

REPORTS FROM FACULTIES

SOUTH-EAST ENGLAND FACULTY CONFERENCE ON MEDICAL CENTRES*

SOUTH-EAST ENGLAND FACULTY BOARD held a Conference on Medical Centres at 14 Princes Gate on Sunday 13 February 1966. Guests included: Dr H. N. Levitt, chairman of College Council; three regional advisers to regional hospital boards: Dr P. Shackleton, Wessex, Mr Donald Bowie, S.W. Metropolitan, Dr A. A. G. Lewis, S.E. Metropolitan; Miss Bradfield from the Nuffield Provincial Hospitals Trust; Mr Johnson from Eli Lilly and Co, the sponsors of the conference; Dr Shepherd from Northern Home Counties Faculty; 16 clinical tutors and course organizers, 14 of whom came from southern home counties. Fourteen faculty representatives were also present, as well as the faculty board.

The conference had two main objectives:

1. To meet the clinical tutors as well as faculty representatives associated with each individual medical centre.
2. To assess the impact of medical centres on a family doctor's daily work as well as his continuing education and preliminary training. Also to consider how members of the College should be involved in their activities.

In his opening remarks the chairman, DR ALLEN WHITAKER, past provost of the faculty, welcomed the guests and speakers and pointed out how the new medical centres should affect the work and further education of family doctors.

P. SHACKLETON, F.F.A., R.C.S. (Wessex), described " Medical centres in Wessex " as a complex of centres, one psychiatric, six in general hospital groups. Capital expenditure had reached £120,000. Buildings erected on crown lands necessitated a form of contract being worked out with regional boards and hospital management committees. Clinical tutors had been appointed to all centres, with assisting secretary-librarians.

Centres differed individually, but shared a common plan of main lecture hall, library, smaller tutorial room, tutor's room and secretary's office. Medical centres with social amenities, such as a bar, had been dubbed ' Wessex medical pubs ', but they nevertheless helped to break down professional barriers. Ancillary sciences met with medicine and membership included university science graduates. Finally a balance was being maintained between activities for general practitioners and junior hospital staffs. Courses in basic medical sciences available for all junior hospital

*Held on 13 February 1966 at 14 Princes Gate, Hyde Park, S.W.7.

staff taking higher diplomas have been organized centrally, mainly at Southampton University.

G. SWIFT, B.M., B.CH. (Winchester), speaking on "Co-operation between regional hospital boards and college faculty and its effect on medical education", stressed the importance of close relationship with the regional hospital board. It builds the centre, arranges the area house jobs and its consultants take a major part in the continuing education of the general practitioner. Mindful of this, the Wessex Faculty set up an area coterminous with the Wessex Regional Hospital Board. The Faculty had produced a document on the Gillie Committee's suggestions regarding co-operation of general practitioners and hospital services, with special reference to obstetrics. They appoint representatives to each medical centre to assist the clinical tutor. They advise him on the programmes of refresher courses and they would also in future interview and help all young housemen who show an interest in general practice.

The success of Donald Bowie's Wessex experiment, sponsored by the Nuffield Provincial Hospitals Trust, has led the board to double the number of appointments. The final target of 24 trained general practitioners a year should meet the requirements of the region. In Wessex area selected practitioners were invited to become trainers. The regional board and the faculty co-operated in organizing an extended course for trainees. They also hope to arrange for all young housemen to go into general practice as young doctors and not as students.

J. L. PAULLEY, M.D., F.R.C.P. (Ipswich), discussing "The clinical tutor", warned of the possibility that the accelerating band-wagon of continuing education might become another cult instead of an integral part of a doctor's life.

He disliked his label of clinical tutor, which raised the spectre of cap and gown. Although he viewed himself as a catalyst, he still wanted scope to express his own personality. The overtime endured by some clinical tutors called either for more delegation of work or alternatively the title of postgraduate Stakhanovite. When the Ipswich institute opened, the clinical tutor might well become barman and chucker-out as well.

Thanks to the board, Ipswich had had a separate medical library since 1953, with a full-time librarian-secretary. The Friday Club for general practitioners thrived and more or less ran itself. Small group discussions were better than larger clinico-pathological conferences.

He considered that the stratification of consultants and registrars into separate journal clubs was the ultimate in non-education. Comprehensive journal clubs were instructive to all, provided they did not sit too late or too long.

J. L. DIGBY ROBERTS, F.R.C.S. (Brighton), considered "The effect of a medical centre on a family doctor's use of his hospital". A centre had many facets. As a club it provided a venue for consultants, registrars and housemen to meet visiting general practitioners. As a medical library

it offered ready reference and comfortable reading. Its informal atmosphere could attract more general practitioners to discussions and lectures. General practitioners, through their association with the centre, may recapture their interest in hospital practice and this could lead to some of them working as clinical assistants and to applying skills once learned as residents. Perhaps a new generation of family doctors and consultants would grow up, regaining together within their own centre the lost ideal of an integrated medical service.

J. M. LIPSCOMB, M.D., F.R.C.P. (Canterbury), analyzed "A training course for general practice". The Kent postgraduate centre at Canterbury, formally inaugurated in May 1964, started a two-year study course for a limited number of young general practitioner principals in October 1964. Of those circularized whose qualification dates were 1953 or later, 16 signed on. Travelling distances ranged from five to 35 miles.

Programme quality, opportunity for discussion and, in some cases, escape from rural isolation, encouraged high attendance.

A balance was kept between general practitioner speakers and consultants, also between local and visiting contributors. Speakers were briefed beforehand about the general purposes of the course. The response was of an exceptional standard and both consultants and general practitioners prepared themselves assiduously. Twenty minutes was allotted for discussion in each hour. Special enterprises included an invitation meeting by members of the course, one or two outside meetings and the loan of two electrocardiographs.

R. L. BARTLEY, M.R.C.S., L.R.C.P. (Kingston), discussed "The Kingston medical centre: Present activities and future plans". The idea was first conceived in 1959. Through the tenacity of Dr Cunningham, physician superintendent, and Dr Limington, group secretary, the King Edward VII Fund were eventually persuaded to give £42,000. In 1962 the completed centre was handed over to Mr Enoch Powell, the then minister of health. Courses began in September 1963. Support and participation by general practitioners was disappointing, but they are now taking a more active interest and running occasional sessions themselves. The recently appointed clinical tutor is stimulating everyone to further efforts.

O. R. L. PLUNKETT, F.R.C.P. (Chertsey), described "Some teaching methods and aids in use at Chertsey". The conversion of a ward into lecture room, museum, canteen and library sections, gave St Peter's Hospital its centre. Previous circularization of general practitioners elicited ideas for course subjects. A six-week course of afternoon lectures and at least three week-end courses a year, enabled subjects to be covered fully. Monthly lunch-hour meetings were held. Tape recordings and B.B.C.2 programmes aided some members. An overhead projector illustrated drawings, x-rays, etc at lectures.

The museum, a series of bays, possessed a viewing box for a programmed course on chest x-rays. Instructional charts on specific subjects and an enlarger blowing up interesting textbook matters to twice life size were in

use. One bay concentrated on general practitioner activities. A wall map was planned to show epidemics, etc over the area. 'Hand-outs' on various subjects, and a list of interesting cases to be seen in the wards, were displayed. A pre-focused microscope with slides of particular general-practitioner interest, and a dummy for practising external cardiac compression were available. Four-minute 8mm films of transient clinical cases in the wards can be shown on a Rank's projector. Other films, e.g. one on technical procedures, will follow later.

In the library section a visual index and show of new book covers assisted selection. National lending library books were obtainable on order. A book-binding machine made journal binding economic, and cumulative and monthly indices of the postgraduate hospitals proved useful.

I. D. WILLATT, M.D. (Chichester), spoke of "Progress and development of the Chichester centre" and "The medical library". The new centre building in the grounds of St Richards Hospital opened in April this year. It cost £23,000. The combined contributions of the regional hospital board, the hospital management committee, the Nuffield Trust, the Friends of Chichester Hospital and various firms and individuals ensured an almost debt-free opening date. Doctors were offered the option of a single subscription or a seven-year covenant, both carrying life membership, or an annual subscription.

Dr Mickerson, the clinical tutor, presided at a radio link in November 1965 with the University of Pennsylvania and hospitals in New Jersey. Centres at Portsmouth and Southampton joined the discussion on pyelonephritis. The meeting, subsidized by Messrs Smith, Kline and French, stimulated interest in the centre.

General practitioners take an active part in all sides of the centre's activities. Dental and veterinary practitioners share the centre. Programmes, condensed into three two-monthly terms, will be arranged during lunch times and after evening surgery. The first term's theme will be cardiovascular disorders.

The medical library embodies a partitioned-off quiet room. The county librarian serves on the committee. Because medical progress outstrips speed of publication, text books will be limited. Monographs and small original publications on rarer and less curable diseases will have a place with the Encyclopaedias of Medical Practice and General Practice.

Two periods of general discussion underlined certain points:

The importance of community care. Medical centres provided an opportunity for its study.

Examination of live patients, both in hospital and centre.

Visual aids, in the form of a museum, or some central collection on loan to centres.

The use of centres by a wider circle of ancillary services.

Dr A. A. G. Lewis, M.D., F.R.C.P. (Regional Adviser, S.E.M.R.H.B. Area) summed up.

He regarded education for family doctors and for junior hospital

staff as complementary. "There could not be a flourishing export trade without a healthy home market". He stressed the importance of vocational training, especially for junior hospital staff. America was far ahead of us in this respect, but our Royal College of Surgeons had acted with foresight in appointing surgical tutors.

He was sure that centres should become living organisms with lives of their own. Dr Plunkett had proved that Chertsey was an inspiring example of this.

An exhibition of plans, diagrams and photographs of medical centres was available. Duplicated reports on individual centres could be taken away.

REPORTS FROM THE FACULTIES

The Midland Faculty

The Midland Faculty recently carried out an exercise in crash medical education to meet an urgent need and the pattern of this exercise may be of interest to other faculties. An outbreak of smallpox in the area created the need for this, and it was met at a suggestion made centrally by a demonstration of slides and taped commentary produced by the College of General Practitioners Recording Service. The demonstration was laid on by the Midland Faculty at various centres including Birmingham Medical Institute, The Children's Hospital, Birmingham, Dudley Road Hospital, Worcester Royal Infirmary and others. The demonstration was seen by well over 400 doctors and received a most excellent reception whenever it was shewn.

The Midland Faculty feel that this exercise should be reported for three particular reasons:

1. The exercise was following a request for help from the Ministry of Health.
2. The College was able to supply the necessary material from within its own resources.
3. The demonstration was made available locally by efficient organization at faculty level by virtue of excellent co-operation with local health authorities.

The Faculty feel that this might form a pattern for further demonstrations devised to meet a special need at short notice.