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Regional Postgraduate Medical Centres*

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The need for regional postgraduate education was stressed at the 1961 conference in Oxford, and the result of that conference has been the establishment of a large number of postgraduate centres throughout the country.

The time now seems appropriate to appraise the achievements of these centres and to see how the momentum of postgraduate activity can be maintained and guided on the most effective lines.

In the belief that all those running regional centres have a number of common problems, I had a questionnaire prepared and sent to 311 clinical tutors throughout England, Wales, Scotland, and Northern Ireland, their names being supplied by the Postgraduate Medical Federation. The questionnaire asked details of the tutor's own specialty, the accommodation available to him, and the methods of financing any capital expenditure and of providing for running costs. The tutors were also asked for information about their staff, library facilities, catering facilities, and the various types of meeting they hold. They were also asked to estimate the weekly time involved in their work as tutor and to make any other relevant remarks.

Of the 311 questionnaires sent out 221 (71%) were returned and revealed that throughout the country there are at least 74 existing centres, either purpose-built or in converted premises; 37 planned centres, and 53 making use of improvised hospital accommodation. Twenty-one tutors replied that they were psychiatrists and not responsible for general teaching, and 36 others returned their questionnaires with explanatory letters indicating why they did not actually apply to their appointments—several of them being involved in teaching hospitals rather than regional hospitals.

Specialty of Clinical Tutors

The specialties of the 221 tutors who replied are shown in Table I. It was found that the number of hours they devoted to running their centres each week varied from 1 to 20, the average being 4½.

TABLE I

Medicine ..	87	Obstetrics ..	6	Orthopaedics ..	4
Surgery ..	34	Geriatrics ..	5	Cardiology ..	3
Psychiatry ..	23	Neurology ..	5	E.N.T. ..	3
Pathology ..	19	Radiology ..	5	Ophthalmology ..	2
Pædiatrics ..	10	Anaesthetics ..	4	Rheumatology ..	1

Regional Distribution of Centres

Table II shows the regional distribution of existing and planned centres. It is appreciated that the list may be incom-

plete, since the statistics have been prepared from the data on the questionnaires actually returned. Nevertheless, the achievement in the Birmingham Region would appear outstanding and, even allowing for the varying size of regions, there is evidence of considerable variation in facilities from one region to another.

TABLE II

	Existing	Planned	Total
Birmingham	12	4	16
East Anglia	3	1	4
Leeds	4	3	7
Liverpool	—	1	1
Manchester	4	3	7
N.W. Metropolitan	8	3	11
S.W. Metropolitan	5	1	6
N.E. Metropolitan	4	3	7
S.E. Metropolitan	5	2	7
Newcastle	7	3	10
Oxford	3	3	6
Sheffield	2	3	5
Wessex	5	—	5
South-Western	2	4	6
Wales	1	2	3
Scotland	6	—	6
Ireland	3	1	4

Many tutors commented on the kind of difficulties they have encountered when trying to obtain suitable accommodation for their centres, the following being a selection of typical remarks:

"I am negotiating for the inclusion of a separate P.G. centre in the new district hospital. As yet, the R.H.B. has refused to contribute."

"Local G.P.s and hospital staff want a centre, but our efforts have had no results because the board is undecided about which hospital shall be developed as a district hospital. At the beginning of the campaign we were given some encouragement, only to be met by administrative stonewalling ever since. The board and the H.M.C. refuse to allow us to open a public appeal."

"We are about to launch an appeal to build a centre when the R.H.B. agree to the site."

"We haven't got a decent place to meet in. Mostly we borrow the nurses' recreation room. Our library is split up in various collections in different ward offices. There is no suitable vacant accommodation and apparently no chance of getting this H.M.C. to put up a wooden building."

And finally one unfortunate tutor complained:

"There are no bricks and no straw to make any!"

On the other hand, other tutors did comment on the great support they had received from their H.M.C.s. One stated:

"This is one of the few centres built and financed entirely by public funds. The H.M.C. is very generous in encouraging the work of this centre, which has already become a busy institution in the medical life of the town."

Others have commented on the assistance they have received in planning ingenious conversions from such unlikely buildings

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as a disused paint-store, an old pharmacy, a renovated naval officers' recreation centre, and a medical superintendent's old house.

Finance

The capital cost of 70 existing centres and the estimated cost of 26 planned centres are summarized in Table III. Those costing less than £5,000 were mostly conversions from existing buildings; if these are excluded it will be seen that the average capital expenditure has been between £10,000 and £20,000 on existing purpose-built centres and the commonest estimated cost of the planned centre is in the £20,000 to £40,000 range. The higher expenditure is partly due to the increased cost of building and partly to the fact that those planning later centres are tending to be a little more ambitious than those who planned the earlier somewhat experimental centres.

TABLE III

	Existing Centres	Planned Centres
No cost (conversions)	2	—
Below £5,000	23	3
£5,000 to £10,000	5	1
£10,000 to £20,000	18	4
£20,000 to £40,000	13	11
£40,000 to £60,000	5	3
£60,000 to £80,000	2	1
£80,000 to £100,000	2	1
£100,000 to £200,000	—	1
£237,000	—	1

The capital required to build centres has usually been raised as the result of local initiative, though 13 clinical tutors reported that their centres had been built entirely from exchequer funds. Much more commonly there has been a local appeal to which industrialists and private individuals have contributed with support from the Nuffield Foundation in some cases, the King Edward Fund where applicable, and finally an exchequer contribution.

Over 30 centres are charitable trusts and over 90 have relations with local medical societies which sometimes include a financial link.

Though regional hospital boards and management committees have been slow to provide capital for building centres, they have usually assumed responsibility for all reasonable running costs, including the salary of the secretary and sometimes a librarian, in addition to being responsible for general cleaning.

Once again the experience of tutors is variable, as the following comments reveal:

"We have been fortunate in having a lot of support from the H.M.C. who are responsible for maintenance. Teaching equipment is bought from moneys earned by the staff in teaching postgraduate students. This is now occupying a lot of time, and there is a feeling that consultants should be rewarded for their efforts."

"We have an extremely generous grant from the R.H.B. for our library which is comprehensive."

"Financial assistance for secretary/librarian and for books and journals not yet forthcoming from the Ministry."

"The exercise is promising, but, as usual, is being run on a shoe-string."

Staff

All tutors have emphasized the importance of the secretary of the postgraduate centre, and this person is graded as higher clerical officer in most centres. Her duties, which are remarkably varied, were tersely summarized by one tutor, who commented, "We have an excellent factotum who arranges everything."

A good librarian is equally essential—but not so often available. In smaller centres it may be possible to combine the duties of secretary and librarian, but as the activities of the

centre increase this becomes unsatisfactory and a separate librarian is required. Only a few centres have found it possible to obtain satisfactory librarian assistance from the local authority library service.

The establishment of adequate libraries in regional post-graduate centres is an expensive proposition and a topic worthy of fuller discussion than is possible in this paper. Furthermore, it seems essential that librarians in these centres should have some form of training and that the scope of the library should be carefully considered.

The other staff required in centres are concerned with cleaning and catering. In many centres there is a domestic who also acts as housekeeper and assists in catering for snack-lunches. Hospital catering officers are usually co-operative in providing refreshments when asked to do so, and sometimes small committees of ladies have undertaken quite ambitious fork-lunches for lunchtime meetings. At one centre the medico-social worker and her husband, who were once licensees, have assumed responsibility for the bar. Other centres have evolved similar arrangements, though it is perhaps surprising that only 36 report that they actually have a licensed bar. In fact, one shocked tutor replied to the question, "Do you have a licensed bar?" "No, this is Scotland"—though another less puritanical tutor replied, "No, but bottles are kept in the bottom drawer of our filing cabinet and drinks may be obtained by purchasing a ticket."

Meetings

Tutors were asked about the meetings conducted, the method of notification, and the attendance by different groups of doctors. They were also asked whether they welcomed undergraduates, nurses, laboratory technicians, and other ancillary staff to their meetings. They were specifically asked how the increased off-duty time had affected the attendance of junior medical staff. Because the questions were somewhat diffuse it was difficult to evaluate the replies. In general, however, it seems that some (and usually the same) general practitioners are keen and regular attenders, but a good attendance does depend on repeated notification—once in a preliminary programme and once nearer the date—preferably directly rather than through the executive councils. One tutor remarked that propaganda is no substitute for interest, and another said he would like to know how to get notices into the hands of the G.P.s instead of into their waste-paper baskets.

Lunchtime meetings in many centres appear to be the best attended. Junior staff have a genuine difficulty in attending meetings during working hours because of their duties and are reluctant to forgo their off-duty time in favour of teaching. They attend study-days enthusiastically.

Of 150 tutors answering the specific query about the effect of the increased off-duty time on junior staff attendances, 84 reported no change, 21 reported an improvement, and 45 reported a deterioration in their attendance since the introduction of more liberal off-duty time. Ninety-three clinical tutors reported that they undertake some teaching of undergraduates, and 31 welcome nurses and laboratory technicians to their meetings. The comments of tutors on this problem of arranging meetings were most pertinent:

"The response of the resident staff is apathetic. We circularized about 40 with a questionnaire asking their wishes and got only seven not very helpful replies."

"Junior staff courses are difficult to arrange because of off-duty time and shortage of staff."

"There is a lot of apathy among junior staff because too much in the way of postgraduate activities is now offered to them."

"The clinical material here is excellent and the meetings well prepared, but the majority of the profession do not want it."

"In our area the consultant staff are, on the whole, disinterested and only a minority will show cases at clinical meetings."

"It might help if junior hospital staff contracts expected them to attend teaching."

"There is little doubt that P.G. education in this area has got off to a very good start. There is considerable enthusiasm among general practitioners and consultants. Lunchtime meetings are oversubscribed. They have developed into an educational and social habit. The wives reckon they do not cook on Wednesdays."

Several tutors commented on the increasing problem of overlapping programmes in neighbouring centres and of the danger of overstraining the good will of guest lecturers. Others complained of the plethora of advice they receive from too many guiding bodies, and one mentioned that he had to try to co-operate with the Postgraduate Medical Federation, the local medical society, the local branch of the B.M.A. and the B.D.A., as well as with their officers and other semi-official advisers. Some conflict of interest was inevitable.

Finally, a few comments of tutors on their work are worth recording:

"It is a constant burden with exacerbations and remissions."

"The job of clinical tutor is an uphill task. I won't say I have lost friends, but there have been strained relations on occasions. What began as a pleasant hobby has grown into a busy side-line which has to be done in my spare time and is certainly not adequately rewarded."

"The clinical tutor's work keeps increasing. He needs at least one session for pure administration. I foresee, under the Todd Report, three channels of instructions reaching a harassed tutor."

"It is a difficult and thankless task to organize P.G. medical activities within a small district general hospital—despite youth and enthusiasm."

Discussion

This survey has revealed a vast amount of initiative on the part of many clinical tutors in trying to provide postgraduate facilities in regional hospitals.

The survey has also shown the kind of problems facing clinical tutors. Some have received little support from their regional boards and management committees; others have had little support from their colleagues and others little support from the various groups of doctors they are attempting to serve. Nearly all have mentioned the great demands on their time made by the duties of clinical tutor, the average estimated time being four and a half hours each week, in return for an honorarium of £100 per annum. But the work is rewarding in other ways. In particular, the postgraduate medical centre has been of immeasurable value in providing a common meeting-place for local practitioners and hospital staff. Lunchtime meetings and evening meetings with appropriate refreshments have created an excellent atmosphere, and though some general practitioners are refractory to attend meetings the new conditions in general practice have stimulated many to do so. The practice of inviting nursing staff and other ancillary workers into the centre for appropriate meetings can also be of great value.

The problem of meeting the needs of junior staff appears one of the most difficult, and it is disappointing that their enthusiasm is so often apparently lacking. And yet, while it may seem strange that a group so vocal in demanding their rights should seem to be unappreciative of efforts made on their behalf, their present attitude has to be accepted and experiments must continue to find the most suitable type of postgraduate educational programme for them. They certainly appreciate the symposium type of study day.

In assessing the achievements of regional postgraduate education it is only fair to stress the fact that many regional consultants work under considerable difficulties and carry a very heavy work load. Most undertake a great deal of routine hospital work and domiciliary work, and many have their share of private practice, which, though rewarding professionally and possibly financially, is exacting and time-consuming. They often have inadequate junior staff to assist them, and it is in the regional hospitals that the proportion of overseas graduates is highest.

Against this background it is all the more remarkable that regional clinical tutors have been able to achieve so much in organizing postgraduate education and also undertaking regular teaching of undergraduates in many centres. Furthermore, though regional hospitals cannot offer the training in research methods that is available in teaching hospitals, those hospitals with good postgraduate centres can sometimes offer more appropriate training for future clinicians than many teaching hospitals. But in order to do so the regional clinical tutors must be given proper support for their efforts, and the following priorities are suggested for consideration.

(1) There is a clear need for more uniform financial support of postgraduate centres from regional hospital boards and hospital management committees. Too often the clinical tutor has to plead his own case with the authorities, even though the benefits already being derived from the efforts of the clinical tutors are in most cases out of all proportion to the extent of the present expenditure.

(2) As a corollary there should be more official encouragement of the efforts of clinical tutors, possibly by allocating sessional time and the offer of a realistic honorarium, which should not be less than £250 per annum. Some tutors may not need this; others certainly do.

(3) There is a need for more co-ordination between neighbouring centres in planning programmes, particularly where symposia with visiting speakers are being organized. If this is not done there is a danger of overworking the willing expert and losing his good will.

(4) There is a need for careful consideration of library policy in postgraduate centres so that the best use may be made of the funds available for this purpose.

(5) There is a need for more collaboration between all concerned in the organization of regional postgraduate education. The central committee and the regional committees on postgraduate education can doubtless offer guidance in this matter, but although there may be objection to the formation of any new organization or pressure group, there might well be a place for an association of postgraduate centres, or association of clinical tutors, which could represent the views of the clinical tutors, organize meetings of clinical tutors, disseminate information more satisfactorily than is done at present, keep a proper register of postgraduate centres, and assist in the kind of co-ordination of the activities of these centres already mentioned.

I would like to thank those tutors who completed the questionnaire and my own staff for all they have done to help in preparing this paper. I have received the greatest personal encouragement from Major-General R. F. Johnstone, chairman of the Windsor Group Hospital Management Committee, who, together with our group secretary, Mr. H. Lamb, has always done his best to obtain as much financial assistance as possible from the Hospital Management Committee and from the Regional Hospital Board. Finally, I must thank the Trustees of the Windsor and District Postgraduate Centre for their continued support.