

Conference on continuing education

A ONE-DAY conference jointly sponsored by the Association for the Study of Medical Education (ASME) and the Royal College of General Practitioners was recently held at Princes Gate. Its purpose was to look at current ideas about continuing medical education and the audience was drawn equally from general practice and hospital practice. Every level of postgraduate education was represented: trainers, course organizers, clinical tutors, regional advisers, postgraduate deans, medical editors, and heads of national councils. Many of those present had international reputations. The presence of nursing and dentistry colleagues contributed an ecumenical flavour and there were visitors from Holland and the United States.

Sir George Smart

Following an introduction by Professor Sir George Smart, Chairman of Council of ASME, the proceedings took the form of a series of presentations describing current or recently completed exercises in continuing education and an attempt to evaluate outcome. The morning session was devoted to examples of different approaches in general practice, and a picture of marked contrasts emerged.

Members of the College's Experimental Courses Study Group presented the results of courses they had run on muscle and joint pain and spoke of the lessons they themselves had learned. Chief among these was that each course must retain sufficient flexibility to be responsive to the emerging need of the learners; that small group instruction was preferred by the participants; and that general practitioner tutors proved more effective than specialists in putting over some specialist concepts.

Professor R. Harden

Professor Ronald Harden, of the Department of Medical Education in the University of Dundee, described in a way that was both adept and entertaining a current exercise in distance learning (by now familiar to most general practitioners) and the pattern of response from well over 3,000 individual doctors. Many had found it especially valuable to use the postal case

material as a basis for group discussion, while the feedback had enabled the organizers to update the consensus view on patient management.

Dr A. Herxheimer

Dr Andrew Herxheimer, of the Department of Therapeutics and Clinical Pharmacology at Charing Cross Hospital Medical School, gave an account of his experience with a group of general practitioners who were looking at aspects of their prescribing, in which his role was that of a specialist resource. The skills required for this particular job were deceptively simple: "You keep your mouth shut until you can't bear it any longer!"

Afternoon session

The links between continuing education, patient management review, and audit were reinforced in the afternoon when we learned how our hospital colleagues were making use of the opportunities presented by such tools as morbidity surveys, inpatient enquiries, and departmental postmortems (often in a literal sense).

Conclusions

The conventional nature of the proceedings—didactic presentations with barely adequate time for discussion—proved surprisingly effective in achieving the aims of the conference: to communicate ideas about continuing medical education based on lessons drawn from the actual experiences of practical people. Even more surprising for a conference which never for one minute departed from the traditional speaker/audience format was the unanimous feeling that the way ahead lay with small groups; vindicating Miller's aphorism (dating from 1966 and therefore of respectable antiquity, yet only now about to be discovered):

"Continuing education should mean continuing self-education, not continuing instruction."

JOURNAL CORRESPONDENT

Reference

Miller, G. E. (1967). Continuing education for what? *Journal of Medical Education*, 42, 320-326.

Addendum

A full account of the Conference is available on request from the office of the Dean of Studies, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.