
ASPECTS OF PRACTICE

The Medical Architecture Research Unit and its involvement in general practice premises

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The Medical Architecture Research Unit (MARU) is a multi-disciplinary research and development unit based at the Polytechnic of North London, specializing in the design and function of health buildings from the smallest surgery to the largest teaching hospital.

THE unit's involvement with general practice premises has been continuous since MARU designed its first doctor's surgery in 1964. Since then various research papers have been published and consultancy commissions undertaken. More recently a design projects group was set up to carry out formally the design and development of general practice premises, new buildings and conversions.

In May 1982 MARU opened a new practice premises resource centre. This unit was established by the Kings Fund Centre in response to general concern about the poor conditions in which many general practitioners work in inner London. The purpose of this unit is to facilitate the improvement of these premises and to offer (on request) advice and help to general practitioners and their architects.

Practice premises resource centre

For MARU this increased activity in general practice premises is a response to the need to provide general practitioners with a non-commercial service that is impartial and based upon 18 years of research and development in this field. Two years ago Dr Raymond Moss, Director of MARU was quoted in a medical journal as offering advice and guidance to general practitioners on improving their practice premises. Within a week MARU was inundated with over 200 cries for help from doctors all around the country who wanted to improve their surgeries but did not know where to begin nor how to find their way through the maze of Red (Book) tape of family practitioner committees, regional medical officers and town planning authorities.

MARU still receives about ten enquiries each week from general practitioners and architects. Its organization is unique in that its team of architects will carry out designs themselves or recommend other suitable architects: whichever is more appropriate.

Free advice

The grant from the Kings Fund Centre enables general practitioners and architects in inner London to receive advice and guidance absolutely free. Elsewhere doctors can still receive free advice on their premises problems, providing they come to MARU. MARU will also produce plans to improve surgeries or produce designs for new purpose-built practice premises. For this they apply the Royal Institute of British Architects recommended fee only. The research and experience comes as part of the package.

Strong and developing links are maintained with the Central Information Service (CIS) and MARU keeps in close contact with the DHSS and the GMSC on all premises related issues. A more recent development has been liaison

with a number of family practitioner committees and we hope that this form of co-operation will grow and develop.

Workshops and seminars

An occasional series of workshops and seminars entitled 'GPs and their Architects' is being organized jointly by the CIS and MARU to debate the issues and address the problems of practice premises on a multi-disciplinary level. The first two seminars took place earlier this year and were a resounding success; more are planned.

Premises is an increasingly important issue for debate within general practice. The policy of MARU is not just to design practice premises, but to provide doctors with an architectural service which will take into account factors that will affect general practice as we approach the 21st century.

Reusing existing buildings

Although previous design guidance and cost allowance schedules have implied or indeed favoured new buildings, it is now impractical and indeed, neither cost nor energy-efficient, to think automatically in terms of new buildings for practice premises. Existing buildings can be recycled to provide cost-effective accommodation for general practitioners and the primary care team. Techniques for reusing existing buildings must be further researched and developed. This will require an even more flexible approach by family practitioner committee administrators, regional medical officers and above all town planners.

Energy conservation

Energy is expensive and is likely to become even more expensive, if fuel prices are at a higher level (in real terms) than inflation. Doctors and their architects must design buildings that will be as efficient as possible in energy consumption. A low energy general practice surgery is currently on the drawing board at MARU's design projects office (Figure 1).

The full impact of computer technology is yet to be felt. In future we shall need to harness its strength and avoid its pitfalls; to control technology rather than let it control us.

Good design

In parallel with the need to design today for tomorrow's general practice is the recognition of the basics of good surgery design. Adequate space for doctors, their staff and patients is vital, and so is the need to recognize each user's requirement for privacy, dignity and confidentiality.

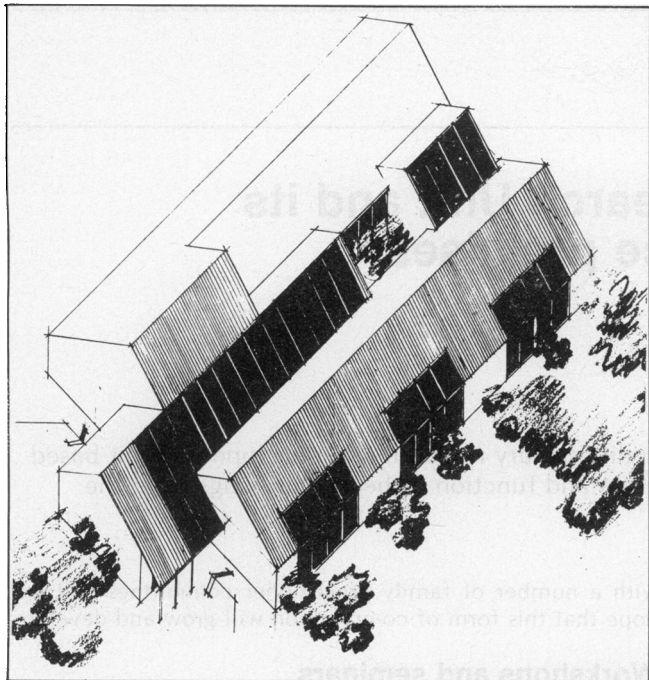


Figure 1. A low energy general practice surgery that is being designed by MARU.

It is disturbing to note that the basic rules of planning for confidentiality are still being broken. Figure 2 shows the two-door room. On the face of it a useful device for the doctor to lead his patient into the examination area; but to what result? He will be unable to use his consulting room for his next patient, as the consultation will be overheard by the patient in the adjoining examination room. Even if sealed acoustic doors are used, will not the patients in both rooms still think they are being overheard?

Drab interiors

When visiting newly built surgeries we have noted how interior design is still a sadly ignored and misunderstood feature of practice premises. Many seemingly drab and dull

surgeries could be transformed overnight with more attention to the design of practice interiors. This appears to be particularly so in health centres. Drab and unimaginative colour schemes, inappropriate and unattractive lighting, utilitarian furniture and *ad hoc* hand written notices taped to the walls, unfortunately are common characteristics of many practice interiors in health centres.

It would be naive to consider the design of practice premises in isolation from the needs of improving the delivery of primary health care. However, the financial assistance now offered by the Red Book cost-rent scheme presents an ideal opportunity for general practitioners to provide their first class services from first class practice premises. At MARU our aim is to help general practitioners to make the best of that opportunity.

Further information about MARU and advice may be obtained by writing to Dr Raymond Moss MBE, PHD, DIP.ARCH. RIBA, Director, Medical Architecture Research Unit, the Polytechnic of North London, Holloway, London N7 8DB.

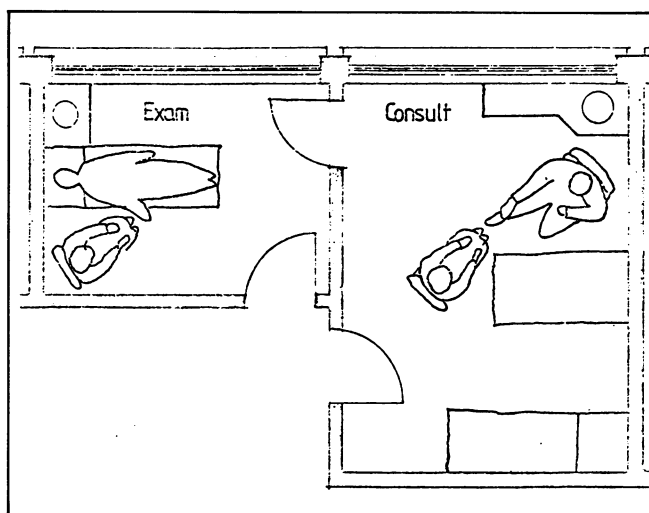


Figure 2. Rooms with more than one door are an unnecessary risk to privacy and confidentiality. Yet such basic planning errors are still being made by general practitioners and their architects.

CONTINUING EDUCATION

Continuing medical education

DAVID PENDLETON

Stuart Fellow

Eighteen months of working for the College as Stuart Fellow have now been completed. During this time I have been able to meet with numerous College and non-College groups and have attended approximately one hundred continuing education meetings. Inevitably, this experience has led to my forming several clear impressions of the College's involvement in continuing medical education. In this short article I should like to set out these thoughts and illustrate them with reference to several of the meetings in which I have taken part.

A large conference

At a large conference held at Cambridge University, the absorbing subject of motivation for learning was discussed. This conference was organized by the Association for Medi-

cal Education in Europe. The discussion group in which I took part considered the question of motivation for continuing medical education—a matter with which all of the College's faculties are concerned. The ideas that this group discussed were interesting: