

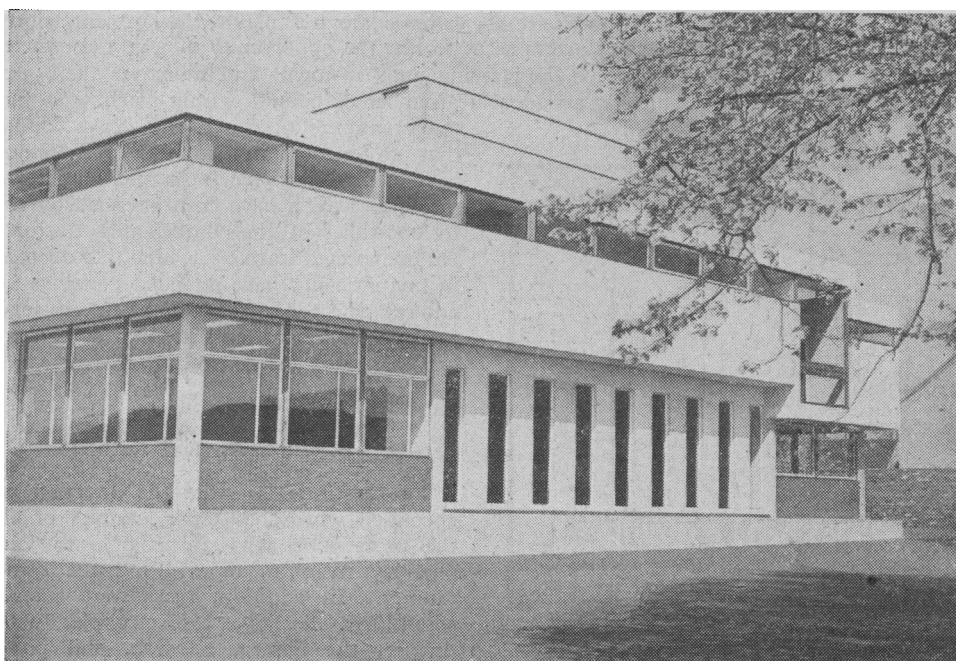
ASPECTS OF POSTGRADUATE MEDICINE

VI—Postgraduate Medical Centres—North Staffordshire

[FROM A SPECIAL CORRESPONDENT]

The North Staffordshire Medical Institute at Stoke-on-Trent must be housed in one of the finest buildings of its kind in Britain. Nevertheless, the principles which led to its formation were much the same as those underlying the beginning of many other medical centres. Perhaps at Stoke the geographical factor was rather more important than at many centres, for it is relatively far from any medical school, and its two main hospitals (with 1,400 acute beds) serve a large population, and have progressed rapidly since the Health Service began, with the formation of several specialist units and an excellent medical library. Because there was a lack of any place where large-scale meetings could be held, and because they believed that any further advances would be impossible without a programme of postgraduate medical education and research, some consultants and general practitioners began discussions in 1959 on building a medical centre. They also hoped that an organized postgraduate education scheme would play a valuable part in attracting junior doctors to an area where they were exceptionally scarce, and that the community's interest in its own hospitals would be fostered by appealing to it for funds.

Many organizations were brought into the preliminary discussions, which took two years, before the first appeal was sent out to local doctors in March 1961. Six months later a public appeal was launched for 100,000. This emphasized that the National Health Service could not provide the money for a medical institute, and that the money could be obtained only by a collective effort. It pointed out that the Institute was intended not as a social club but to do four main things: to foster clinical and medical research; to provide doctors working there with technical and secretarial help; to provide an adequate reference library; and to house a programme of postgraduate education.



The North Staffordshire Medical Institute.

Response to the Appeal

The response to the appeal (see Table) was dramatic and came from all sections of the community—from the trade unions, industry, and official bodies, as well as individuals, both lay and professional—and in the first fifteen months about £1,000 a week was received. Much of this came in small sums from individual people or was raised by local enthusiasts by holding coffee mornings and garden parties. A general practitioner told me how one of his patients, a retired factory foreman, who gave £5 and was invited to the opening ceremony, walked around the Institute with obvious pride showing his friends various features. The organizers of the Stoke Institute

Sources of Contributions

	£	s.	d.
Industry, Trade, Commerce, etc.	33,344	14	7
City of Stoke-on-Trent, Staffordshire County Council, and the Borough of Newcastle-under-Lyme	21,500	0	0
Doctors and dentists	11,591	15	10
Legacies	10,717	9	10
Private donations	8,813	1	11
Special efforts—for example, dances, garden parties, etc.	5,723	9	6
Pharmaceutical manufacturers	5,105	15	6
Pharmacists and opticians	2,614	15	8
Foundations and Trusts	2,600	0	0
Local Organizations and Societies	1,606	10	0
Trade Unions (excluding "Penny-a-week" Scheme)	1,383	0	3
Churches and Schools	417	0	4
Anonymous	345	16	0
	105,763	9	5

hope to maintain this principle of local involvement by holding open days and other functions for their contributors. On the other side, some contributors have asked that their money should be devoted to specific projects—for example, the local trade unions, whose members subscribe to a "penny a week" fund (which raises about £1,500 a year), have said that they would like this money spent on medical research rather than maintaining the building itself.

A suitable site for the Institute was obtained in the grounds of the hospital centre at Stoke, and is held on lease from the Hospital Management Committee. An interest-free loan of £50,000 from the Nuffield Provincial Hospitals Trust enabled building to start before all the money needed had come in, and in October 1963 the foundation stone was laid by Sir George Pickering at the British Medical Association's Annual Clinical Meeting. The first meeting was held in the completed building a year later, and the Institute was formally opened by Sir George Godber in April 1965.

The Institute is a handsome two-storey building (see Fig.) faced in

concrete, its appearance reminding one of the new Royal College of Physicians' building in Regent's Park. Besides administrative offices the ground floor houses a librarian's room and the library. The latter (see Fig.) contains 2,000 books, 2,300 bound periodicals, and 130 current journals; a microfilm reader is available, and it is hoped to provide photocopying services soon, since nothing may be taken away from the library. But the disadvantages of this are minimal, because the library is open for fourteen hours six days a week, and on Sunday mornings, and it is within "bleep" range of both hospitals—an important feature for doctors on duty who either want to read in the library or to attend meetings in the lecture-room upstairs.

Besides the lecture-room for 300 people, the upper floor of the Institute contains five carrels (or cubicles) for private study; a museum (where there are no conventional pathological specimens, but where a library of pathological material, radiographs, E.C.G. and E.E.G. tracings recorded on photographic transparencies are available for individual study, and where wall displays are exhibited); a circulation area, which can also serve the buffet meals and parties; a kitchen; and a bar. In addition, next door to the lecture hall there are changing- and waiting-rooms for patients who are presented at the clinical meetings. Two additional rooms are available for small meetings.

Membership and Meetings

Besides hospital doctors, general practitioners, public health medical officers, and postgraduate students, membership of the Institute is open to members of many professions. Thus dentists, opticians, pharmacists, all nurses, and medical auxiliaries (including public health department staff) are all eligible to belong, both to attend meetings and to use the library. At present there are about 750 members, of whom roughly 300 pay the 3 gns. annual subscription fee fixed for full members; the remainder pay 2 gns. annually as associate members—except for hospital junior staff and nurses, who do not pay at all.

As in other centres, since it opened the Institute has housed the regular meetings of established local societies, both medical and paramedical; occasional meetings of visiting associa-

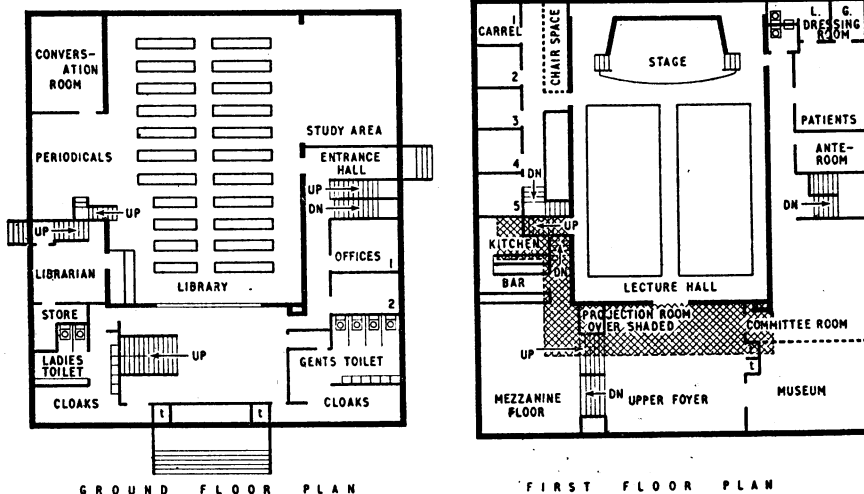
tions, such as the West Midlands Association of Physicians and the regional branch of the Association of Clinical Pathologists; the long-established programme of postgraduate medical education, including tuition of junior doctors for higher degrees, journal clubs, and clinicopathological conferences; and lectures to the nurses. The existence of the Institute has also made it much easier to organize two types of formal programmes for doctors taking higher degrees. One of these, in advanced medicine, had already been held on two occasions before the Institute was opened. The other, in basic sciences, is a new venture and has been held once. Both are to be repeated in the coming year. Another main group of courses is aimed principally at general practitioners, and consists of regular weekly lunch-time discussions; these last about an hour and have usually concentrated on progress in therapeutics and management. Several one-day symposia on particular subjects have been held—for example, on "Management of Acute Injuries" and "Pain in the Arm." Longer, full-time refresher courses are not planned at present, since many doctors seem to like the opportunity of going elsewhere for these, and seeing another town, and moreover there are already an adequate number of courses within reach. So far the organizers of the courses have found that an encouraging number of doctors have come—particularly to the lunchtime meetings, which have been attended by up to one-third of the local family doctors. An unexpected feature has been that doctors in one specialty have attended meetings in another, surgeons having come to meetings run for physicians, and hospital doctors to ones arranged for general practitioners.

Organization and Future

The Institute is under the direction of a council which has representatives of all the professions who are eligible to join and lay members representing the community. In addition, there were several committees dealing, for example, with finance, the library, research, and post-graduate education. The total running



The Library.



Plan of the Institute.

costs for a year are about £7,000, of which £1,600 goes to pay the salaries of the caretaker, secretaries, and part-time librarian and domestic staff, and the hospital management committee pays four-fifths of the £7,000.

As at Exeter (9 July, p. 103), many of the Institute's future plans depend on whether a new medical school is started at Stoke in association with the University of Keele, as has been proposed, for clearly the well-established schemes of post-graduate education—and the Institute building itself—could have an important role in any future arrangements. For the

immediate future, however, the organizers of the programme do not think that there should be any radical changes, though they would like to develop the research projects and to start meetings of sections of the professions. Thus a section of psychiatry has already been formed, and discussions are taking place at present about similar ones for general practice and occupational medicine. But it is evident that the Institute has already gone far towards the aim stated in the appeal brochure five years ago of "becoming a medical centre of national importance within the next 10 years."

CONFERENCES AND MEETINGS

Golden Jubilee of Royal College of Nursing

[FROM A SPECIAL CORRESPONDENT]

Nurses have never suffered from a lack of advice; innumerable commissions and committees have in the 50 years since the foundation of the Royal College of Nursing discussed their work, education, inter-relations, and staff structure, and suggested plans for the future. On 29 June–1 July the Royal College of Nursing and National Council of Nurses of the United Kingdom held a conference in London on the occasion of its Golden Jubilee to discuss the "Future of Nursing in a Changing Society."

Discussing "Living in a Technological Age" Sir JOHN COCKROFT (Churchill College, Cambridge) described the background of life in the next 50 years. He suggested that changes in the supply of energy would mean less atmospheric pollution, together with a decrease in the diseases caused by it. The costs of power would fall—though a speaker from the floor who asked why if costs fall prices do not, got no answer. Communications, Sir John stated, would be faster and easier, the demand for skilled workers would rise, while the need for unskilled labour would fall.

Speaking on the same subject, Dr. A. J. WILCOCKS (Department of Social Science, Nottingham University) pointed out that at present families were smaller, and appeared likely to remain so. Hence the care of the elderly infirm would have to be borne increasingly by the community. Men would continue to outnumber women, and those professions—such as nursing and parts of teaching—which have relied on women for their labour force would find increasing difficulty unless they changed their traditional pattern. Perhaps in the future, Dr. Wilcocks thought, the age of entry to such professions would normally be not 18 but 40, once child rearing was completed.

Nursing in a Technological Age

The three nurse contributors to the symposium all came from London teaching hospitals. Miss P. M. FRIEND (Matron of the London Hospital) said that the patient today was accustomed to living in a Welfare State. He expected a service that was geared to his needs, and not to those of a former generation

—a service run with the same efficiency and making as full use of technical advances as his own industry or business enterprise, and with standards at least equivalent to those he was used to in his daily life.

Miss Friend went on to say that today the patient had high expectations of the nursing profession, but despite these he felt that it was unsuitable for nurses to negotiate for higher salaries. Thus his image of the nurse really belonged to the past. He probably would not want his daughter to be a nurse, since he believed that she would be underpaid and overworked, and would not put to full use the good education he had given her. Miss Friend said that it was vital that these confused and conflicting impressions were corrected, to give the true picture of nursing as a profession for the intelligent, well-educated young man or woman wishing to serve the community, and capable of using every modern scientific device.

Miss E. R. D. BENDALL (Principal Tutor, Hospital for Sick Children, Great Ormond Street) had circulated a questionnaire to a wide variety of schoolchildren on their views on nursing as a possible career. The answers on how to choose a training school had given much food for thought. Nearly all the respondents thought it a good idea to get prospectuses from several places, and the majority thought that getting an interview was an extremely good way of finding out what the hospital was like. Many felt that an informal meeting with a present member of the staff would be valuable, and more than one wished to know the student nurse wastage in different hospitals. Social conditions and amenities loomed large, and local hospitals were slightly more popular than those away from home. Continuing, Miss Bendall said that there had been some heartfelt correspondence in the professional press recently about the "academic" girl and her qualities as a nurse. There seemed to be some doubt as to whether human sympathy, practical skill, and academic ability could go together, and some fear that the profession was going to be swamped by blue-stockings. This was nothing more than an inverted form of snobbery, and did nursing a great deal of harm. The profession needed every sixth-form boy or girl with a real desire to nurse

just as much as it needed others. In the booklet *Careers in the Hospital Service* there were listed 25 types of professional and technical staff connected with diagnosis and treatment, 19 of which asked an educational level far more challenging to the six-former than the two O-levels asked for in nursing, while still giving the satisfaction of helping the sick.

Preventive Medicine

Professor W. J. H. BUTTERFIELD (Guy's Hospital) suggested that the strain on hospitals could be lessened by preventive medicine, and that nurses had a great part to play in the detection of undiagnosed disease and sub-health in the community. Miss M. B. POWELL (Matron of St. George's Hospital) summed up the results of the conference on the last day, and emphasized her belief that research into nursing at all levels, from ward work to teaching and administrative methods, was vital.

Speakers from the floor seemed to feel on the whole that the technological age had not yet solved their basic problems. A young district nurse said she would be delighted to partake of the life of culture and leisure promised when her hours of work permitted her to do so. A male nurse pleaded for parity of esteem with his female colleagues, and "a rather more neuter title than that of sister."

The message that emerged from the conference was one of hope. Technology was not incompatible with compassion. Senior nurses might be apprehensive, but young nurses accepted the burdens imposed on them by sophisticated machines and diagnostic tools, and still retained their desire and ability to give help and comfort at basic levels. Patients' needs for food, cleanliness, and relief of pain would not be automated. The nurse in the technological age would need the general education and professional teaching that would enable her to function without anxiety in stressful situations, and the leisure to lead a normal personal life like all other members of the community. Given these, nursing may hope to recruit the 1 in 13 of the 18-year-olds that it needs.