REPORT OF A CONFERENCE

of secretaries of education committees of faculties, held at 14 Princes Gate, London, S.W.7, on Thursday, 15 May 1969

Introduction

DR P. S. BYRNE, *chairman of the education committee of Council*, pointed to the especial need for good communication between the college education committee and the education committees of faculties at the present time. The situation nationally and regionally is undergoing rapid change following the reports of the General Medical Council (1967) and the Royal Commission on Medical Education (1968). He outlined the national and regional plans for organizing vocational and continuing postgraduate education, the General Medical Council's proposals for maintaining registers of specialists (including general practitioners) and the place of this college in the training and assessment of postgraduates.

Appointment of regional advisers and local tutors

DR B. SLATER, *honorary secretary of Council*, discussed the need for regional general practice advisers and local general practice tutors. Regional advisers will be appointed by the regional postgraduate committees, on all of which the college is, or will be, represented. Local tutors, to be attached to postgraduate medical centres, should already be identified by faculties and their names submitted to the college Council.*

(It became clear from questions and subsequent discussion that there is confusion about the appointment of local tutors. Some faculties have already appointed them at postgraduate medical centres; others have taken no action; others have submitted names to the college Council.)

Among the duties of regional and local advisers will be the marrying of junior hospital posts needed and available for general practice training. Close co-operation with other specialties will be needed. There are great advantages in joint recommendation of posts by more than one college. This college has recently agreed to recommend the same posts in general medicine as the Royal College of Physicians and this principle is likely to be extended to other subjects. Negotiations are taking place with this purpose.

Continuing education

1. DR DONALD IRVINE. *North-east England Faculty:*

'We are fortunate in north-east England to have had, since the inception of the college, a strong and active faculty which has concerned itself with various aspects of medical education. An early success was the establishment of arrangements with the University of Newcastle, whereby undergraduates were introduced to family medicine; more recently we have enjoyed fruitful co-operation in vocational training and are about to embark upon an experimental scheme in July of this year. But today we are concerned with continuing education, an area which has attracted less attention than perhaps it deserves. Nevertheless, we feel we have our priorities right, bearing in mind the limited availability of our professional resources.

A review of our continuing education arrangements throughout the region is underway at present. The current activities are:

(a) *General practice today.* These meetings, organized by a separate committee of the faculty board, have been most successful platforms for offering opportunities to young doctors to be 'blooded' in public speaking.

(b) *Symposia.* Aside from the area clinical meetings, held annually, and occasional courses in practice organization, there have been two very successful symposia organized jointly with the University of Newcastle.

(c) *Overseas visits.* Recently the faculty organized a visit to colleagues in Rotterdam. This recognized postgraduate course was most enjoyable and is seen clearly as a forerunner of others to come.

*Letters from honorary secretary of Council to faculties 31.12.68 and 5.3.69.

(d) *Local clinical meetings.* Where possible the faculty encourages tutors at postgraduate centres to include general-practitioner speakers in their programmes and invariably the advice of college members is sought in this connection.

(e) *Register of speakers.* The faculty maintains a register of doctors with particular clinical or other interests, who might be available to speak at meetings.

What next?

A problem facing our faculty no less than others is that we have comparatively few people who have wide experience in teaching or public speaking or who have made contributions in the clinical field which lend themselves as suitable teaching material. Thus contributions to postgraduate courses intended for general practitioners are still heavily dependant on specialists. However, we feel that, given our limited resources, our efforts are better directed at present to setting up the teaching practices properly. In other words, rather than devote too much time to attempt to stimulate many established principals who are essentially uninterested in post-graduate education, we take the longer view that it may be more profitable to concentrate on younger doctors entering practice, and to inculcate in them, through the medium of the teaching practice, an attitude to continuing education which will have more permanence.'

2. DR ROBIN STEEL. *Midland Faculty* spoke on "The logistics and time table of organizing an afternoon release course for vocational training (in a faculty without academic teachers or regional advisers").

His faculty had pressed for a conference like today's because it had encountered problems. The course that the faculty were now running for the Birmingham Medical School Postgraduate Board was a prototype, open to criticism and modification. The basic intention was to run a course in university terms (10 Wednesday afternoons), similar to that run for the trainee anaesthetists by their professor. The aims were to gain local experience in teaching general practice and to assess and assist the needs of new entrants. To mount such a course, information had been gathered from a variety of sources, especially the writings of Professor George E. Miller, University of Illinois College of Medicine, Chicago, U.S.A., the *Journal of Medical Education*, the courses for trainers organized by Dr Paul Freeling at this college and various college publications. For their practical value, the best sources were personal visits to Dr George Swift in Wessex and Professor Richard Scott at Edinburgh to see tried curricula and teaching methods.

After preliminary discussions with the representatives of 15 local medical committees on the Regional Board General Practitioner Liaison Committee, a formal approach was made to the postgraduate dean, Professor A. G. W. Whitfield. At his suggestion in November 1968 a working party was convened by Dr Beatson Hird (who represents the college on the Postgraduate Board) to arrange a course in the university term, Summer 1969; this working party included the chairman, Dr Robert Browne and secretary, Dr Ken Dickinson, of the Faculty Board Education Committee, as well as Dr Donald Crombie (Records and Statistical Unit), while from local medical committees were Dr Michael Dale (chairman, Walsall Local Medical Committee) and Dr Robin Steel (secretary, Worcester Local Medical Committee). At the same time the faculty members were surveyed for teaching potential as described previously in this *Journal*. The names of existing trainees and trainers were sought. From a region of over 2,000 principals there proved to be 12 trainees and 40 trainers. A programme was arranged. Background information was sent to all the members of the 15 local medical committees in the area. Administrative details were described in a memorandum drawn up for the present conference by the Midland Faculty, at the suggestion of Dr Byrne, to give other faculties an indication of the time-scale involved. (Copies were distributed at this conference. A few extra copies are available from Dr Robin Steel at St Johns House Surgery, 28 Bromyard Road, Worcester.) Details of administration were all important. A separate account was needed as well as excellent and dedicated secretarial assistance, duplicating facilities and access to a photocopier.

A practical example was given of the techniques used in orientating the new entrants to general practice from the previous day's course. Dr Dickinson, giving the talk 'The patient who asks for a tonic' in the general-practitioner psychiatric series, explained the unformulated illness that patients may bring to their doctors. By analogy he asked the seminar how they selected their garage. One trainee replied that, lacking technical knowledge, he only knew

vaguely when something was wrong and so selected a small garage, not for efficiency or speed, but because it had a sympathetic owner with time to listen, who appeared interested in the car and its troubles. Gradually the comparison became obvious to the others and a subtle identification with the patient became apparent. In discussion, both formally and after the session, learning became more personal. The presence of established practitioners, prepared to discuss problems hitherto ignored, does much to remove the guilt which a hospital-orientated doctor feels when he enters general practice.

Some authorities feel that courses like this one are premature before there are available treasury funds, professors and advisors and before vocational training becomes compulsory. But Dr Steel believed that, in the present manpower situation, unless similar schemes were tried in every region, the number and quality of recruits must suffer. In Worcester City Executive Council area (with 32 principals) it had been possible to recruit four trainees this year. The total for the whole Birmingham region was twelve. If trainee posts became the only portal of entry, 90 posts a year were needed in the region if practice lists are not to rise. Sixteen post-graduates had attended the course on the previous day and great attention was being paid to feed-back, but the problems of maintaining attendance, and of 'on going' recruitment to fill wastage had yet to be faced.

An extended course for general practice teachers

DR C. M. HARRIS. *Merseyside and North Wales Faculty*, said:

"Some years ago I lectured to final-year medical students in Liverpool University on general-practice obstetrics; a while after this I discovered that the only thing that a random sample of the audience could recall was my translation of Mons Pubis as Fanny Hill. This was the beginning of my interest in educational techniques.

"In November 1965 Dr Byrne came to Liverpool and spoke to the undergraduate education subcommittee about Darbishire House and the teaching of medical students by general practitioners. From the discussion that followed was born a determination to organize a course in Liverpool for general-practitioner teachers. I am speaking today about how we set about this task.

"We had two sets of problems—finding people to enrol for the course and knowing what to do with them when we had them. I shall take the two problems in that order.

"We decided that the course should not be confined to college members, but that all general practitioners in the area of our faculty should be circularized. The first snag was defining the area of the faculty, and this involved a fair amount of correspondence. We hoped to get the letters distributed by executive councils; and we found that 17 councils were wholly or partly included in our area. The chairman of each associated local medical committee was asked for his approval; when this was obtained, the clerk of the executive council was approached. The clerks were all willing to co-operate and gave me the numbers of doctors for whom they were principally responsible, so that I could send them sufficient copies of the letter for distribution. In March 1966, 1,780 letters went out bearing the news. Replies were requested from anyone interested in a course which was to prepare general-practitioner teachers for a future need at an unspecified date.

"I received 80 replies, including letters from the Isle of Man and the top left-hand corner of Wales. In May a further letter was sent to these 80 doctors, emphasizing that the whole idea was an act of faith, and suggesting a Saturday afternoon meeting in June in the department of education of Liverpool University. Thirty two said that they would come, eight wanted to be kept informed, and the other 40 were either no longer interested, or did not reply. The meeting was held. The 32 doctors came, and eight of them were non-college members. Dr Byrne gave them a pep talk and an educationalist, of whom more anon, said a few words. We decided that the sessions of the course would be held in the department of education on alternate Wednesday afternoons in academic term-time.

"The interested 40 doctors received a further notice in the summer announcing the start of the course on 12 October 1966. Twenty eight doctors enrolled and sent in their cheques.

"Meanwhile, behind the scenes, we had been trying to solve the other major question. What should we do, and how should we do it? The Professor of Education suggested that we

should contact Mr Henry Larwood, a senior lecturer in the department of education. He was a zoologist by training and was responsible for teaching the health-visitor tutors how to teach health visitors. Mr Larwood was fascinated by our problem, and gave us an enormous amount of help in an unassuming and generous way. He died suddenly soon after the course started—to our very great distress.

"We received help from other places. The director of the Department of Extra-mural Education agreed to take over the administrative and financial aspects of the course, leaving us to decide the content. He also made us clarify our minds about what we were trying to do.

"In 1966 Dr Byrne started his short intensive residential courses in Manchester for intending general-practitioner teachers, and I made a point of attending each one to see what ideas I could steal for our own course. Though our extended course was to be quite different from his, it was possible to graft some of his ideas.

"Without all this help we could never have started on a course, which is now nearing the end of its three years, with 48 sessions, but at that first meeting on 12 October 1966 we had an absurdly limited knowledge of what we were trying to do."

Discussion

The Conference then divided into three groups.

Group I

Rôle and relationship of faculty education committees to continuing education for general practice.

Recorder: DR MELVIN ROSS (N. London)

It was agreed that 'Rôle' meant direct activity in education by the Faculty Education Committee and that 'relationship' meant liaison with other specialists involved in teaching general practitioners.

The poor relationship between faculty boundaries and regional hospital board boundaries leads to increased difficulties for education committees.

Each faculty had its own peculiar problems, so that these must be dealt with in different ways. In the West of Scotland, for example, where there are no postgraduate centres, the faculty education committee acts as agent for the regional postgraduate education committee and plays a large part in the organization of lectures and courses. In other areas the faculty acts only by having members on programme-planning committees of academic centres and plays no part at all in the organization of programmes. General practitioners must play a larger part; a first step might be to form a register of doctors who could lecture or would be willing to learn how to do so. In most areas education committees should be linkage rather than organizational bodies.

Other methods of continuing education than lectures should be considered by education committees, *e.g.* special interest groups, small group-discussions, learning by teaching and by all present joining in seminars. At present this type of continuing education is not recognized by the Department for seniority payment purposes. Finance must be involved. On the general problem of financing courses, would money be available if courses were organized by faculties? Would they get the necessary approval?

In the future, if regional postgraduate committees appoint general practice subcommittees with regional advisors, these committees might take over the rôle of the faculty education committees, as they will have the responsibility and finance. It was hoped that the subcommittee and the college education committee might be virtually the same people, in which case the college might be more concerned with content than administration.

Group II

What should be the relationship between membership of the Royal College and specialty registration?

Recorder: DR MICHAEL LENNARD

The issue is whether the membership examination for this college should be the qualifying examination to become a principal in general practice in the National Health Service or whether

it should be an independent examination.

The present membership examination can be taken after four years from qualification (three years from registration) providing that these years have been spent in appropriate training. This is compatible with the suggestion of the Royal Commission that the membership examination should be taken after three years of general professional training, but the Royal Commission postpones registration as a specialist in general practice until two years later, *i.e.* five years after registration as a doctor. The Royal College and the General Medical Services Committee of the British Medical Association favour three years as a first step, five years eventually, as the period before registration. The General Medical Council is not yet committed to any length of time to be completed before specialist registration.

This group discussed whether three years or five years after basic registration should be the time for taking the membership examination of this college. Three years would be in line with the other Royal Colleges, but the passing of, for instance, the M.R.C.P. does not guarantee a post as consultant, only fitness to be chosen for that function. The majority favoured three years.

There would be strong opposition to the M.R.C.G.P. becoming the only portal of entry to general practice as a principal. The college itself has not made up its corporate mind whether it wants such a situation.

Should there be a portal of entry other than via the M.R.C.G.P.? This question was left unanswered.

DR IAN WATSON proposed a diploma examination at three years which would serve for registration purposes and membership of the college at five years without further examination.

Group III

The rôle of the faculty education committee in identification, training and function of general-practitioner teachers.

Recorder:

There is a hierarchy of three—the regional general-practice advisor, the local tutor at the postgraduate centre and the doctors working in teaching practices.

1. The regional general practice advisor might be identified by the faculty and approved by the college council but he would be appointed and paid by the university. The college Education Committee has already been approached by several postgraduate deans about these appointments. Oxford and Sheffield Universities have invited their local college faculties to discuss the problem. The South-west Metropolitan Regional Hospital Board is advertising an advisor's post already, specifying a doctor 40–50 years old, in group practice, active in other fields. The post occupies two days weekly and the salary is £1,600 a year guaranteed for two to three years.

In this group's opinion these posts should be open to doctors who are not members of this college. Nominations should be prepared and forwarded by faculties to council. No further action by the college would be possible at present.

2. The local tutor would be attached to the postgraduate academic centre. He must have shown enthusiasm for teaching and have had experience. He must be acceptable both to the clinical tutor in charge of the postgraduate centre and to the local general practitioners. He would be concerned with vocational training (supervision of training practices and selection of hospital posts) and with continuing education. The post is imagined at present as an unpaid one, but this is anomalous considering that both the regional advisor and the teaching practices will be paid.

The present situation in academic centres shows many variations—some have several general practitioners on their advisory committee, some one, a few none.

3. Teaching practices. It is the faculty education committee's duty to identify doctors interested in teaching. In the Thames Valley Faculty visits are made to look at practices and to discuss the problems of teaching. It is best to invite all general practitioners to put their names forward, not only college members. The ultimate selection will in any case be made by trainees.

The North-east England Faculty has drawn up a comprehensive document about the individual doctor, his practice and partners. A university subcommittee was formed and the local medical committee agreed to accept appointments made by this committee. Shortlisting involves inspection of practices in this region also. As it turned out the number of doctors interested in teaching was not great.

The chairman, Dr P. S. Byrne, summed up the conference briefly.

REFERENCES

General Medical Council (1967). *Recommendations as to basic medical education.*
Royal Commission on Medical Education (1968). Report. London. Her Majesty's Stationery Office.

POSTGRADUATE NEWS

COURSES ARRANGED BY UNIVERSITIES

The Queen's University of Belfast

The following clinical attachments are being arranged:

July 14–Dec. 12 *Obstetrics and gynaecology.* Daisy Hill Hospital, Newry.
Oct. 6–Nov. 28 *Combined clinical attachments.* Royal Victoria Hospital and Belfast City Hospital.
Oct. 6–Nov. 28 *Clinical attachments.* Altnagelvin Hospital.

Details available from *Director of Postgraduate Medical Education, 87 Lisburn Road, Belfast, BT9 7AE.*

University of Bristol

Refresher courses for general practitioners

One week courses

Oct. 6–10 *General.* Plymouth.
20–24 *Fresh looks at common problems.* Taunton

Weekend courses

Oct. 4–5 *Developmental paediatrics.* Plymouth.
4–5 *General.* Taunton.
Nov. 15–16 *Developmental paediatrics.* Taunton.

University of Dublin

A postgraduate course in general medicine is to be held twice yearly, arranged by the Royal College of Physicians of Ireland, in conjunction with University College, Dublin, Trinity College, Dublin, and the Royal College of Surgeons in Ireland. Each course will be of six weeks duration, the fee for the course is £30 and the enrolment fee is £3 3s. Details from the *Registrar, The Royal College of Physicians of Ireland, 6 Kildare Street, Dublin.*

University of Exeter

A ten-week full-time refresher course starts in October and is suitable for general practitioners who seek a longer period of revision. It is sometimes possible to accept general practitioners for one or two weeks of a course and attendance for this period is recognized by the Ministry under Section 48 of the N.H.S. Act (1946). Information available from *The Director, Postgraduate Medical Institute, University of Exeter, Exeter, Devon.*

University of Glasgow

Obstetric residencies

For periods of one or two weeks in an approved hospital in Glasgow and district. By arrangement throughout the year.

Clinical attachments—continuous

Full-time or part-time attachments to hospital teaching units to enable general practitioners to increase their experience and keep up to date with recent trends and advances. Fee £1 5s. a week for full-time attachment.

Applications to the *Director of Postgraduate Medical Education, The University, Glasgow, W.1.*

University of London

Intensive courses

Sept. 29–Oct. 3 *General.* East Kent Hospitals.
Sept. 29–Oct. 3 *General medicine.* Dorchester Postgraduate Medical Centre.
Oct. 6–10 *Early years in general practice.* Royal College of General Practitioners, 14 Princes Gate, London, S.W.7.

University of Oxford

Programmes of attendance on hospital and public health practice, for one or two weeks, are arranged to suit practitioners' individual requirements. Doctors eligible under Section 48 of the N.H.S. Act (1946) may claim expenses from the