OPINION

ROYAL COMMISSION ON MEDICAL EDUCATION 1965–68

REPORT*

THE TODD REPORT IS A formidable document, its 400 pages almost equally divided into two parts. The first containing the report and recommendations, the second 19 appendices of supporting evidence, statistics and specimen curriculae. Appendix 12 is the Interim Report on Medical Manpower submitted in June 1966, the Commission having appreciated the urgency of this situation and the need for immediate action. But it is a refreshingly perceptive and comprehensive piece of work, well written and presented and makes highly rewarding reading, especially for the general practitioner and junior hospital staff to whom it brings new hope.

For most of us the pattern of our professional performance and behaviour is laid down during our years at medical school and hospital and much of the dis-ease in medicine today has its roots in a system of medical education which has long been out of touch with the needs of a rapidly changing and progressive profession. The Commission was well aware of this and has not hesitated to recommend fundamental changes throughout the whole range of undergraduate and postgraduate medical education, embracing not only drastic revision of the curriculum, but also in teaching methods and progress assessment with a reduction in the emphasis on the examination system. The welcome absence of rigidity in the pattern of recommended curriculae encourages variation for individual needs and differing medical school emphasis, as well as modification to meet the inevitable changes dictated by future developments in medical knowledge and practice.

Starting with the premise that "the aim of the undergraduate course should be to produce not a finished doctor but a broadly educated man who can become a doctor by further training", they recommend a five-year undergraduate course, including a minimum of two years' fundamental clinical education and preferably offering a degree in medical science as well as one in medicine. No major alteration in the pre-registration year is envisaged but better selection and supervision of posts by university medical schools is strongly advocated. Following full-registration the Commission recommends three years general professional training for all graduates which would be in-service training, but carefully planned and supervised and tailored to the needs of each individual and his choice of service. The Commission stresses the suitability of much postgraduate training to all branches of the profession and the imperative need for great flexibility in training programmes. It also recommends the estab-

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lishment of a Vocational Register as "a necessary complement to a proper system of professional training". This would be an additional function of the General Medical Council which would admit graduates holding a certificate of satisfactory completion of the relevant three years' training. The Commission hopes that the appropriate college would also admit such graduates to membership when they are vocationally registered. There would be a number of intensive training posts to provide accelerated promotion for suitable candidates and a new grade of junior hospital specialist is envisaged to replace the unpopular medical assistant grade.

The undergraduate curriculum is to be widened to include such subjects as the behavioural sciences, genetics, epidemiology and an introduction to statistics for which time will be made available by a reduction in detailed anatomy and the study of anatomy and physiology together. Drastic reduction in authoritarian methods of teaching with the emphasis on seminars, practical work, demonstrations and group discussions would also economize in time and the demands on teachers. The co-operation of teachers from non-medical faculties in pre-clinical courses is a welcome and practical inspiration. A modular structure for the course is recommended to give flexibility and is inseparable from the Commission's view of a sound system, the course being built up of self-contained modules, each representing a specified proportion of a year's work. For example the course qualifying for a degree in medical science would have three elements, a group of compulsory subjects, a group of limited alternatives and a group of options. The examination system would be largely superseded by continuing assessment, though the committee recommends a study of alternative methods of assessment which is in fact already being undertaken by the Royal Colleges.

The quality of the Commission's thinking is reflected in this phrase taken from the Report . . . "An essential part of a medical student's education is learning how to treat human beings in trouble, to gain their confidence and to understand the psychological and social background to their physical problems".

The Commission has made a much more thorough and realistic study of medical manpower requirements than the ill-advised Willinck Committee and has come down firmly in favour of the expansion of existing medical schools, where necessary by new or re-building, to enable them to progressively increase their annual intake of medical students to an optimum of 150 to 200. Largely by this means, but also by the creation of a few new medical schools, it believes the output of graduates can be doubled by 1975. An undergraduate clinical school at Cambridge is advised immediately and four additional medical schools in the next seven years, namely Nottingham (1968), Southampton (1971), Leicester (1972) and Swansea (1975), with the claims of Keele, Hull and Coventry kept constantly under review as possible future medical schools. The special position of London has been reviewed and a scheme for amalgamation of existing medical schools recommended which would reduce their number to six. These would be closely integrated into the University of London to form a strong medical faculty, drawing on other faculties for support and assistance in pre-clinical teaching. It also advises the closer integra-

tion of postgraduate and special hospitals with the undergraduate schools and general teaching hospitals.

The report recommends that teaching hospitals should no longer be outside the regional hospital framework but must retain and strengthen their links with the universities, indeed it envisages enlarged "university hospitals" covering a wider field than some do at present.

No doubt there will be strong opposition to some of the changes here so convincingly advocated, perhaps especially from the older professional establishments. There will certainly be criticism on the grounds of cost and practicability and indeed at first sight it may seem absurd to lengthen the years of training at a time when we are already short of doctors. But the Commission has produced evidence to show that a majority of graduates already spend two, three or even more years in hospital before settling in one particular branch of the profession, and one can well add in present circumstances, not necessarily the right one. The truth is that if we want more and better doctors, engaged in satisfying careers matching their individual talents and capabilities, we must put up with even greater shortages for a few more years and we must find the money to convert the Commission's recommendations into practice.

Throughout its report the Commission has clearly had two considerations in mind, flexibility and cohesion and it has attempted to formulate a system of education which will "gradually weaken the present distinction between specialists and general practitioners as generic categories in a rather hierarchical relationship". It visualizes a unified profession, every member of which is adequately and specially trained for his particular function within an integrated service of hospitals, general practice and community medicine. Moreover, it adumbrates a flexible career structure which properly applied will go far towards removing the frustrations and disappointments inherent in the present system. It is not without significance that studies carried out in America on the graduate education of physicians and the problems of education for family practice resulted in the same conclusions as our own Royal Commission.[1, 2]

In short, the Royal Commission has done its work well and has made wise, far-seeing and practicable recommendations which if adopted could make British medicine the envy of the world. We must see that they are.

August 1968. ERIC TOWNSEND.

REFERENCES

1. The graduate education of physicians. Report of the Citizens' Commission on Graduate Medical Education. Chicago, 1966.
2. Meeting the challenge of family practice. The Report of the ad hoc committee on Education for family practice. Chicago, September 1966.