

*College tutors' conference **

Mr J. M. Potter

Mr J. M. Potter, a neurosurgeon, opened by making the point that universities and general practitioners are both independent contractors. He felt that the social services had limitless requirements and medicine, although it must do all it can to help the social services, must look primarily to its own needs. He felt that medical care provided much better value for money.

Dr J. C. Hasler

Dr J. C. Hasler outlined the educational arrangements in the Oxford region. This was predominantly of a rural character with a population of about two million. There was a post-graduate centre in each region and he emphasised the important role of the college tutor. Although his region was small, it was expanding at three times the average rate, partly because of the new town of Milton Keynes. At Oxford there was a regional organiser who was the executive officer of the general practice advisory committee, and he was equivalent to the regional adviser in other areas. He was pleased that every district hospital now had a vocational training scheme and 50 per cent had reached their targets. All trainees attend the regional course, and he provided a map to show where the various vocational training schemes were situated.

Dr R. W. Ballantyne

Dr R. W. Ballantyne, who was director of the Department of General Practice at Kettering and a college tutor, said he was "constantly amazed" at the amount of work college tutors got through. He felt they needed more secretarial support, and he had found vocational training candidates to be of high calibre, equal or superior to those applying for consultant training. He emphasised the importance of two-way communication and feedback and was proud of an exchange arrangement with Denmark.

Continuing education

Dr E. V. Kuenssberg

Dr Kuenssberg rooted his talk on continuing education firmly in the consulting room. *Cui bono?* he asked. The answer must be the patient, not the doctor, whose benefit should be secondary; continuing education could be justified only because of every doctor's responsibility to his patients. In listing the different facilities supported by Section 63—approved courses, whole-time courses, extended courses and prolonged study leave—Dr Kuenssberg singled out clinical attachments as the most under-used. He emphasised this by an analysis of how the money disbursed under Section 63 is spent: 25 per cent on travelling, 74.5 per cent on lecturers' fees and on administration, leaving only 0.5 per cent given to paying for clinical attachments.

Another method of continuing education is the small group, set up formally or informally and even better able to justify its existence if tape/slide lectures are borrowed from the Medical Recording Service Foundation. He instanced lastly the example of some doctors who have set up their own therapeutic study groups, uninfluenced by the drug firms' biased lubrication.

Finally, Dr Kuenssberg sought a role for the college tutor apart from pure organisation: he should be the sensor between consumers, able to fill particular needs and gaps in their knowledge.

Dr John Fry

Dr John Fry advocated a critical approach, pleading for a pause in which to assess our present achievements. He asked six questions, on the what, how, why, who, where and when of continuing education. Pursuing some of his familiar themes, he urged the need for research into the clinical aspects of general practice, which need much improved manipulation. He felt that there was too much lecturing, and too much of that on an *ad hoc* basis without an organised systematic curriculum. How should it be done? We do not know, and need to evaluate the various methods. Why? To become better doctors and provide a better service. Who should teach? Ideally,

*The college tutor's conference was held at Oxford University in September 1973.

general practitioners, but only if they are genuinely expert. Where and when? Everywhere; on every teaching round there should always be a general practitioner to present the general-practice aspects of a case.

As is usual in large meetings, the discussion centred mainly on what the participants had thought up before they arrived, rather than what they were provoked to say by the speakers' remarks. However, there was firm opinion in favour of small group learning (voiced cogently by Dr D. H. Irvine) and equally firm opinion in favour of lectures (the view of more than one post-graduate dean, several of whom happily considered the conference important enough to be worth attending). A voice was even raised in support of the person who failed to attend anything whatever, but who could plainly learn a great deal solo. Dr G. I. Watson agreed with this idea in general, by urging general practitioners to record and, more important, not to fail to look up, think about and publish those puzzling anomalies which everyone constantly sees in his work.

Quality

Dr S. L. Barley

The conference's second session was chaired by Dr Kuenssberg. He first introduced Dr S. L. Barley, who spoke about the trainee's view of the quality of vocational training. He posed a number of questions which he felt course organisers and the College should be able to answer in order to improve training schemes. For instance, which schemes are popular, which unpopular, and why? Do many trainees leave schemes early, and if so why? While admitting the personal bias of his own training in Ipswich, he spoke strongly in favour of small group learning and of adult learning; quoting Dr J. L. Stevens he thought that tutors should use commonsense and do everything as differently as possible from the way it was done in their medical school. This was likeliest to happen if the trainees had a large hand in organising their own course.

Dr D. H. Irvine

Dr D. H. Irvine then followed, to put the College's view of quality. He advocated rigorous selection of teachers in order to maintain standards and described the college examination and the proposed accreditation scheme which is to be tried soon in three pilot areas. He agreed that small groups are excellent learning situations for teachers as well as trainees, and urged the conference to ensure that teachers in their areas were trained to use this method. Finally, he asked for feedback from trainees in order to change and improve existing courses; this idea has spread, and some places have even seen the rise of surgical-registrar power, which has ameliorated working conditions and training.

Discussion

In the discussion, few doctors viewed with favour the enthusiastic amateur (even though this is a status from which they themselves can only a few years before have risen). Dr Kuenssberg thought that the Scottish method of obstetric accreditation, which admits doctors to the obstetric list by a critical review of their actual experience and capabilities, could be used similarly to see whether general practitioners would be good teachers. The conference was not able to offer any new ideas on how to spread training schemes into areas where most new principals are trained abroad and have a very low pass rate when they take the membership examination of the College.

Organising vocational training

Drs D. H. Metcalfe and M. A. Varnam

Dr D. H. Metcalfe described how a vocational training scheme in Nottingham had been planned. He emphasised throughout the importance of defining precisely the educational objectives and stressed that this was one way of preventing schemes being "blown off course" by operational limitations. There had been full discussion with the consultants as to what the trainees were expected to learn and he passed round the meeting the blueprint of educational objectives used at Nottingham. The system he recommended was that the educational objectives should be open to change, but that such change should only be agreed by the teachers and the trainees.

He was assisted by Dr Varnam who has been a member of the working party at Nottingham, and who had done much of the co-ordination. At Nottingham there was a highly designed day-release course for three years, and they had used for this the framework of the family life cycle. The advantage of this was that it enabled trainees entering a second or later year to fit in on a

continuing course. It was felt that it was necessary for trainees to display their attitudes and commit themselves before it was possible to effect any change.

M.R.C.G.P. examination

Dr J. H. Walker

A session on recent developments in the MRCGP examination was begun by Dr J. H. Walker. He described the various parts of the examination and the methods used to mark them. Most of this must have been familiar to college tutors, but Dr Walker was concerned to stress some of the inner workings, such as the recent decision not to call for orals in London those who fail badly in the first part, and the careful, detailed information given to those who fail the second part: tutors would be expected to discuss with them their papers and try to help them to pass the next time.

Dr I. Capstick

Dr I. Capstick gave a separate talk on the modified essay question, which has been found to correlate well with a candidate's overall works and to be capable of highly reproducible marking. He gave the audience a sample question paper to answer and in the discussion was able to show how carefully the answers are formulated and cross-checked by two or more examiners so as to cover the whole range of possible responses. He described experiments in which short MEQ's (given the unnecessarily barbarous title 'Mini-MEQ') are used as the basis of educational exercises for trainees and teachers: he felt these questions, being easy to design using typical problems of everyday consultation, were effective ways of identifying and filling in gaps in a learner's knowledge.

Discussion

The discussion, flagging a little by now, centred mainly round ways of increasing the number of questions for both the MCQ and the MEQ. Some tutors would have preferred many more sample questions be available to candidates for practice, but Dr Kuenssberg pointed out how very difficult it is to frame realistic yet foolproof questions of the right standard. Dr J. C. Hasler emphasised the need for the panel of examiners to be much more widely recruited from all the regions.

Summing up

Dr J. Horder

Because he is so good at it, Dr John Horder was naturally invited to sum up the conference and he did so with professional skill. He felt that this year college tutors were much more secure and less anxious in their role. Even though he feared that the new regional advisers might put the faculties out of a job, he saw the College's role persisting in the person of the tutor, both in vocational training and continuing education.

He asked that the College therefore give the tutors the tools to do their work; money (for secretarial help), a handbook or yearbook, and contact with college headquarters. He thanked Dr J. McKnight for his original and continued efforts in organising the college tutor system and hoped that soon money would be available to pay the John Hunt Fellow, who could continue the work of review and criticism.

Dr Horder listed some priorities for the College and its tutors to consider, viz. the need to expand training schemes, the need to listen to what trainees have to say about quality, to learn how to train teachers and finally the problem of how to pull into the College those general practitioners who trained abroad.
