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Looking Towards Post-Graduate Education

Abstract
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It is less often pointed out that the graduate can never be certain that he will gain all-round experience and high-quality training in his field. In the U.S.A. and Canada the graduate doing a Residency training knows from the outset that in the course of 4 or 5 years (or however long the training may be (e.g. proctology 7 years) he will rotate through a series of departments related to his field, he will participate in a planned educational programme carried out at a high level and progressively take on greater responsibility. In other words he can be reasonably confident that his training will be thorough and of a high quality.

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In Britain, the Spens and Platt reports have both emphasised that all posts from House-Officer to Senior Registrar should be considered as training posts. But are they?

In peripheral hospitals the problem is perhaps most acute. While doctors usually work extremely hard to provide a medical service for the community, there is seldom a sense of continuing medical education. Sir George Pickering, reviewing the problem three years ago, suggested that large peripheral hospitals should become 'Teaching units' with certain basic facilities. There should be facilities not only for good medical services (radiological, laboratory, post-mortem) but also library and meeting rooms, etc. There should be a clinical tutor whose responsibility it would be to plan an educational programme of clinic-pathological conferences, talks, demonstrations, etc. Inspite of a meeting sponsored by the Nuffield Foundation to discuss these matters, little seems to have emerged. Presumably any such scheme would require the support of the government in order to supply the necessary funds, and the endorsement of the 'Royal Colleges' who might well stipulate a period of training in a peripheral hospital for their degrees.

The consequences of peripheral 'teaching units' would be far-reaching; there would be a reduction in the gulf between teaching and non-teaching hospitals, a general increase in the standard of post-graduate training, improved standards in peripheral hospitals, and perhaps a decrease in the 'brains drain'.

The situation in teaching hospitals is far from ideal. Because appointments to a unit are made independently, a graduate cannot be assured of a range of experience in his training. In comparable American and Canadian hospitals, 1 to 2 hours a day may be set aside for 'education'. But here such opportunities are fragmentary.

What are the facilities for training the future General Practitioner? General medicine, surgery, and obstetrics are important, and well catered for by 'house-officer' experience. But many future General Practitioners would like a range of further experience in Opthalmology, E.N.T., Skin diseases, paediatrics, and casualty work. Seldom do practitioners gain such experience, mainly because it would take a long time. As half the graduates eventually go into general practice, a rotating speciality course would undoubtedly fulfil a need.

Until good post-graduate training becomes widespread, the clinical student will continue to look to the future with uncertainty, with many seeking their training abroad.