EDITORIAL

The 1970 Mitchiner Memorial Lecture given by Mr. Robert Cox, and published in this issue, gives a fascinating account of his thoughts and experiences on a surgeon's training in peace and in war. The Lecture was delivered in the Royal Army Medical College to a full audience of medical officers of the Regular Army and T.A.V.R. The training of surgeons no less than in other medical disciplines is a topical subject for changes in the pattern of medical care and education in Britain recommended by the Todd Report will be far reaching. It is some two years since the report was published and it is of interest to take this opportunity of looking again at its proposals and to take stock of their possible effects particularly in relation to the Services.

The report recommended the doubling of the annual intake of medical schools within twenty years to correct the growing shortage of doctors, and estimated that although all its proposals would be expensive they would be within the nation's resources. It considered that the undergraduate medical course and the pre-registration intern year did not provide sufficient training for the immediate practice of medicine and recommended that they should be followed by a three year general professional training scheme for all doctors. The scheme would be vocational and based on agreed patterns in which systematic education and training would be continued during a series of recognised appointments.

Further to ensure that all doctors, including general practitioners, would become fully trained specialists in their fields of work the Report advised that the period of general professional training should be followed by at least two years of further professional training in the specialist field of their choice. These schemes would be supervised by a Central Council for Postgraduate Medical Education and Training in Britain assisted by regional and local committees.

The established professional bodies and colleges concerned with hospital specialists have made great strides in developing programmes for postgraduate training in their disciplines and are modifying the style and content of their postgraduate examinations. The M.R.C.P.(U.K.) and changes in the F.F.A.R.C.S. and F.R.C.S. examinations give evidence of this. Similar moves have been made in the fields of psychiatry and community medicine.

The Royal Medico-Psychological Association seems to have been successful in preparing the ground for the foundation of a Royal College of Psychiatry with a membership examination towards which the D.P.M. will only be a stepping stone.

Community Medicine is a synthetic speciality and is described in the Todd Report as embracing epidemiologists, administrative medical officers in government and industrial employment, and academics. The need of a co-ordinating professional body in this field was stressed and the value of the Diploma in Public Health (the only diploma registrable under the Medical Acts) endorsed especially if it included a full time year of academic study. Occupational Medicine was regarded as requiring to be only an elective subject in the academic course for those wishing to specialise in that field. It seems that the co-ordinating professional body has been gestating and that the Royal College of Physicians may soon give birth to a Faculty of Community Medicine. It is not unnatural to anticipate that qualification of the nature of an M.R.C.P. in Community

* Royal Commission on Medical Education 1965-68 Report London H.M.S.O.
Medicine will be introduced but how it will stand in relation to the D.P.H. and with the various M.Sc. degrees in the same field has yet to be learnt.

The Todd report proposals are far sighted but it is to be hoped that their implementation will not result in too much fragmentation of the profession into water-tight compartments each with its own demarcation lines and qualifications to the prejudice of overall patient care.

Where do the services stand in relation to all these changes; they share in the national shortage of doctors, and the staffing of service medical units is geared specifically to their working commitment making little allowance for postgraduate training needs. In spite of this they already have a well organised and supervised system of specialist training and civilian postgraduate qualifications are essential for advancement in service specialist status. A close liaison is maintained with civilian and professional bodies aimed at maintaining the highest standards in service professional practice.

The services are keeping in step with the civilian profession in the developments proposed by the Todd Report and a triservice Postgraduate Medical Education Committee is envisaged to supervise and co-ordinate all service postgraduate training to work in parallel with Regional Committees under the Central Council for Postgraduate Medical Education and Training. In arranging postgraduate training schemes for medical officers the primary intention of the services is not to prepare the service doctor for a civilian career but to ensure that in maintaining civilian standards of training doctors will be attracted to the service.

The Army exists to train for war and the primary function of its medical service is to promote the health of the serviceman, and to care for the sick and injured in hostilities as well as in peace. In meeting this need the Army Medical Service has to contend not only with a shortage of doctors but with the need to provide medical cover for a young floating service population scattered, for strategic reasons, in communities of varying density. By civilian medical experience and training standards its handicaps are the absence of a geriatric element and the need to provide medical officers and medical units for field exercises with combatant units and formations. The stresses which absence on unaccompanied postings and exercises induce on the serviceman and his family are but one aspect not to be disregarded in terms of experience. The role of medical officers with combatant units and field medical units is of paramount importance to the Army and to national defence. It is hoped this will be taken into account without penalty by civilian training programmes nor must the latter imperil the medical officer’s important role. Yet the extent to which these appointments will receive general professional training recognition has yet to be resolved.

In the sphere of general practice there is now in addition to the Honorary Civilian Consultant in General Practice to the Army an experienced serving officer appointed as Army Adviser in General Practice. An increasing number of Army medical centres caring for service personnel and their families are now run on group practice lines under an experienced general practitioner medical officer and will, it is hoped, be recognised for training purposes. Training for medical officers interested in this field will be facilitated and encouragement will be given to those wishing to obtain the M.R.C.G.P. qualifications.

Ways in which postgraduate training opportunities can be improved in the Army continued to be reviewed. The D.G.A.M.S. has set up a group of leading Army clinicians
to study and recommend improvements in clinical opportunities in the R.A.M.C. for specialists in military hospitals. With clear objectives in mind they will advise where specialist training will best be concentrated and it is hoped will not overlook the need of training staff, suitable accommodation for instruction, and equipment, especially audio-visual aids.

Another welcome feature has been the introduction of opportunities for a limited number of short service officers to apply for full-time external postgraduate courses up to six months in duration; such courses would, of course, involve an extension of their engagement for an equivalent period.

A career in the Army Medical Service offers much that is recommended in the Todd report which urges, for example, young doctors to spend their general professional training period away from their medical school area. It also suggests that training appointments should not be confined to hospitals and that much benefit can be gained from short appointments in general practice, administrative posts and in research. There is ample scope for the first two in the Army and though opportunities for whole time medical research are limited, officers should interest themselves in research in the course of their duties. Scientific curiosity is a good habit to develop, and the recording and interpretation of observed facts with the publication of results can be very rewarding. It should also be borne in mind by those seeking specialist advancement that eligibility in time, experience and postgraduate qualifications alone is not enough: increasing attention is being paid to candidates’ published work.

CHARITY COMMISSION

The Charity consisting of certain Chattels administered in connection with Officers’ Messes in the Royal Army Medical Corps.

Scheme for the regulation of the Charity.

Ref: SC-143465

The Charity Commissioners propose to establish a Scheme for this and other purposes. Objections and suggestions may be sent to the Commissioners within one month from today.

Copies of the proposed Scheme will be supplied on written request to the Charity Commission, 14 Ryder Street, London, S.W.1. (quoting the reference above) and may also be seen at that address or at

Royal Army Medical College,
Millbank, LONDON, S.W.1.