Reports

REPORT ON THE CONFERENCE ON SOME PRACTICAL ASPECTS OF POSTGRADUATE WORK IN THE FACULTIES OF THE COLLEGE

The following is an abridged account of the proceedings of the conference on postgraduate studies held in London on 20th November, 1955.

MR. J. D. S. FLEW (Dean, University College Hospital), in opening the discussion, said they had been considering the appointment of practitioners to various departments of the hospital and the medical school.

They were asking practitioners to come to ward visits and discuss with the students how cases might appear to them first in their practice. The real thing, he said, is to hold at least six meetings a year between various hospital departments and practitioners, say on a Sunday morning, having a brains trust to see how collaboration between practitioners and the hospital medical staff could be amplified.

Mr. Flew said that he agreed with the suggestion that a general practitioner should serve on the appointments committee which selects students for the hospital provided that he could spare the necessary time. They had just had questionnaires sent out to a large number of past students to find out what they were doing and where they were. The result was surprising. Of 78 per cent. who answered, only 34 per cent. had gone into general practice. Similar questionnaires are now being sent out by all the London undergraduate teaching schools to ascertain what the state of things is.

A Chair of General Practice

There was an idea that there should be established in each medical school a chair of general practice and Mr. Flew thought that basically this idea was good but he could foresee a lot of difficulties. When he put the question to his Academic Board and the Medical School Council he found that both liked the idea of having practitioners attached as registrars or S.H.M.O's and that the idea of a chair of general practice was received with favour, but the foundation of such a chair must be at university level because they were, in their medical school, extremely poor and it is primarily a question of finance. As far as U.C.H. was concerned the idea was considered favourably.

Students are examined by people who are concerned with their own particular branch of medicine only, and they are interested only in their own subject. He considered that as part of any qualifying examination the student should be taken into a room where there is a patient and he should be given an hour to take the history of that patient and examine him. Then the candidate should be questioned by two examiners, one a representative of the College of General Practitioners and the other a teacher recognised by the examining body concerned, but *not* for the type of illness from which the patient suffered.

PROFESSOR C. A. GREEN (Dean of Medicine, University of Durham) said that his Medical School had appointed members of the local faculty of the College to the postgraduate committee of the faculty of medicine, and he felt that this was providing a most useful way of learning the practitioners' requirements and their outlook on postgraduate education. He had been asked what was the best way of disseminating information about the postgraduate courses to the practitioners and he felt that circulation of doctors by the executive council achieved this purpose satisfactorily. He disagreed with Mr. Flew as to whether general practitioners should serve on selection committees for students as he felt that the selection of satisfactory students can be achieved without specific reference to the particular branch of the profession to which ultimately they may belong. He also felt practitioners might not wish to serve on selection committees, partly because they were time consuming and partly because members of the committees were apt to be subjected to outside pressure related to particular applicants which might be unpleasant for the practitioner concerned.

He mentioned that during the sixth year of undergraduate training and about four or five months before the final examination, the students in his medical school were attached for one month to a peripheral hospital for medical clerking, and that for one week of that month each student was seconded to a practitioner living near the hospital. Judging from the students' reports this arrangement was popular, but they were at present taking steps to obtain detailed criticism and comment by a questionnaire to senior students and young graduates who had assumed this experience.

Postgraduate Education

On the question of the type of postgraduate course most popular with doctors, he thought that much depended on the centre concerned. In Newcastle they found that a continuous course lasting a week or a fortnight was not particularly popular because

practitioners taking an extended course seemed to prefer to go to cities such as London, Edinburgh, Oxford or Cambridge where the amenities for spare time relaxation were better and more varied. Courses of half a day a week were quite popular, and those of one-and-a-half days or week-ends were also appreciated.

He ended by saying that in postgraduate education much depends on the atmosphere in which the teaching is given, the outlook of the teachers and the relationship between teacher and student. He mentioned that the paediatric department runs a course of one-and-a-half days, at the end of the first day of which a simple dinner is held where the fifteen or sixteen practitioners attending the course and the half-dozen or so lecturers meet informally and discuss points of common interest. At one such dinner he had noticed that the discussion ranged over such things as the use of health visitors, the methods of exchange of information between consultant and practitioner, the sort of information that should be exchanged, the value of domiciliary visits, and so on. He felt that the informal exchange of ideas such as took place at this dinner was a material help in developing the right sort of association between practitioners and consultants. In this connection he mentioned that the local obstetrical society did much to encourage satisfactory relationships by having its membership equally divided among consultants and practitioners.

Dr. J. G. McCrie (Dean of the Faculty of Medicine, University of Sheffield) said that it appeared to be implicit in the title of the conference that what was wanted was an account of actual experience to date, rather than any merely theoretical views. Dr. Harkness had asked him to deal with seven questions. Taking each point in turn:—

1. *General postgraduate educational organisation within the area of the University of Sheffield.* The Board of the Faculty of Medicine had set up a postgraduate committee of which the dean, in his capacity as Director of Postgraduate Studies, was chairman. To this committee there had been co-opted two representatives of the North Midlands (Sheffield) Faculty of the College. These took part in all the business of the committee, except such as was felt to be purely domestic to the university. The committee arranged all postgraduate work intended for doctors resident in Sheffield and the immediate vicinity, e.g., regular twice-weekly ward rounds and clinical demonstrations. It also dealt with intensive week's or fortnight's courses such as required residence in or near Sheffield for the period in question, and therefore had not to be confined to those living in the immediate neighbourhood of the city. As regards the organisation of extended courses, such as weekly demonstrations, in parts of the region other than Sheffield,

certain difficulties arose because of geography. Sheffield was nowhere near the centre of the region, but he himself would be willing to act in any co-ordinative capacity that might be found useful in relation to the arrangement of postgraduate instruction in any suitable hospitals outside. He had already done this to some extent in the case of Derby. It would be for the faculty's representatives on the postgraduate committee to advise as to which other hospital centres might be brought in. He wondered, however, whether this conference had any views on the general question of whether postgraduate teaching should centre round teaching hospitals, or might be extended to regional hospitals. It seemed likely that a good deal depended on individual circumstances in different places.

2. *Methods by which postgraduate work is made known to practitioners within the area, and beyond.* Extended courses had been made known by circulars prepared in the University, and distributed to individual doctors through local executive councils. Intensive courses had been made known partly by direct arrangements with the local faculty, and partly by advertisement in the medical press. Personal circularisation was undoubtedly more effective than advertisement, but raised the question of who should be circularised. He would welcome guidance as to the extent to which the College of General Practitioners regarded itself, or indeed wished itself to be regarded, as the mouthpiece of general practitioners as a whole.

3. *General Practitioner Unit attached to University, or Adviser in General Practice, or lectures given by general practitioners.* In Sheffield, there was an arrangement made by the Professor of Social Medicine, in collaboration with the local division of the B.M.A., for the attachment of final year students to selected general practitioners for a fortnight each. The scheme is voluntary, but few students failed to take advantage of it. Normally the students concerned should have very little other work to do during the period of attachment, and should therefore be able to give a good deal of time to it. The attachment was, however, on a non-residential basis. Dr. McCrie thought that, if schemes could be arranged which allowed for residence of the student in the doctor's house, they were likely to be of much greater value. He wondered whether the setting up of a general practitioner unit attached to a university might not give a somewhat artificial view of general practice, but he would like to hear the experience of others in this regard. No lectures were given in the University on general practice, but such questions as the structure of the Health Service, statutory certificates, medical ethics, etc., were

included in the syllabus of certain classes. A suggestion had recently been made, from the church side, that students should be instructed in co-operation with the clergy in the handling of the sick.

4. *General practitioners on Selection Boards for Students; good or bad?* In Sheffield, a practitioner nominated by the local faculty sat as a member of every selection committee. He thought that all members of the University felt this to be helpful. But there were of course many points to keep in mind. Not all those entering medical schools were going to be general practitioners. It was also necessary to remember that, owing to the scale on which financial aid was now available to most of those who aspired to enter universities, the social background of most applicants differed from that to which the older members of selection boards had been accustomed in the past.

5. *Arrangements for introduction of final year students to general practice by short-period stay with general practitioner.* This has already been dealt with in three above.

6. *Courses of postgraduate instruction arranged.* In Sheffield, it had been the custom for several years to provide once-weekly ward visits and clinical demonstrations for general practitioners throughout the two winter terms. In response to some 500-600 notices sent out, about 20-40 doctors usually attended. Further, these were mostly the same persons each year. As a result of representations from the local faculty, two afternoons were now offered each week instead of one. Dr. McCrie had not himself had much experience of day or week-end courses, though successful ones had been held in relation to industrial medicine and to recent advances in rheumatism. Evening lectures in paediatrics had also proved popular. Recent experience of two one-week intensive courses had been very useful, but there was not time at present to refer to the various lessons which had been learned regarding the organisation of such courses.

7. *In what manner can co-operation with the local Faculty of the College of General Practitioners be achieved?* As already indicated, the University of Sheffield had co-opted two members of the local faculty on to its postgraduate committee, and one member on to each of its selection committees for applicants to the Medical School. And a representative of the University had been invited to the annual meeting of the faculty, and to meetings of the faculty's committees on undergraduate education and postgraduate education. Co-operation so far had seemed to be quite satisfactory, but any further suggestions from the College, or its Sheffield Faculty, would be welcomed.

The Postgraduate Medical School and the General Practitioner

DR. CHARLES NEWMAN (*Dean of the Postgraduate Medical School*) said that the two aims which induced the government to found the British Postgraduate Medical School were firstly the provision of long-term postgraduate education in relation to a hospital, to provide as it were a Vienna for this country and the Dominions and Colonies, to fill the position that Vienna had filled in Europe in the period between the two wars; and secondly to provide refresher courses for general practitioners.

The development of refresher courses under the National Insurance system reached such an extent that it soon became too important for the Postgraduate School to deal with at Hammersmith. A central office at London was therefore instituted in 1938, and, during that year and the following one the development of refresher courses for general practitioners was built up to a very large extent. This was stopped by the war, and since the war the same system has been adopted, the General Practitioner Refresher Courses being organized by the central office of the British Postgraduate Medical Federation.

The School at Hammersmith now devotes itself primarily to the further education of consultants-in-training, but it still takes part in these fortnightly refresher courses to the extent of giving one whole day to a refresher course occasionally, during vacation time, and it takes a great interest in the local general practitioners of the area, for a variety of reasons. In the first place, naturally, it is desirable in the interests of general co-operation to keep in close contact with the local general practitioners, and, in any case, the hospital depends on them for patients and the school for appropriate patients for teaching. But the really important point, which makes it very necessary for the Postgraduate School to keep in deliberate contact with the local general practitioners, is that the Staff, being mainly whole-time University teachers, are not allowed to undertake domiciliary consultations and, therefore, the physicians and surgeons depend for their understanding of general practice and the home circumstances of their patients on their previous experience. We have most of us had experience in general practice and I may say that the years I spent as a general practitioner at Horncastle in Lincolnshire and in various locums, both in Northamptonshire and London, have been of lasting and very great value to me in postgraduate teaching. The Postgraduate School has, therefore, deliberately adopted the policy

of providing regular sessions for general practitioners, and we endeavour to arrange this in the form of one session each week during university term-times. But, as regards regular work for local general practitioners, I would like to say a few words about method.

In the first place there has been the question of the kind of education to provide. We have tried various different sorts. To begin with we started clinical evenings—the ordinary sort of clinical evenings that are run by medical societies. These were a success, but they had a limited clientele, depending on those general practitioners who could get away easily. Those who could not get away easily did not manage to come, and those who could get away easily tended to be the same ones time after time. The attendance tended in time to fall off.

In the second place we tried lectures. They were not satisfactory. The general practitioners did not care for them; their objection being that they were not clinical. I had found the same thing in the old days when I used to take the gastro-enterological session in the refresher courses. At first I used to give a talk on dyspepsia, but later I found that, if I gave exactly the same talk, divided into four bits, over four patients—a gastric ulcer, a duodenal ulcer, a functional dyspepsia and a carcinoma of the stomach—it made all the difference. The talk then went down with complete success, whereas before I had been conscious that it was somehow failing to appeal to the hearts of the audience.

We also tried brains trusts, which were, and still are, a success if arranged occasionally. They provide a very good opportunity for general practitioners to bring forward those questions and problems which they have had on their minds for some time, and which it is a help to them to get answered by experts. But brains trusts are not sufficiently flexible to form a regular weekly feature.

Lecture demonstrations in the lecture theatre are popular with the postgraduate students, but they are really not satisfactory to general practitioners. I expect that the milieu tends to be a little too artificial.

General ward rounds also were not really a success: they are not a success with postgraduates either. It is a curious thing; one would think that the proper way to teach, for instance, pædiatrics, which is my own speciality, to general consulting physicians would be to take them round the children's ward and show them what the general cross-section of pediatric medicine is which they are likely to meet as consultants. But it does not work, nor did it work with general practitioners. I think they all feel that it is not designed,

that no work has been put into it, and that it is just an unrehearsed session involving the minimum of trouble to the teacher, even though it has as a matter of fact been very carefully prepared.

We found in the end that the best technique is to give special demonstrations in the wards, teaching over the bed, demonstrating a little group of patients, such as a case of asthma with consequent bronchitis, together with a case of bronchitis showing bronchial spasm, or a case of vomiting as a result of mal-feeding, together with a case of congenital pyloric stenosis; little groups of cases which reflect on one another make good short demonstrations. These are a great success. The way we do it at the Postgraduate School is for each member of the medical staff to take the general practitioners one afternoon a week in turn, so that there are different demonstrators every week and the work can be done without too much of a strain on any one member of the staff.

Now, besides these points about method, there are three other things which I would suggest are of importance. The first is the day of the week. It is essential to find a day which is convenient to the general practitioners. The ideal is to find more than one day a week, so that those who cannot manage the one day can perhaps manage the other. It is an extremely difficult problem and one which probably needs further investigation. The second point is the spirit of the approach to continued education. It is no good the consultant talking to the general practitioner from a higher level. This is not only entirely unjustifiable, but is, very naturally, resented. The process must be a genuine exchange on both sides, a two-directional process. The consultant is just as much in need of continued education in general practice, in what the general practitioner needs, and in what the patient in general practice is also needing, as the general practitioner is in need of continued education in the more theoretical aspects of medicine. Both the demonstrator and the class have equally a great deal to learn. The third thing which we have found important in the continued education of general practitioners is to deal with common diseases. Postgraduate students are interested in rarities, but general practitioners are quite definitely appealed to by common diseases, the kind of thing with which they are familiar, the kind of thing that they are going to meet with themselves. And it is by demonstrating common diseases that one gets the best rapprochement with an audience.

Dr. Maurice E. Shaw (Dean of the Medical School, West London Hospital), spoke of the need for integration and the many difficulties in the way.

Charing Cross Hospital

DR. E. C. WARNER spoke about a scheme which is in operation in the Medical School of Charing Cross Hospital. For the last three years students in the final six months of their clinical period, after passing part one of the final M.B., are seconded for a compulsory appointment as a "G.P. firm" to selected general practitioners for a course of instruction in general practice: in almost every case the post is resident—he believes this to be a most important part of the scheme. After trial and error it was found, both from the point of view of the students and of the doctors, that the ideal period was one of three weeks—one to two weeks was insufficient.

The selection of doctors taking part in this scheme is important: practically all the doctors are known personally to Dr. Warner as being very interested in the art and science of general practice. In the early stages Dr. Warner met the doctors to discuss the scheme with them and an occasional dinner has been arranged where they can meet and discuss mutual problems. Before the student goes to the general practitioner, the doctor is written to and asked what type of student he would prefer—for example, would he prefer a man or a woman, would he be prepared to take the occasional coloured student and so forth.

While the students are with the general practitioners they examine as many patients as possible—both in the surgeries and in the patients' homes and it is very rarely that the patients have objected to the presence of a student. The field of instruction is a wide one and covers many subjects which do not come within the normal curriculum of the medical school: for example it includes the writing of prescriptions and the methods of dispensing, what drugs and instruments a doctor should carry with him, and it has often meant that students have accompanied a doctor on such special duties as those of a factory medical officer or of a police surgeon.

Although at first the students were a little averse to the scheme, now they are, almost without exception, enthusiastic about it and some have voluntarily made arrangements to stay with the doctors for a fourth week. The cost of board and residence is covered in part by the student and in part by the medical school. The doctors themselves feel that they have benefited by the instruction they give for it keeps them up-to-date with the younger members of the profession.

Doctors who have taken part in this special duty regularly have, by permission of the school council, been given the designation of "Tutors in General Practice in the Medical School of Charing Cross Hospital."

DR. PEEBLES BROWN described the arrangements for postgraduate education in the west of Scotland.

The Edinburgh General Practice Teaching Unit

DR. RICHARD SCOTT, Director, General Practice Teaching Unit, University of Edinburgh, said it has become very clear from this afternoon's discussion that no consideration of the needs of the general practitioner in respect of postgraduate education can be complete without reference to the training he received before qualification. Against this background and in this connection I have been asked to say a few words about the programme of the Edinburgh University General Practice Teaching Unit.

This unit is a modern development of the old dispensary system. It consists of two general practices, each located in the premises of a former dispensary, and each comprising approximately 2,500 patients. There are two general practitioners (principals on the local executive council list) in each practice. Each practice is run by a family doctor team comprising two doctors, one nurse, one medical-social worker and one secretary; all are full-time university employees. Students attend over a period of three months. At the moment we are taking just over 60 students per year in three batches of 20 or so. The actual time spent in the unit by each student amounts in the course of a term to at least 30 hours, i.e. 9 weekly seminars of 1 hour, 9 sessions in the consulting room which last from 1 to 2½ hours (a low average being 1½ hours), 1 period of 1½ hours in the child welfare clinic, 1 period of at least 1 hour with the dispenser, and at least 5 hours taken up by the student seeing patients *on his own*, either at the unit or in the patient's own home. In this connection it should be noted that the student will be consulting one of the staff following each item of service or investigation which he personally gives (alone) to a patient. This of course adds also to the teaching time. This means that each student is having 20 hours of individual tuition and approximately 10 hours of group teaching per term. In other words, the whole unit (i.e. both practices) provides 400 hours of individual tuition and 20 hours of group teaching each academic term of 10 weeks. There is only one student present at a time as the patient is seen by the doctor in the consulting room. As well as sitting in at the consulting session once a week, the student also accompanies the doctor and visits the new calls, sees the antenatal routine, and observes the work of the well baby sessions which are held once a week for children registered in the practice.

The main object of the teaching is to create an attitude of mind rather than to engage in vocational training for general practice. In fact it may be more important that future consultants be subjected to this learning experience than future general practitioners.

The unit takes part also in the practical instruction of social

science students. A course of lectures to all final year medical students whether they come to the unit or not is also given. In addition to this a register of doctors who are willing to take students of the Edinburgh Medical School into their practices for two weeks or so and during the vacation periods is being built up.

There is not time to-day to describe our teaching programme in detail, but as far as this discussion is concerned I would like to emphasize the importance of ensuring that every medical graduate, and particularly those who are not destined for general practice, should have some insight into the practical problems which beset the general practitioner. The general practitioner's needs in respect of continuing postgraduate training cannot be met unless there is an enlightened and informed body of teachers in the local medical schools. A unit such as this can make a valuable contribution towards the training of those who are soon to become the trainers of the next generation of family doctors. In this respect at least it is difficult to separate undergraduate from postgraduate education because of the impact which each has on the other.

South-East England Faculty and Postgraduate Education

DR. D. I. FINER (Kent) described arrangements in the South-east England Faculty Area. A survey revealed that there were adequate facilities in the way of official courses, active medical societies and clinical divisions of the B.M.A. It was accordingly decided that the faculty board should not organize courses, but should circulate this information to their members. This was done in the form of a booklet. Members of the faculty board from each of the four counties represented have, however, arranged in their respective counties half-day meetings at which there were discussions on general problems followed by clinical demonstrations. In addition, the consultants in the Winchester area, when arranging a week-end course, sought the opinion and support of the chairman and secretary of the faculty board who live in that area. This course proved a great success because numbers were limited, clinical demonstrations played a part and there was ample opportunity for discussion.

We consider that the type of course, whether extended or intensive, is not the most important aspect of a course. All types are needed. The requirements of individual doctors are dictated by the location of the practice, stand-in facilities and the doctor's commitments. The question of material and presentation is of greater importance than the type of course. There are three fundamental demands that must be satisfied. Adequate facilities for discussion must be provided. Secondly, there should be fewer

formal lectures and the exhibition of cases should play a large part. Finally, material should be of such a type as to meet the needs and interest of the general practitioner.

Discussion on many courses takes the form of a few hasty questions at the end of a formal lecture. Instead there should be an unhurried opportunity for general practitioners to air their problems. There are several ways by means of which the general practitioner can resolve his doubts. An "Any Questions" session is one example. Another is a "Brains Trust" on a specific subject. For instance, the team could consist of a chest physician, a chest surgeon and a radiologist to deal with "pulmonary problems." Discussions initiated jointly, as at the Royal Society of Medicine, by both general practitioner and consultant, can help to define certain pertinent problems, as that of criteria for reference to out-patient clinics. The "postural problems of childhood" that can be handled by the family doctor, or "child guidance problems" that can be similarly managed are examples of this type of discussion.

The provision of a sufficient number of case demonstrations is an important requirement in any course. A discussion around a couple of neurological cases can illuminate that field in a shorter time and over a wider area than can a series of lectures.

The general practitioner is keen to study changing attitudes in medicine. He should be made aware of the re-orientation to old problems that result from new procedures. The final decision concerning the suitability of a case of mitral stenosis for operation may not rest in the family doctor's hands, but he should have a reasonable idea of the criteria on which such a decision is based and of what cardiac surgery has to offer his patient.

There are many subjects which are of special interest to general practitioners, a few obvious examples being obstetric and medical emergencies, dermatological demonstrations, vertigo, radiological and pathological investigations and their limitations.

The general practitioner has an active as well as a passive part to play in post-graduate education. A number have made original contributions to medicine. Many others have pursued special interests over the years. I suggested some time ago that a list of general practitioner lecturers be compiled. I believe this is now being done. These doctors can initiate valuable discussions. In addition, the general practitioner's voice should be heard on all committees concerned with the organisation of courses. He is represented on the postgraduate sub-committees of the regional hospital boards. It is possible, however, that a less remote and more valuable part can be played by general practitioners co-opted on to

committees more intimately concerned with the actual details of different courses.

The value of clinical assistantships in postgraduate education is debatable. Theoretically, in so far as they provide access to a wider range of cases than obtains in a single practice, they should be invaluable. Difficulties are created by the need for definite attendance at set times, the variable nature of the teaching, conflict with fellow general practitioners who sometimes dislike colleagues seeing their patients, and possibly a reluctance on the part of regional hospital boards to make the necessary re-arrangements that their introduction to hospital demands. Further consideration to this subject is needed.

Finally, one of the most potent sources of postgraduate education arises in the friendly relationships that often exist between consultants and general practitioners. It is up to us to maintain close liaison with the staffs of hospitals in our areas. Arrangements can then be made on a friendly, if not official basis, to " sit in " on the various out-patient clinics and so enhance one's knowledge by casual comment as well as specific instruction.

PROGRESS REPORTS

Chronic Bronchitis Investigation

Good progress is being made. A successful meeting of 30 members was held in April when a working party was formed—this consists of Drs. John Fry, J. P. Horder, D. W. Lewis, W. Shiells and C. W. Ward. The following consultants were invited, and have accepted to serve on this working party—Drs. C. W. Fletcher (Postgraduate Medical School, London), N. C. Oswald (St. Bart's and Brompton Hospitals) and D. D. Reid (Reader in Medical Statistics, London School of Hygiene).

The working party has met on two occasions and a short term investigation to assess the incidence of symptoms of chronic bronchitis in a given age group (50—55) by means of a standard questionnaire is being prepared and a pilot survey has been started in four practices; a long-term study into the natural history of the condition is also being prepared. The two studies will be undertaken concurrently.

We are hoping to start some time in 1957. Although there are now almost 100 members in the group we still need representation from the industrial N.W. and N.E. of England, the West and N. and S. Wales.

Would those interested please contact Dr. John Fry, of 36, Croydon Road, Beckenham, Kent.