

## *Conference of Regional Advisers*

*Journal correspondent*

A meeting was held at Bath on 8–10 January 1976 of the Regional Advisers and Associate Regional Advisers for England and Wales.

The Conference was residential and its purpose was to bring the regional advisers from different parts of the country together to examine common problems and to plan solutions.

### *Opening papers*

The meeting was opened by Drs George Swift and Michael Lennard, the Regional Advisers for Wessex and the South-west England, who presented short papers on the history of the evolution of postgraduate training in their regions, and both displayed maps emphasising the considerable geographical problems which they had encountered.

### *Group work*

At first the pace of the Conference was somewhat slow, as it became increasingly clear how very different were the organisations and geographical problems in different parts of the country. Later, however, the mood changed as the Conference broke up into three groups of eight or nine and began to examine specific problems in detail, and to report back to a series of plenary sessions. Now it became clear that there was a notable parallel between general practitioners and regional advisers! It is well known that it is common for different practices to have widely differing forms of organisation, while facing common problems and having common policies, and so it proved to be with regional advisers. Group after group identified the same problems and often proposed identical solutions to them. This unanimity suggests there is a growing consensus among the regional advisers about important problems and about priorities.

This form of meeting continued with group discussions on some of the difficult questions facing advisers such as the issuing of certificates of satisfactory completion of vocational training, the priorities for development, the future organisation of approvals and Section 63 courses.

An interesting phenomenon was the impact of the first Nuffield course for course organisers as more than one third of those present at Bath had attended the first Nuffield course, and the Conference itself started with the traditional pre-test which included attitude assessment by linear analogue, and attitude preference by a system of choice between paired comparisons.

### **Conclusions**

Among the more important conclusions reached by the Conference during the two days were the following:

#### *(1) The Health Service District as the focal point*

The Conference almost unanimously agreed that in future the focal point for postgraduate medical education must be the Health Service District. Although it was envisaged that some districts might need two focal points, perhaps an association with two different postgraduate centres, and it was recommended that normally the postgraduate medical centre and the local district should be the focus of attention rather than National Health Service areas.

#### *(2) Assessment*

Throughout the two days one of the main themes was the need for assessment, assessment both of the efficiency of the half-day release courses, of the teaching in the training practices, of the experience in the hospital posts, and of the trainees themselves. It soon emerged that a wide variety of different studies were being carried out in different regions throughout the country,

and it was quickly agreed that it would be necessary at the next meeting to bring reports of these developments for consideration, and that the whole of the next two-day meeting should be mainly devoted to the topic of assessment.

### (3) *Regional General Practice Committees*

The role of regional general practice committees was discussed in relation to their existing functions and to the new responsibilities which may occur with the proposed reduction in expenditure through section 63 in the future. There was widespread agreement that new arrangements for the distribution of Section 63 money needed careful examination and that it would be important for general practitioners to ensure that high priorities were attached to the more important educational developments in general practice. In particular it was felt that vocational training and continuing education should be the two main forms encouraged and that it would be necessary to examine carefully approval for courses primarily aimed at educating the specialist. Throughout the Conference there was repeated and widespread feeling that views of Regional General Practice Committees and Regional Advisers would have to be heard more in the future in deciding, with Postgraduate Deans, the priorities for educational development.

### (4) *Course organisers*

There was much discussion about course organisers and increasing the support in the districts for regional advisers. It appeared that in different parts of the country different definitions were being used.

#### **Significance of the conference**

This was an important meeting which may have considerable significance for the future. Perhaps for the first time in their history a big group of regional advisers, with almost every region represented, began to demonstrate that they now felt secure enough to begin to plan collectively the future of postgraduate medical education. Perhaps the beginning of 1976 marks the point at which the regional advisers as a group came of age, and it is now probable that they will increasingly be seen as another important force on the educational scene.

This is the group which ultimately has to implement postgraduate education in practice, and its members have a particularly detailed knowledge of the difficulties and the problems on the one hand, and the possibilities for the future on the other. It is likely that this Conference will increasingly generate its own policy in the years ahead.

#### *Organisation*

The Conference was chaired in succession by Drs George Swift (Wessex region), James Roberts (North-west region), John Hasler (Oxford region), and Michael Lennard (South-west region). The arrangements were particularly satisfactory and were the responsibility of Ray King (Associate Adviser, Wessex). The Conference closed by agreeing to meet regularly and to hold its next meeting in May 1976.

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### **WHY DON'T YOU ADVERTISE DOCTOR?**

In the United States, the Department of Justice and the Federal Trade Commission are beginning to examine whether professional bodies should allow their members to advertise and hence give consumers more choice. In June 1975 the Supreme Court ruled that fees suggested, but in effect fixed, by a state bar association, infringed the antitrust Acts. In a footnote the opinion added that the professions were not entitled to automatic exemptions from those acts, as they had so long assumed.

In September 1975 fee schedules for anaesthetists were examined and at the end of the year the Federal Trade Commission issued a complaint (the prelude to a formal hearing) against the American Medical Association, on the ground that its code of medical ethics, which forbids the advertising of types and prices of medical services, restrains competition and denies sick people the information they need to choose a doctor.

#### **REFERENCE**

*The Economist* (1976). 31 January p. 31.