patients with epilepsy were receiving regular treatment at 45 church related health units throughout Malawi.

Discussion

The model presented aims at balancing efficacy with simplicity of use. In Third World countries the doctor to patient ratio tends to be extremely low and much health care is in the hands of paramedicals.[15] Malawi, which has roughly 100 doctors for a population of almost seven million, depends heavily on medical assistants. A further consideration was a shortage of finance.

The model, which was first used at Embangweni Hospital, has proved to be popular with both patients and staff (see box). It requires: (*a*) Adequate publicity about the availability of treatment. (*b*) Education of both staff and patients. (*c*) A simple treatment regimen, based on phenobarbitone. (*d*) Maintaining an adequate supply of drugs. (*e*) Treatment without charge. (*f*) Monthly clinics to review patients. (*g*) Ensuring that each month the patient is reviewed by the same member of staff. (*h*) Mobile clinics to make treatment more accessible.

The results of the study suggest that appropriate Western means of treating patients with epilepsy in rural Africa can be instituted. As the success of treatment in individual patients is seen, the belief that treatment of epilepsy is the prerogative of traditional healers is gradually overcome.

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Research posts and overseas visitors in British gastroenterology departments

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Training for a clinical consultant post often includes a period of research, and the future of some research posts could be jeopardised by the current review of specialty training, which aims to limit the number of trainees.[1] A quota system might reduce opportunities for research by restricting the number of honorary clinical contracts at registrar and senior registrar level. Little information is available about the proportion of trainees who spend time in research posts, the stage of their career at which they do so, the duration or the source of funding of the research, and the contribution of overseas visitors. We present data on honorary contracts and research in gastroenterology.

Method and results

We sent a questionnaire in August 1988 to all members of the British Society of Gastroenterology working in England and Wales, Scotland, and Northern Ireland requesting information about people in their departments holding honorary contracts, with special reference to research posts. By this means an inquiry was made to every university and major district hospital. Lecturers in established training posts in university departments with honorary NHS contracts were excluded from the survey. An additional personal and postal inquiry was made about research experience to all 71 senior registrars in approved training posts in general medicine and gastroenterology during December 1988.

Of the 475 people who replied to the general inquiry, 348 reported that there were no honorary research posts in their departments, 51 reported one or more such posts in medicine, 34 one or more posts in surgery, seven posts in paediatrics, three posts in pathology, one a post in radiotherapy, and one a post in pharmacology. The remaining replies were duplicates or reports from trainees in established posts. Table I summarises the results for honorary posts in medicine and surgery, and table II gives the sources of funding.

Sixty five of the 123 postgraduates in medicine were visitors from abroad who intended to pursue a career overseas. They came from 23 countries, the largest contingents coming from Australia (13), Greece (five), and India (four). Of the 50 postgraduates in surgery,

TABLE I—*Results of general inquiry in 1988 to members of British Society of Gastroenterology concerning people in their departments holding honorary research contracts in medicine and surgery*

	Medicine	Surgery
Type of hospital:		
University*	27	14
University associated	4	4
District general	4	1
Type of honorary contract†:		
Senior registrar	2	5
Registrar	90	40
Miscellaneous‡	26	3
Senior house officer	5	2
Career intentions:		
Consultant post in United Kingdom	48	40
Return to country of origin	65	9
Other	7	1
Uncertain	3	
Duration of appointment (years):		
≤1	20	13
2	55	27
3	24	5
>3	17	4
Unknown	7	1
No of clinical sessions/week§:		
0	15	3
1-3	64	24
4-6	34	14
7-11	9	3
Unknown	1	6
Total No	379	143
Mean	3·1	3·2

*Includes Medical Research Council's clinical research centre and postgraduate teaching hospitals.
†Only non-established honorary posts.
‡Includes 22 honorary clinical assistants and seven research fellows.
§Such as outpatient, endoscopy, and other sessions.

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TABLE II—*Sources of funding of honorary research posts in medicine and surgery in British gastroenterology departments in 1988. Postgraduates are divided according to whether they intended to work in the United Kingdom or overseas*

Source of funding*	Medicine		Surgery	
	Career in United Kingdom	Career overseas	Career in United Kingdom	Career overseas
Medical Research Council†	6	1	4	
Association of Medical Research Charities‡	11	3	8	
Universities	3	1	5	
Other charities§	14	12	8	1
Industry‖	21	14	11	1
NHS (for example, regional research funds)	3	7	1	1
British Council		1		
Overseas		16	1	5
Self funded		10		1
Unknown			3	
Total	58	65	41	9

*When there was more than one source the main contributor is given.
†Three worked at the clinical research centre.
‡Including nine funded by the British Digestive Foundation.
§Hospital endowment funds, departmental funds, and smaller charities.
‖Usually the pharmaceutical industry.

nine were visitors from abroad; they came from eight countries.

There were 71 senior registrars training in general medicine and gastroenterology. Of these, 61 had devoted some time to research before their appointment. The mean duration of the research period was 2·6 years (range 1-5). The research was undertaken at a university hospital in the United Kingdom by all except two who studied in Canada and one who studied in the Republic of Ireland. In the United Kingdom seven of the senior registrars had undertaken the research as an honorary senior registrar, 46 as an honorary registrar, two as an honorary senior house officer, and three at other grades. The sources of funding were the Medical Research Council, (nine), the Association of Medical Research Charities (seven), universities (five), the NHS (six), other charities (six), industry (25), and overseas (three).

Discussion

The figures for 1988 show that 48 physicians and 40 surgeons in training for a consultant post with a special interest in gastroenterology in the United Kingdom occupied a research position with an honorary NHS contract. The figures may be underestimates; for medicine they are probably reasonably complete because we received a reply from every university hospital, but for surgery they may be incomplete because there may be surgeons with an honorary contract doing gastroenterological research who work in departments unrepresented in the British Society of Gastroenterology. Interestingly, eight of the surgical trainees were working in medical departments of gastroenterology.

Most of the research posts were held in university hospitals or university district general hospitals; one third (57/173) of the posts were held in professorial academic departments. The fact that trainees tended to hold honorary registrar or equivalent contracts shows that research posts are generally held before a trainee is appointed as senior registrar. This was confirmed by the inquiry among all 71 medical senior registrars, 61 of whom had held research posts, mostly as honorary registrars. Only three of the current medical senior registrars took a research post outside the United Kingdom, and for one it was in his native land. The duration of research posts varied widely: for half it was two years, for one fifth it was one year, and for one third it was more than two years.

In medicine, and to a lesser extent in surgery, many honorary contracts were held by overseas postgraduates. Most of them did not undertake full time clinical work, and they probably came to the United Kingdom with three motives in varying proportions: to study specialist practice at university hospitals, to gain clinical experience, and to undertake research. The fact that such postgraduates join specialist centres and may not wish to undertake full time clinical practice is relevant to the concept of the "visiting registrar." Almost half of these postgraduates (33/74), who came from 26 countries (17 outside the Commonwealth), were supported by their country or supported themselves.

The analysis of the source of funding of all honorary contracts shows that only eight were funded by the Medical Research Council outside its own units, 22 by major charities that are members of the Association of Medical Research Charities (including nine by the British Digestive Foundation), and 12 by the NHS. Of the remainder, 35 were funded by smaller charities, which included endowment and departmental funds (some of which may be supported by industry), and 47 by industry. Current proposals for the allocation of academic and research posts envisage quotas for the Medical Research Council, university departments (to fill established training posts), the Association of Medical Research Charities, and regions (to include all other sources of support). The figures presented here suggest that the support from these other sources may have been considerably underestimated and that in future planning these sources should be allocated twice the quota for research of the Medical Research Council and the Association of Medical Research Charities.

In medical and surgical gastroenterology a period in a research post for almost all aspirants to an NHS consultant appointment has long been the norm. Most of these posts are held in university or associated hospitals but only about one third in academic professorial units. Many believe that a period spent in research benefits a doctor whose career before and afterwards entails providing a clinical service. Research exposes the mind to an inquiring and questioning ambience, sharpens the critical faculty, provides familiarity with original work, drives home the problems and possible fallacies of published work, and permits time for reflection and study before the start of many years of sustained clinical effort. The fact that most such posts are not funded by government sources must be regarded as an advantage and in keeping with the current political climate.

In medical gastroenterology the expected number of consultant vacancies in the United Kingdom has been estimated as 15 yearly during the next 15 years and 20 thereafter.[2] The present figures suggest that there are 48 honorary registrars (or equivalent) in research posts who aspire to be senior registrars and then consultants. If the present pattern of two years in a research post continues about 20 people now doing research will seek a senior registrar post each year, some of whom may enter a specialty other than gastroenterology. This does not seem to be excessive, and there is much to commend the custom that two years as an honorary registrar should be available to all trainees who wish to devote time to research and succeed in finding a suitable post and financial support. The opportunity for this important aspect of training should not be restricted by quotas based on the assumption that research is an activity for the few who wish to follow an academic career or who have special talents for scientific inquiry.

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