas between the cities in Australasia an expensive business.

Many of these bodies are also the initiators of regular scientific meetings at both State and Federal levels. In the past few years there has been a proliferation of learned specialist societies; some of them are linked with existing organizations while some are independent. This probably reflects in part the stimulus to clinical investigation engendered by the establishment of more university clinical departments with predominantly full-time staffs. The majority of these departments

have been created in Australia only in the last decade.

6. Sources of Finance

(a) *Postgraduate Committees*

Generally speaking, a large proportion of the annual income is provided by doctors who pay an annual subscription and by doctors who pay fees for specific courses of training. The annual subscription entitles the doctor to attend all lectures arranged by the committee other than those which are part of a special course. As examples, in Victoria the annual subscription is £(A)4 4s. (approximately £3 7s. Sterling or \$9.5). For a full-time course in internal medicine lasting two months, designed for candidates seeking higher qualifications and given by the staff of a teaching hospital, the charge would be about £(A)30 (approximately £25 Sterling or \$67).

Of other sources of income, the chief ones are annual grants from university councils or senates to those committees which are university committees. It seems likely that these university-linked committees will share to some extent the improved financial status of the universities which it is hoped will develop now that an Australian Universities Commission has been established. Committees not affiliated to universities lead a more precarious existence, dependent on the not always appreciative attention of State Treasury officials.

In recent years, a major contribution to all forms of postgraduate activities has been made by the Postgraduate Medical Foundation of the University of Sydney, an organization which owes its inception and continued achievements largely to the vigour and enthusiasm of Mr. V. M. Coppleson, F.R.C.S., Honorary Director of the Postgraduate Committee in Medicine in the University of Sydney. The foundation is essentially an association of citizens promoting a fund for the purpose of assisting in the development of postgraduate medical education and fostering medical research. A number of pharmaceutical firms have made notable contributions to this foundation. In pursuance of these objectives, which extend far beyond those of the postgraduate committees, it has provided finance for university departments, for fellowships, for travel and for the visits of overseas lecturers and for many other activities. Although it is primarily a body associated with the State of New South Wales, benefits from it have already extended widely throughout Australia.

(b) *Other Bodies*

In the main, other bodies such as the colleges and specialist associations which play a part in

postgraduate education depend for financial support on annual subscriptions from their members. They are thus not advantageously placed financially. Sometimes private benefactions are received by these bodies. There are also some charitable trusts to whom an individual postgraduate may make direct application for help. Some of these are invaluable in promoting what is often a specified purpose such as a travelling fellowship in a speciality like radiology. Australia has also shared in the benefits of the Sims and the Sims-Black Travelling Professorships provided throughout the British Commonwealth by the generosity of Sir Arthur Sims and his family.

Discussion

Perhaps the salient feature of postgraduate medical education in Australia has been the acceptance by the honorary staffs of undergraduate teaching hospitals, at least since World War I, of responsibility for the continuing education of general practitioners. They regard this postgraduate teaching as one of their basic functions. To fulfil it they have co-operated within the overall organization of their local postgraduate committees on which many of them sit at some time in their professional lives. For their part, general practitioners in Australia appear to have been fairly responsive and ready to brush up their knowledge. Indeed, the fact that the major activities of postgraduate committees have, over the years, been directed to such an extent towards general practitioners suggests that the general practitioner himself has had some enthusiasm for postgraduate education.

The prominence of the general practitioner in Australian medical organization has been mentioned. There is probably no country in the world in which there has been a stronger sense of importance of the family doctor, who, by the demand of his patients, the tradition of his calling, and because of distances sometimes involved in travel, has been expected to cope with almost everything medical. The high, all-round practical ability of the Australian (and New Zealand) graduate has often received favourable comment overseas. A discerning observer known to one of us (R.L.) remarked during World War II that, if he was wounded and no qualified surgeon was available to treat him, he would hope to be tended by an Australian or New Zealand general practitioner. This tradition of all-round practical ability does pose a number of problems to those concerned with postgraduate and, indeed, undergraduate education, especially in an age of growing specialization and increasing facility of air transport. The importance attached to this matter is reflected in the organization, on an Australia-wide basis, of the

already mentioned survey of the postgraduate educational needs of general practitioners.

Until recent years, postgraduate medical education of physicians, surgeons and other specialists has been sought to a large extent overseas, and especially in U.K. This postgraduate voyaging, which has forged such close and valued links between doctors in Australia and U.K., will continue, but the objectives of the postgraduate may change. With the growing reputations of the M.R.A.C.P. and F.R.A.C.S. diplomas and the establishment of clinical professorial departments with full-time staffs in all Australian medical schools, postgraduates will increasingly tend to travel having already attained a postgraduate qualification, and many of them will also already have gained some years' experience in investigational work and teaching. Their primary object will be to gain special practical and research experience which they cannot get in Australia, rather than to pass a postgraduate examination. As always, too, they will travel seeking that broad intellectual experience which represents for the Australian something akin to what the Grand Tour meant to Englishmen 150 years ago.

At present the United States appears to hold little attraction for the young postgraduate concerned primarily with extending his clinical knowledge and experience. On the other hand, it appears to be attracting more and more postgraduate investigators who might previously have gone to the U.K. This is partly because in some fields of investigation the United States has more to offer than the United Kingdom. Also, an impression exists that it is a good deal easier for a young investigator to get financial support adequate for himself and his family in U.S.A. than in U.K. Among others, U.S. drug firms have become active and generous in this field in recent years.

Financial support for overseas postgraduate travel and education is an important matter in this continent which is about 12,000 miles from London and 8,000 from San Francisco, especially as increasing numbers of young postgraduates return to full-time appointments in university and other departments in which they have no prospect of recouping financial losses which they may incur in postgraduate travel. The financial problem facing the young specialist returning from overseas training to establish himself in practice also looms large. To what extent postgraduate overseas travel should be organized and how it should be organized are subjects on which varied views are held. However, it is common ground that it will long be vitally important for Australian postgraduates, and particularly for those concerned with teaching

and with advancing medical knowledge, to travel far and frequently.

The increasing stream of Asian doctors seeking postgraduate education in Australia presents a challenge which is widely recognized. Although teaching hospitals in Australia have been primarily orientated towards the undergraduate, postgraduate schools in the clinical field are growing quickly as specialized teams develop round nuclei of what are usually full-time workers, and there is undoubtedly a strong desire among medical teachers throughout Australia to cope with the calls of Asian graduates. One possible way ahead has been explored by the Royal Australasian College of Surgeons who, with help from the Colombo Plan, arrange teaching for the primary fellowship examination and examine for it at intervals in Singapore.

The creation of second university medical schools within one state, as has occurred in both Victoria and New South Wales, has provoked

discussion about postgraduate organization and since the situation may have its parallels elsewhere, it is mentioned here. For reasons already given, it has seemed likely that postgraduate committees which are part of a university will benefit financially as compared with independent committees. Accepting this and other arguments for postgraduate committees being university bodies, should each university in a particular city or state have its own committee?

In this discussion we have concentrated rather on problems which face us than on past activities. Some of these problems are peculiarly Australian and their solutions will have to be worked out locally. Others must have their counterparts in other countries and we can hope to profit by sharing experience of them.

We are indebted to Dr. T. H. Steel, Director of the Melbourne Medical Postgraduate Committee, for his help in preparing this paper.

APPENDIX THE MELBOURNE MEDICAL POSTGRADUATE COMMITTEE SUMMARY OF ACTIVITIES, 1961

1960	<i>Total numbers attending courses and lectures or known to have undertaken postgraduate work:</i>	
	From other States	54
	From overseas	16
147	Courses for higher qualifications	176
117	Metropolitan refresher courses (including the Paediatric Week and the Course in Respiratory Diseases) ..	278
159	Lectures by overseas visitors (148 being annual subscribers)	274
235	Country courses (147 being annual subscribers) ..	239
408	Instruction in cancer	398
—	Asians for whom the Committee arranged individual training in addition to courses ..	16
60	Doctors or groups of doctors who made 406 borrowings of recorded lectures	66
1,066		1,132
293	Contacts, apart from the above .. (12 were Asians)	378
1,359		1,510

1960		
50	Arrangements were made for 32 postgraduates for training overseas.	
598	There were 602 annual subscribers.	
	<i>The number of lectures and demonstrations provided by the Committee were:</i>	
442	In courses for higher qualifications	445
71	In courses for general practitioners:	
	Country	66
113	Metropolitan	82
184		148
—	In special cancer symposia and courses	33
27	In visits by overseas lecturers .. (In addition these lecturers spent an aggregate of 21 weeks visiting metropolitan hospitals, under the aegis of the Committee).	21
653		647
162	192 lecturers and demonstrators took part in these courses.	
	(The figures in this section do not include courses in medicine, psychiatry, paediatrics and a course in respiratory diseases, conducted by other organizations.)	

REFERENCES

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