PROBLEMS OF ORGANISATION

G. A. SMART, M.D., F.R.C.P.
Professor of Medicine, University of Newcastle upon Tyne.

The many facets of postgraduate education have already been mentioned or discussed at this conference. I fully agree with Professor Le Quesne that in the pre-registration period the emphasis should be placed on vocational training. It is a period of developing skills and this requires time; indeed at Newcastle we have given over the whole of the final year of the undergraduate period entirely to clinical work; and during this time there will be no systematic teaching. There will be an examination at the end of it, however, so that if the student has not already, as we hope, acquired the habit of academic learning with enquiry he will have to continue his reading. Moreover, whilst we wish to have the students at regional hospitals during this period we would not consider this suitable if there were no grand rounds, proper facilities for discussing X-rays, post-mortem, histological sections or biochemical results. These are also, of course, requirements during the pre-registration stage and I do not think that any hospital without them should be allowed to have any pre-registration posts.

Thus, we must have the facilities for reading—a library—and the facilities for lectures, clinical conferences and other inter-departmental activities—in essence a medical teaching centre. Such a centre, with very little addition, would be quite suitable also to bring together the hospital staff, the local general practitioners and doctors in the community medical services. The value of such centres has already been stressed so that it can be assumed that the general opinion of this conference is that a centre of some sort should be a part of most, if not all, hospitals. It is in my own view such an essential part of any modern hospital that it is perhaps a pity that a special name has been given.

The degree of sophistication of these centres would naturally vary a lot. In association with main regional hospitals or with teaching hospitals they may appropriately be larger and more elaborate with, perhaps, a certain amount of residential accommodation, so allowing extended courses for special groups from the region, or at times from the country as a whole. At its simplest the centre would contain a library, a clinical lecture theatre (where patients in bed can be brought from the wards), a waiting room for patients, an office, and room for social activities.

Now if such centres are to be developed throughout the country and are to be envisaged as the main points of professional culture and specialist training we must consider what bodies are likely to be interested in them. They are (1) the Ministry of Health—through their Regional Boards, Boards of Governors, Management Committees etc.; (2) The Royal and other Colleges; (3) the Universities; (4) the local medical societies; (5) ASME. The centres and the whole process of postgraduate and continuing medical education will cost a good deal of money, most of which will in the end have to come from the Treasury. By what routes should it come and what, therefore, should be the responsibilities of the various bodies concerned?

The Local Medical Societies

Let me deal first with the place of the local medical society. I have seen some proposed constitutions in which the centre is virtually taken over by the local society and I have heard of other arrangements in which the centre has more or less swallowed the local society. I regard both of these arrangements as wholly wrong. A society is exclusive whereas one of the main objects of a teaching centre is to be inclusive. The centres should be places where medical societies, scientific sections of the B.M.A. and like bodies are encouraged and given facilities, but on no account should they be run by such bodies.

The Colleges

It would seem that the major part these institutions have to play is one of maintaining standards in specialist and vocational training.
They should and do arrange courses and conferences at a national level, but their greatest influence lies in their insistence on adequate standards. They should and do hold higher professional and specialist examinations and minimal acceptable standards of training for the various specialties either have been or are being laid down by them. Their influence would be even greater if they were to designate particular hospitals or particular posts as “acceptable” training posts.

The pioneer efforts of the Royal College of Surgeons to have tutors in a number of Regional centres was a very praiseworthy effort at the time it was started, but developments in local postgraduate organisations are now such as to render the scheme, in my view, impractical. One can imagine the chaos that would be created if all such bodies instituted similar schemes; and what about hospitals in the North of England who have a considerable proportion of surgeons with Edinburgh Fellowships? Are the Scottish Royal Colleges—and the Irish—also to set up their own local training schemes? Practically every Region now has a postgraduate organisation and a Registrars’ Committee and it would seem inevitable that local training will have to be arranged by them, though it is highly desirable that the Colleges should see to it that this local training is of a standard which is acceptable to them.

The Ministry of Health

The Ministry of Health should obviously provide the money for the establishment of centres (and, as I have said, some sort of centre should be an essential part of most hospitals). It should also provide for the day-to-day upkeep of these centres, the money for the capital costs and for the maintenance being channelled in the usual way through Regional Boards.

Where any particular Regional Board is falling short in its allocation of money to the development of centres, the Ministry is of course in a unique position to bring suitable pressure to bear, and a scheme of “recognition” (or non-recognition) by the Royal Colleges would also soon serve to bring about suitable improvements.

The Universities

For the Universities to have any direct responsibilities in relation to postgraduate educational activities in the centres would obviously represent something of an extension to their activities. Yet the acquiring and dissemination of knowledge is a main function of the Universities and it would seem that if they played an appropriate part a good deal of wasteful duplication of effort and expense might be avoided.

For example, every medical school has a fairly large medical library and employs expert professional librarians. If medical libraries in a Region were affiliated to the University library it would make large resources readily available to those at the periphery and it would avoid the very expensive duplication that would be entailed if a Regional Board were to set up a central library of its own. Considerable and rapidly available help should also be available in respect of library organisation, document-copying and book-binding. Such a radiating type of organisation could also ensure the most strategic placing of various journals throughout the Region. This arrangement might also help considerably in the best use of the MEDLAR system of computerised literature search, which is shortly to be operated jointly by the National Lending Library and the University of Newcastle upon Tyne (see POSTGRAD. MED. J. 42, 69).

Universities might also be responsible for providing facilities for the production of medical illustrations, lantern slides and other teaching material. They should be able to provide expert advice concerning the various teaching aids such as projectors, teaching machines, and tape recorders. They might also in future be responsible for such activities as telephone or closed-circuit television “hook-ups”.

Most Universities are already very willing to give advice and they may give appropriate assistance to those engaging in research in the Region, but this could with advantage be put on a more formal basis so that definite funds could be available for such activities.

If such developments were to occur, it would seem to me to be important that money for the purpose should be made over by the U.G.C. in the form of specially earmarked grants and that it should not form part of the general University allocation.

ASME

As I have already said, most of the money for such activities as I have outlined will have to come from public sources along one or other of the routes which have been mentioned. Whatever arrangements are made, however, everything must be done to encourage local initiative and enthusiasm, for without it any scheme, however well thought out, will end up
a sterile anachronism. In this respect a body like ASME is of the greatest importance. Already its activities have generated a great deal of enthusiasm throughout the country. In arranging a meeting such as this one it can cause the interchange of ideas from all parts of the country and by comparing and contrasting activities in different areas it can generate pressures for improvement. The greater the proportion of those engaged in medical education who are members the more effective the body will become.

REGIONAL ORGANISATION

A. A. G. Lewis, M.D., F.R.C.P.

Regional Adviser (South East Metropolitan Region) British Postgraduate Medical Federation.

The South East Metropolitan Region comprises the county of Kent together with East Sussex and a corresponding sector of London.

This area is bounded largely by the Thames and the Channel and so is fairly clearly defined. Communications are good, as main roads and railways radiate from London to all the coastal towns: the greatest distance, from London to Folkestone, is 70 miles while Tunbridge Wells, in the middle of the region, is about 30 miles from Woolwich, in the London suburbs, and from Brighton, and 45 miles from Canterbury.

It should therefore be possible to produce a reasonably coherent, overall plan for postgraduate education in this region. This paper gives a very prosaic sketch of this plan, which may serve as the basis for discussion of regional organisation.

It is in Brighton, Woolwich and Canterbury that major postgraduate centres are being developed. Special units function at all three; all will have Accident Centres and at the Brook Hospital at Woolwich there are already Regional Neurosurgical and Thoracic Surgical Centres which draw cases from a large part of the Region. There is a large mental hospital near each one, each of which may be expected to make its contribution to postgraduate activity in its area. At Brighton and Canterbury there are, of course, new universities, the first having a particular interest in the biological sciences and the second in the social sciences. These might be expected to increase the opportunities of the medical centres for extending their work to include some of the basic and para-medical sciences.

For some years a number of Commonwealth postgraduate students have been attached to the Brook and Lewisham hospitals by the British Postgraduate Medical Federation, for whole-time instruction in clinical medicine. At both the Brook and at Brighton, in addition to the regular courses for general practitioners, a new type of course has been started this year—an advanced course for general practitioners who had previously attended two or more courses at these hospitals. From the records at the Federation it was possible to find the names of all those who had done so and personal invitations were sent to them to take part. Both courses were filled in this way and were planned with this audience in mind, so that both material and discussion were rather more sophisticated than usual. This type of course might become a regular feature of the work of larger centres.

Dr. Horder had already spoken of the training course for general practitioners at Canterbury. Arrangements are also being made for short rotating supernumerary attachments for general practitioners, in hospitals in East Kent, using the facilities at several of the larger hospitals in different groups in turn. Just as the Brook has formed a close link with Lewisham, Canterbury has been working in collaboration with the South East Kent and Thanet groups and may be expected to develop activities for the whole of this area. Ashford, 14 miles away, in the S. E. Kent group, is likely to be developed eventually as a new town; this will greatly increase the population of the area and it is tempting to look forward to the whole of East Kent being brought under an Area Health Board so that all services, including postgraduate medical education, might be planned on this local basis.

These three centres may be expected to make the major contributions to postgraduate education in the region. It is hoped that all will develop fairly large reference libraries and will also eventually be able to help other centres in