

REPORT

COLLEGE TUTORS' CONFERENCE

The second College Tutors' Conference was held on 14 September, 1972 at the Royal College of Physicians, London, 18 months after the inaugural conference.

Dr J. McKnight

In welcoming the tutors and official guests, Dr John McKnight, after thanking the Physicians for their hospitality, explained that the idea of college tutors arose from the Todd Report proposals that each professional medical discipline should have a nationwide network of tutors. These were now slowly appearing. The purpose of this conference was twofold: first as a source of information; secondly as a forum for discussion.

Dr G. I. Watson

The President, taking the chair, reminded the audience that the word 'tutor' was defined as 'a guardian who had the care of the education of another'.

Dr John Graves

Dr John Graves assisted by Mrs Fontana, described the Medical Recording Service Foundation. Originally, before the days of postgraduate centres, the pioneering work provided taped lectures with slides and this had given the College so much expertise in the field that other bodies, such as pathologists, orthopaedic surgeons, endoscopists, and home-nursing teachers, as well as general practitioners, were drawing on their resources. Audiovisual carrels for single students were increasing in popularity at all levels; the Recording Service was sending out 15,000 tapes a year, as well as supporting posters and publicity.

Tutors were finding the special slide service, to illustrate talks which covered aspects of general practice, of increasing value.

Dr D. J. Pereira Gray

The Honorary Editor expressed his appreciation of the immense achievements of Dr McConaghey and his admiration of his work. He spoke of the problems of succeeding such a predecessor and described what the *Journal* was trying to do, how it was going to do it, and what tutors could do to help.

He hoped the *Journal* would be both readable and relevant and would describe and comment on all aspects of modern general practice, acting as a vehicle for the College and giving historical and international perspectives of the discipline. The need to stimulate and to attract the next generation of practitioners was paramount as was a sense of involvement of the readership.

He hoped this could be done by developing themes with some issues, and by more editorials, with experiments in length and style. Letters to the Editor were welcome and were increasing fast. He was delighted to be receiving articles from some of the leading non-medical authorities in the world, such as Professor Margot Jefferys and Dr Ann Cartwright, but he regretted that he was receiving relatively few *clinical* articles by general practitioners.

He felt that the college tutors could gather faculty and local news, and be active in promotion. Advertisements for vocational training or practice vacancies would help financially and subscriptions were important, particularly from postgraduate medical centres, hospital libraries and local health departments. It was encouraging that some practitioners were now giving a subscription to undergraduate students and in several practices, to their trainees. In some teaching units the *Journal* was being used in student seminars.

Dr H. W. K. Acheson

Dr Acheson of the Manchester Department of General Practice described a one in ten sample survey in 1970 covering 2,663 general practitioners with a 55 per cent response. Four fifths of the respondents had a postgraduate centre, half within 20 minutes driving, and over one third went to more than one meeting a month. Replies suggested hospital domination of education

with desire for more relevance and general-practitioner influence. Of those who wanted a change in courses, 45 per cent wanted more clinical emphasis. Half of the general practitioners said they had time to read, but over a third had not bought a book recently. The *British Medical Journal* was the leading journal, and college tapes were known by 33 per cent.

Professor P. S. Byrne

Professor Byrne delivered a professorial aphorism that "in education, like breast feeding, most of the benefit came from the first few minutes". On factual knowledge, general practitioners, trainees and consultants all scored equally, but gratifyingly, experienced general practitioners scored higher on problem-solving tests. Most established principals who volunteered to be tested were still functioning above finals pass standards of today. He considered self audit, using Laurence Weed's notation, was invaluable as was sitting in on surgeries or analysing referral letters or other simple checks.

Dr George Swift

Dr George Swift, pioneer of evolving vocational training, had chaired the working party on college tutors. A major problem had been the wide regional variations. The Todd Report was published in April 1968 and by December the process of identifying members in each post-graduate centre area had begun, and on the last day of 1968 Dr Basil Slater, the then Honorary Secretary of Council, wrote to all Deans, Faculties and the Department of Health explaining the need for tutors to be acceptable to university and consultants as well as to fellow practitioners in the Local Medical Committees and the British Medical Association.

The emphasis was on a desire to serve and not a need for authority, but by 1970 when 170 tutors had been appointed, rumblings of discontent grew. The role had been ill defined and some had not been acceptable. The obvious candidates in some areas were not college members and it had to be explained it should be the best general practitioner who should be supported not the best college member, although it was hoped that the ideal candidate might want to become a member eventually, as the aims of the College were identical with those of the tutors.

Early in 1972 the working party, set up to resolve the problems of the tutors, sent questionnaires to 192 tutors of whom 184 answered, and to 24 faculty boards of whom 21 answered. The working party felt the tutor should be a hard worker and not a senior figurehead. The essence of the job was diplomacy combined with the steady implementation of college policy at a local level whether postgraduate, vocational or undergraduate.

Dr J. A. R. Lawson

Dr J. A. R. Lawson described how the postgraduate adviser in general practice saw his work. This was a regional, sessional paid post, co-ordinating the general-practitioner aspects of the post-graduate dean's department and the regional board with the Faculty, the BMA and the LMCs as well as the links with individual tutors and the university department of general practice.

He saw the adviser as a co-ordinator, facilitator, and public relations man who was a working general practitioner still in active general practice. He co-ordinated his activities by sitting on the regional postgraduate committee and chairing his own regional general-practitioner advisory sub-committee. Nationally, the advisers had links but he saw the need locally to involve tutors in courses on teaching methods and assessing practices for their value as suitable in which to teach.

Dr M. Dale

Dr Michael Dale explained that at least 12 Faculties held meetings like those the Midland had been running for three years. The faculty education committee was disbanded and 'phoenix-like' rose up again as a meeting of tutors held in rotation at postgraduate centres twice a year on Saturday afternoons. Originally the group met the Dean but on a second session became atavistic, asking the Kafka-like questions, "Who am I? What am I? Why am I?". The ongoing discussion produced group strength, awareness of inadequacies and shared problems, and in later discussions they had invited resource men from outside the Faculty to provide a focus and prevent inbred discussion.

Dr Stewart

Dr Stewart of Reading explained how the college tutor could help the clinical tutor. The task

was not glamorous and the best initial approach was often to volunteer to relieve the tutor of that part of his general-practitioner load he found most heavy: shaping the courses, briefing speakers, advising on the library list, taking the chair, starting clubs, ordering tapes, were all practical tasks through which influence might be exerted and goodwill gained. Once the bond between clinical and college tutor became linked, college policy could be explained and developed; the mailing list of executive councils can publicise the county's activities and it was important to keep contact with the residents' mess.

Dr Ian Tait

Even an audience of veteran lecture-attenders such as the massed tutors, finds attention wandering during the second lecture after tea and the concentrated previous papers had lowered the resistance of even the most masochistic listener. Ian Tait revived the meeting with an allegorical tale enhanced by his droll delivery.

"Dr Dim Average, the only member of his faculty board from his area who attended a critical meeting, was too nice to refuse to be a tutor. His relationship with Dr Slipalong the clinical tutor, his wife's friend James (who disapproved of everything), the hypomanic BMA secretary, Dr Pushover the LMC chairman, as well as Dr Dynamo his partner, were all obstacles in his path. Documents precipitated upon him, the 'phone rang, he felt guilt at his lack of achievement, and with the time and secretarial help taken from his practice, he became, because he was willing, overburdened."

In future the implication of posts needed to be described before being undertaken, correspondence should be reduced, finance for petrol, typing and stamps needed to be reimbursed, and above all time for administration with secretarial help. The empathy of the audience clearly revealed Dr Dim Averages were present in the audience as well as in Ian Tait's charming and perceptive tale.

Dr K. Dickinson

If the preceding talk was the meringue sweet after a rich meal, the last paper was the savoury; its subtitle of *The inefficiency and lack of zest in the majority of programmes being put on by post-graduate centres* was enough to stimulate interest, and Dr Dickinson proceeded to anatomise the failing of dreary courses chiefly by committing intellectual hara-kiri on those he had organised in his eight years as tutor prior to his recent resignation.

The main justification of a lecture was its cheapness and probability of not upsetting the audience, yet how few lecturers in spite of practice consistently scored highly if evaluated separately for content, form and time. After discarding many objectives he still felt entertainment and new knowledge were fundamental; he preferred now to evaluate over sherry at the end rather than elaborate audience research resplendent with science and statistics. Too many courses were irrelevant, illogical, ill-conceived and badly delivered. Many intruded on leisure, speakers needed good briefing and firm handling, but should always be heard first elsewhere or be personally recommended.

The future lay in more audience involvement, more discussion, more sophisticated problem solving, using practical games to change patterns of behaviour. He finally advised never to speak before your fellow practitioners locally and to resign before you become satisfied with what you are doing.

Mr Cashell

Opening the final session Mr Cashell, a tutor and surgeon from Reading, pointed out that co-operation brought enhanced results. His advice and description of his methods rapidly revealed how the success in their area had been achieved with the college tutor—Dr Stewart, having secretarial help, being consulted on all issues and having general-practitioner problems delegated to him. Other points were made that supernumerary training posts were often lacking in practice experience and service posts are preferable.

Dr J. P. Horder

In conclusion Dr John Horder, with characteristic lucidity as an intellectual *tour de force* summed up all 15 speakers and the conference generally. He conceded that originally paperwork had been sent out to tutors with more enthusiasm than experience. The College did not speak for

all general practitioners and yet the College had no challenger in the selection and co-ordination of academic general practitioners. Tutors needed time, payment of expenses, and secretarial help; their relationship to faculty and regional adviser was important and constant reevaluation of these balances was increasingly necessary with the chance to meet together regionally and nationally.

In 1977 mandatory vocational training will emerge and between 900 and 1,000 teaching practices will be needed, and double this number of hospital posts. This would necessarily need more undergraduate exposure to practice and more career guidance as well as meaning each tutor might have an average of five vocational training schemes to service.

The success of the day was agreed, and was attended by 109 tutors, chiefly due to John McKnight who planned it with Marshall Marinker (who even banged doors in spontaneous audience participation) supported by Miss Boase and college staff, also to all the officers, our hosts, our guests, and not least the audience of tutors who showed how a Section 63 course could inform, influence and inspire.

ROBIN STEEL

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Further details are available from:

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