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JUNIOR STAFF AND POSTGRADUATE EDUCATION IN A DISTRICT HOSPITAL

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THERE HAS been a great increase in postgraduate educational activity in this country, as well as in America, over the past few years. In this country postgraduate educational programmes are being organised in a number of hospitals, and the district hospitals often lead university hospitals in this field. This paper seeks to outline and discuss the programme of one district hospital, with special emphasis on the part played by the junior staff.

Junior staff training falls into three groups. First, meetings or lectures specially designed for their training; second, meetings organised to appeal to all grades of medical staff; and third, apprenticeship training.

Meetings organised for junior staff education

Much of this part of the programme was initiated and organised by the junior staff themselves.

Clinical meetings are arranged monthly, and a member of the consultant staff is invited to take the chair. The medical and surgical registrars alternate in arranging the list of patients, and these meetings are a most valuable part of the programme. Everyone is encouraged to speak, and present a case from time to time. Informality is important because most of the speakers are inexperienced, and sympathetic handling builds confidence for speaking at more senior gatherings.

A journal club was organised, to meet in the library once a month. Each of the area senior registrars in turn took the chair, and five or six people reviewed articles which had been of interest to them. Unfortunately these meetings did not prove to be popular. In retrospect there seemed to be two reasons for this. Poor organisation was engendered by a rotating system of chairmanship, which prevented any-

one gaining sufficient experience to do the job well. Also, the attempt to cover the whole field of medicine and surgery was too wide. While early specialisation is to be avoided, many people, even at junior staff level, have developed a broad leaning in one direction, and it is probably best to divide the journal club accordingly. The subsequent development of more specialised journal clubs, involving senior as well as junior staff is discussed below.

A lecture programme began as a result of a group of M.R.C.P. candidates inviting members of the consultant staff to give them talks and tutorials. These have been gradually extended to cover a wider field and now include X-ray demonstrations, pathological demonstrations, films and discussions in addition to lectures. The popularity of these meetings varies with the subject and the lecturer. Attendance figures are seldom as high as for clinical meetings or general discussions, but nevertheless they play an important part in the programme, being specially valuable to those preparing for higher degrees.

Meetings organised for all grades of medical graduate

The monthly meetings of the British Medical Association, and similar meetings of the Reading Pathological Society fall into this group, and junior staff are invited to attend. Junior staff can influence the substance of B.M.A. meetings by attending the Annual General Meeting, and the branch secretary is usually grateful to receive suggestions for lecturers.

Every two or three months a major clinico-pathological conference has been arranged. These consist of a discussion on a particular problem by a panel of two or three specialists in the subject, under the guidance of a chair-

man with a more general interest. The choice of subject is designed to appeal to general practitioners as well as all grades of hospital staff, and the audience is encouraged to take part in the discussion. There was, at first, a reluctance to organise such meetings because the term "clinico-pathological conference" conjures up a mental picture of those reported from the Hammersmith Hospital, and few district hospitals have the time or talent to reach this standard. This reluctance seems to be lessening as a result of increasing experience and the encouragement of excellent attendance figures.

"Combined Rounds" have been arranged by the department of medicine, at which general practitioners and all junior staff are welcome. These are becoming increasingly popular and Paulley (1963) suggests that twenty is the maximum number for such rounds.

Clinical meetings, surgical pathology meetings, and a surgical journals club are organised by the department of surgery. A meeting of each sort is arranged monthly. The surgical journals club is the development from the old junior staff journal club. Senior as well as junior staff now take part, and a permanent organising secretary has been appointed. Gynaecologists, orthopaedic surgeons, thoracic surgeons, anaesthetists and radiologists have been invited to take part.

It is difficult to cater for the smaller and more specialised departments but a regional solution, rather than a local one, is suggested by the dermatologists, who have joined a dermatological journal club which meets in Oxford.

Apprenticeship training

This is defined as that personal chief-to-pupil training, much of it given by example, which is, and will remain, the most vital part of any postgraduate training. This aspect of training is beyond the scope of this paper, but its importance must not be forgotten in the present enthusiasm for educational organisation.

Discussion

The organisation of an adequate postgraduate programme requires staff and time. In this area, a Dean of postgraduate studies has been appointed, but since the duties are not included among his sessions, the post must be regarded as honorary. Thanks to the Nuffield Provincial Hospitals Trust money has been found to employ a part-time secretary, who assists in the library, and notifies hospital staff and general practitioners of the times and types of meetings.

Time to organise and time to participate are very important to the success of any education-

al programme. Unless we wish to encourage intellectual death, which Pickering (1962) defines as the moment when education is terminated, future hospital arrangements must allow time for educational activities. There is no doubt that the Dean of studies should be relieved of some of his routine work, without loss of salary as Pickering (1962) suggests. The Dean of the district hospital will, by the quality of the programme he is able to organise, play a big part in determining the status and reputation of his hospital, and that in turn will influence the supply of junior staff.

The time at which meetings are held deserves consideration. A survey among members of the B.M.A. in this area showed a preference for evening meetings beginning at 8.15 p.m. and Tuesdays, Wednesdays, and Thursdays were the most popular evenings, (McIlvenna, 1963). Consultant staff were about equally divided between afternoon (5.00 p.m.) and evening meetings, while junior staff preferred the evenings. Weekend activities received very little support from anyone.

Regularity of meetings is considered important so that schedules can be arranged to include them. In the surgical department all meetings have been arranged for Thursday afternoons at 5.00 p.m. and out-patient clinics, ward rounds and operating sessions are gradually being planned to keep this time free. It will be some time before the whole programme is organised in this way, but the aim is to plan meetings in such a way that everyone will know they are due to take place without having to refer to a programme.

The experience of other centres seems to be that the provision of meals for non-resident hospital staff and general practitioners improves the attendance figures, and the necessary facilities for this are being planned for the future.

Apprenticeship training needs examination on a much wider scale than that of a single hospital programme. Shackleton (1963) compares our training methods to teaching children to swim by throwing them into deep water. We lay great stress on intellectual training and examination results, while giving little or no thought to practical training. The district hospitals provide an excellent field for practical training. Recognition of such hospitals by the respective colleges should perhaps be more difficult to obtain, and admission to higher examinations refused without evidence of a thorough apprenticeship.

Ambitious postgraduate projects have been

organised in North Staffordshire (Stock, 1963) and Exeter (Fuller, 1963) which are based on non-teaching hospitals, and it is becoming increasingly clear that the latter name should not be used. Since all hospitals must teach in one form or another, the terms teaching and non-teaching should be dropped and instead the names university and district hospitals would be explanatory terms without derogation to either.

Brotherston (1963) discussing the new incentives, does not mention the fact that many doctors now find the service of their lives in district hospitals. A good district hospital, just as much as a university hospital, can excite the imagination and compel respect and admiration.

Summary

The postgraduate programme in a district hospital is considered. Some causes of failure,

particularly of the original journals club, are discussed. The part played by junior staff in initiating meetings has been emphasised in the hope that others will follow this example.

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