

Scenes from Postgraduate Life

A postgraduate dean's year

Most doctors could describe some of the functions of a medical school dean; few, I suspect, know very much about what a postgraduate dean does. There are 20 postgraduate deans in the United Kingdom and their brief covers all junior doctors in hospital and general practice training. In my case this means four medical schools, a number of postgraduate institutions, 21 district hospitals, and 7 mental hospitals; or put another way approximately 500 senior registrars, 600 registrars, 900 senior house officers (SHOs), 320 preregistration house officers and 100 trainees in their year in general practice.

The postgraduate dean is a university employee who is responsible for overseeing educational facilities, which include posts for preregistration housemen, in the Region through clinical tutors in district hospitals, postgraduate subdeans in the teaching hospitals, and advisers in hospital specialties and general practice. On my appointment I asked a fellow dean what the job entailed. 'You know' he said 'how in any medical issue there are never less than two opposing factions. Your job is to stand in the middle, to receive the kicks from all sides, and then to make up your mind what should be done'. A tall order.

'Yes, but what do you actually do?' The question embarrasses me because the job is so varied that it is difficult to know where to begin. But I am told by a civil servant that no job is so complex that it cannot be evaluated, so when my secretary wanted something to occupy her while I was on ten days' 'study leave' I suggested she might like to analyse a year's diary. The results represent purely the process; outcome will have to await studies which are still at the design stage.

Before giving a detailed breakdown of the findings it should be said that postgraduate activities occupied me for seven sessions a week, while the remaining three were devoted to clinical work. With a total of five weeks' holiday and ten days' study leave, the year could be divided into 135 clinical sessions (67½ working days) and 315 sessions (157½ working days) for postgraduate work. This excludes weekends on duty and work done in the evenings and at weekends which I reckon averaged another 10 hours a week. In any case the figures can only be approximate because

postgraduate commitments, involving, as they frequently do, other people, tend to encroach on clinical work, however much one tries to keep the two separate.

Perhaps the most important, though probably underused function of the postgraduate dean, is to give advice and guidance about careers. This occupied 153 hours (19 days) out of a possible 1,260 hours based on an 8-hour working day – approximately 12% of the total time. It seems remarkably little but it represents some 150 individuals (interviews seldom take less than an hour), that is nearly one every working day. With something like 2,400 juniors in the Region such a small proportion needing advice might be considered some measure of success but I suspect it may be the tip of an iceberg, for two reasons. Firstly, so many people come relatively late, and secondly postgraduate deans are not well advertised as providers of advice. To me it is like doing medical outpatients: few people come early enough to be curable; most have problems which can only be treated with compassion and understanding.

What sort of problems? They include time-expired senior registrars (perhaps the largest single number at present) – the responsibility of the postgraduate dean because they are in training not service posts; overseas graduates referred from the General Medical Council (GMC) because of difficulties in complying with regulations for registration; senior house officers trapped in the grade without a higher qualification and no hope of advancement and registrars who can't get on in a competitive specialty; women seeking part-time appointments, concentrated towards the end of the year when applications have to be submitted to the Department of Health and Social Security (DHSS); people with emotional, domestic and disablement problems; and those who want specific advice about study leave, extension of contracts, research opportunities, jobs abroad.

Twenty-nine days were taken up with hospital inspections or visits to postgraduate centres, each of which usually occupied the whole day. The majority of visits were concerned with pre-registration inspections on behalf of the university, during which all incumbents are interviewed confidentially

and the posts discussed with consultant staff. As a rule I do not join inspections of SHO and registrar posts unless there are local problems that I know about; it would be impossible in any case to cover all specialties. Similarly, selection is necessary of visits to senior registrar posts, though with major changes in London hospitals and the extreme competition for posts, I try at least to meet the visiting team of the specialist advisory committee. Any excuse to visit the postgraduate centres in the Region is welcome, to attend educational functions, to meet the staff, to talk to junior medical staff. I note that 19 days were taken up with teaching and lecturing sessions: some of these were to centres outside the Region, where travelling accounted for a considerable part of the time.

During the year I attended 103 committee meetings; an equal number were turned down, and double – or even treble – booking is a hazard. Priorities need to be set and I am not convinced that committees are all that cost-effective. I have never enjoyed committee work, and it is ironic that it now occupies the largest portion of my time. If four hours is used as an average to include the meeting and travelling to and fro (six to eight hours is not unknown) then they consumed 51 working days, a third of the total. One in four were appointment committees for senior registrars in all disciplines; there are so many of these that it would be possible to attend several in a week, but I try and restrict myself to one. Since the postgraduate dean is mandated to attend, I must rely on the goodwill of a large number of colleagues to represent me on occasion. Over a third of committees are specifically concerned with aspects of postgraduate education – regional medical

advisory, education, manpower, study leave, senior registrar, regional university liaison, university medical advisory, preregistration board, advisory committee of deans to the Council for Postgraduate Medical Education (CPME). Membership of the Council of the Royal College of Physicians, of King's Fund committees and of a district health authority also took up a good deal of time.

The second largest number of working days (36) was devoted to paper work – reading and writing innumerable papers and reports and dealing with correspondence, of which there was an inordinate amount. When I think back over the years at the amount of work required in compiling and responding to reports, and at the number of bodies and individuals that have to be consulted I wonder whether it is all worthwhile. Although this has been included in the working day, much of it had to be done in the evenings and at weekends.

It is difficult to measure job satisfaction but I can say that I have enjoyed every minute. Unfortunately, because of a lack of structure, perhaps, it is a job that would satisfy a workaholic or someone who wanted to coast. This gives postgraduate education and the dean's role a poor image. Until we appoint men or women in their early fifties with some professionalism and give them adequate facilities postgraduate education is unlikely to achieve the same status as its undergraduate sister.

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