
REPORTS

Open medicine

THE Royal Society of Medicine held a conference on medical education at the Open University on 11 January 1977. This was organized by the Open Medicine Trust, and over a hundred attended.

Mr Ivor Shipley

Mr Ivor Shipley, Founder Chairman of the Open Medicine Trust, outlined the development of the group which existed to promote a medical faculty in the Open University.

Professor E. D. Acheson

Professor E. D. Acheson, Dean of Medicine, University of Southampton, argued that: (a) this would give a second chance to mature men and women to study medicine, (b) it would diversify the entry into medicine, and (c) it would provide a stimulus to medical education.

Professor J. Parkhouse

Professor J. Parkhouse from the Department of Anaesthetics, University of Manchester, thought that medical schools were already too big and that their present size militated against a more personal approach, which was needed in medical education and medical practice.

Discussion

During discussion several points were raised, including the possibility of general practice as an appropriate setting for medical education.

Sir Walter Perry

Sir Walter Perry, Vice Chancellor, the Open University, foresaw little difficulty in the Open University for providing courses in the basic sciences which could contribute towards a medical degree. It would, however, need 700 students a year to make it economically viable. Nevertheless, he considered the main problem was how to meet clinical needs.

He also considered another more radical approach to training doctors, namely, the idea of introducing two stages of training, with an initial basic two-year diploma course which could be applicable to all health professionals.

Professor G. Smart

Professor G. Smart, Director of the Postgraduate Medical Federation, London, felt that if there was a case for experimenting with Open University involvement with medicine, then the appropriate place to start was at the postgraduate point, and indeed the existing network of postgraduate medical centres could be an appropriate focus for such activity. In any case, as far as continuing education was concerned, much of the traditional lecturing was widely held to be inefficient.

Professor D. Gardiner

Professor D. Gardiner, Professor of Histopathology at the University of Manchester, reported his work in video and closed-circuit television in teaching pathology. He felt this could be adapted for use by the Open University and called for a controlled evaluation of the learning resulting from this approach.

Professor I. Olson

Professor I. Olson, University of Kuwait, suggested that an open medicine facility might be more appropriate than an open medical faculty. Overseas needs were great, and he considered that some of these could be met to the financial advantages of the organizers.

Discussion

Several problems were aired in the final discussion session. Professor J. D. E. Knox, adviser on education to the Board of Science and Education of the British Medical Association, reported the lack of enthusiasm by many practising doctors for programmes on clinical medicine on open television networks. Neither the BMA nor the Royal Colleges had a policy at present.

His own view was that the main scope for open medicine might be to meet the needs of tomorrow's doctors more fully than at present.

Dr I. Davies

Dr I. Davies, Director of Postgraduate Medical Education, Highland Health Board, argued that the non-teaching hospitals could make a great contribution to open medicine.

Mr J. Stewart

Mr J. Stewart, Chairman of the Open Medicine Trust Steering Committee, felt that the difficulties in providing a clinical apprenticeship had been unduly magnified. He outlined a three-year programme which was similar to that followed by many medical schools, and which could be implemented by the Open University in co-operation with a medical school.

Final discussion

In the final discussion it emerged that most of the audience were committed members of the Open Medicine Trust and it was generally agreed to continue discussions, both with the Department of Health and Social Security and the Department of Education and Science.

J. D. E. KNOX

Annual Symposium of the Royal College of General Practitioners

THE Annual Symposium took place on Friday 19 November 1976 at Imperial College, London. The programme, arranged by the Research and Practice Organization Committee, was in two halves. In the first, chaired by Professor P. S. Byrne, papers were presented reviewing recent developments in three facets of practice organization. In the second part, chaired by Dr J. A. R. Lawson, speakers described how research might be planned to study problems such as those highlighted in the morning session.

In the first paper, "Workload and the Use of Time", Dr J. G. R. Howie commented on the wide variation in the annual number of consultations between doctors and patients in different practices. He discussed the contribution to workload of items of service other than face-to-face consultation and estimated that each working hour included one home visit, five surgery consultations, and two 'indirect' services. He concluded by describing how doctors use the time available for consultation showing some of the very different styles of practice used by modern family doctors.

Dr I. S. L. Loudon then spoke on "The Use of Specialist Services". The origin of the consultant and specialist and the growth of hospitals was traced from 1800 to the present day and it was noted that, from the introduction of the NHS, there had been a large increase in hospital staff and in admissions to hospital while the numbers of general practitioners had altered only slightly. The amount of inpatient care that can be carried out by general practitioners with access to general-practitioner hospital beds was shown to be large—approximately a half of all acute medical admissions. The problem of outpatient numbers and the need to reduce unnecessary follow-ups, and the steadily increasing problem of self-referral to accident and emergency departments were discussed.

In the third paper of the morning Dr B. L. E. C. Reedy discussed "Delegation and Practice Organization". The paper considered delegation to nurses, including health visitors and midwives. Delegation—which is different from supervision—was "the process of assigning work to others and giving them authority to do it". The general practitioner's authority to delegate

in the NHS came from the 1972 version of his terms of service which states the limitations and safeguards which must be observed. Professionally, the general practitioner has a right to prescribe and delegate nursing treatment. In addition, the General Medical Council now permits delegation of other work providing the offence of 'covering' is not committed.

Afternoon session

In the first paper of the afternoon, Dr P. R. Grob, in typically extrovert style, spoke on the "Problems and Opportunities for Large Group Studies". General practice was to be regarded as a discipline which needed to correlate and codify much of the knowledge which is possessed by individual doctors. This correlation and collection of data could come only from large group studies. Individual investigation could define what occurs within the practice but these studies required to be extended to other doctors if their validity is to be confirmed. Collection of information on areas such as therapeutics, prescribing habits, health care delivery, and morbidity data could repay closer examination. Problems of organization, definition of common goals, and finance and motivation were considerable but not insuperable. Dr Grob described how the Epidemic Observation Unit of the College is developing methods of collecting morbidity data from a large number of sentinel practices. This information provided a unique data bank for numerous interrelated studies.

In a complementary paper Dr K. A. A. Mourin spoke on "Problems and Opportunities for Individual Studies". Dr Mourin felt drug trials were useful introductions to research methods and problems, and sometimes helped to fund more personal research projects. Age-sex registers and some disease or problem indexing system were usually necessary. Careful preliminary study of the literature was essential to refine ideas, and it was necessary, for example, to ensure that laboratory and other services could cope with the workload envisaged by an agreed protocol. Modern technology was too seldom exploited in general practice. Cameras and tape recorders were easily