

## FUTURE MEDICAL OFFICERS FOR THE ARMY

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### PART IV.—AN ARMY MEDICAL SCHOOL

(1) THE setting up of an Army Medical School is the most ambitious proposal to be set out in this paper—it would be far-reaching in its effects, revolutionary and drastic; but the position with regard to the supply of medical officers for the Army, and their training subsequent to joining and during their career, are such serious matters that they must be dealt with by drastic means, even very expensive means.

The proposal is that the Army should run an undergraduate Medical School of its own, with a suitable postgraduate school—but it is not suggested that medical officers for the Army should be taken only from those who have passed through the one school; it would be bad for the Army Medical Service if all its medical officers came from the one school with one line of thought; there must be a regular flow of new blood from all the schools so that the Army will be transfused with the best of all teaching.

(2) *Is there a need for another medical school in the U.K.?* The answer seems to be "Yes"; the existing schools are full, and the new National Health Service will require more and more doctors—it appears that the existing schools cannot turn out enough doctors to satisfy the more attractive civilian services; moreover, it would be better for the students (when the requirements diminish) if the classes in the existing Medical Schools could be diminished in size. Also, most of the existing Medical Schools in the U.K. are in "target areas" and might suffer badly in enemy attacks on this country—a school or two just outside target areas would be desirable.

(3) *The Army Medical School* would be primarily for medical students who wish to enter the R.A.M.C. after qualification; but vacancies each year could be filled by those who wish to enter the Colonial Medical Services, the medical services of the Royal Navy and Air Force, and, if there are sufficient vacancies, those who have no intention of entering any of those services.

(4) *The advantages* of such a school would be

(i) That students, from their earliest undergraduate days, would be in a military atmosphere and would get used to Army routine and custom by the time they would be ready for commissioning—therefore, when they enter the R.A.M.C. they would not have any great difficulty in orientating themselves to Army life.

- (ii) All through their student days the men will have the military aspects of medicine and hygiene constantly brought to their attention, for in addition to the ordinary curriculum they will have definite teaching in military medicine, surgery, and hygiene.
  - (iii) Much greater attention will be paid to preventative medicine, to the maintenance of health, and the prevention of injury and disease than is done in the existing schools, where therapeutics seem to take place over prevention. Care would have to be taken that the course of training is not inferior in any way to the average in the British Medical Schools—the Military and preventative aspects would have to be superimposed on the normal standard course.
  - (iv) Propaganda in favour of the R.A.M.C. as a career would be more easily carried out in the Army's own school.
  - (v) Suitable other ranks could be trained there as Medical Student Cadets—having been selected on much the same lines as the cadets for Sandhurst.
  - (vi) The school would be a sound place for the training of specialists, for refresher courses, for research and for special investigations.
  - (vii) The school and its attached hospital would attract into, or keep in, the Army those medical officers whose inclinations are towards teaching and research—the Army would be able to offer professorships, lectureships, etc., equal to, or better than, those in the other Medical Schools.
- (5) *The source of students* would be, *inter alia*,
- (a) Men selected from National Service recruits or regular serving soldiers who by education, personality, etc., are found to be likely to make good doctors and officers; they would be selected from volunteers by competitive examinations combined with personnel selection and testing.
  - (b) Scholarships from the Public Schools, Grammar Schools and other higher educational schools for men who want to serve in the R.A.M.C. after qualification, subject to selection as suitable.
  - (c) Other aspirants for commissions in the R.A.M.C. who have the necessary qualifications for registration as medical students and are otherwise suitable.
  - (d) Students sponsored by the Admiralty, Air Ministry, Colonial Office, etc.—if there are any vacancies.
  - (e) Other students not initially intending to join the R.A.M.C.
- (6) *The number of students* enrolled would be up to say 75 each year, either in one batch or in two; the categories of students in para. 5 (d) and (e) above would be admitted only if the Army candidates fall short of the total number admissible.
- (7) *The fees to be charged* would be inclusive of tuition, examination fees, board and lodging, and should be slightly less than the average of fees payable at the other schools of the U.K. and of the charges made for board and lodging in University and Medical School Student Hostels.

The fees in respect of the different categories of students referred to in para. 5 will be paid as under:

- Category (a)—will be paid in the first place by the War Office and will be recovered from the individual through his pay or gratuity or both whilst he performs his obligatory postgraduate military service.
- Category (b)—a part of the whole of the fee may be recoverable as in Category (a) according to the terms of the Scholarship or "assisted studentship."
- Category (c) and (e)—payable by the individual.
- Category (d)—payable by the Service concerned.

It is important that fees and other costs should be recovered from the medical officers during their postgraduate obligatory service in respect of Categories (a) and (b) because of the rates of pay for medical officers of the R.A.M.C. One of the reasons why the pay of medical officers is higher than in other Arms is because of the cost to the individual to get himself qualified before commissioning; the infantry officer, say, is trained as such at Sandhurst largely at public expense—not so the medical officer; therefore the medical officer has a higher rate of pay partly to balance this. If the War Office trains some of its own medical officers then there would be a case for a lower rate of pay for the Army trained doctors, and two rates of pay for doctors in the one service would not do; therefore it is suggested that the higher rate should continue for all medical officers, but that those trained at public expense should have deductions from pay/gratuity until the value of the fees, etc., at the Medical School have been recovered.

In parenthesis, there would seem to be a case for the recovery of fees from medical officers who have qualified in medicine (and become eligible for the higher rate of pay in the R.A.M.C.) at public expense through local authority and Ministry of Education Scholarships and Grants—parents who have paid rates and taxes and have also paid for the further education of their sons certainly think so.

Many details would have to be worked out concerning how to deal with students who fail to make the grade or whose services are not likely to be required by His Majesty.

(8) *Military status of medical students*: all the categories of students would be officer cadets of the R.A.M.C.

Category (a) will be serving soldiers (regular or National Service) of any Arm of the Service—on selection for the Medical Students' course those not in the R.A.M.C. will be transferred to that Corps; during their studentship period they will be placed on a Special List of the R.A.M.C., but will be liable to reversion to the general active list of the Corps if they fail to make the grade.

Category (b) who will have service obligations after qualification will be

- (i) enlisted into the R.A.M.C. for the period of their studentship, and will be subject to Military Law and Discipline as in the case of Category (a), if their circumstances and the form of their scholarships are such that they need to draw pay from the Army.
- (ii) those not requiring or needing pay from the Army will be enrolled into the R.A.M.C. (T.A.).

Category (d) R.N. and R.A.F. would be enrolled in Cadets of the appropriate service. Other categories will be enrolled into the R.A.M.C. (T.A.) (a Special List) for the period of their studentship and will be subject to such Military Law and Discipline as is applicable to the other ranks of the T.A.

The whole idea about fees and status of students might be simplified and reduced to similarity with officer cadets at Sandhurst and cadets and officers of the R.E. who go to the Universities for Engineer and Science Degrees. The suggestions above are probably too complicated.

(9) *The curriculum* at the Army School of Medicine will be such that all the ground is covered for the M.B., B.S. Examination of London University, The English "Conjoint," The Scottish "Triple," L.M.S.S.A., etc. It will be *inferior to none*, but will be *superior to all* in the amount of stress given to the maintenance of health and the prevention of injury and disease. Similarly, postgraduate teaching and clinical experience will be provided for all the Specialists and Higher Qualifications—again inferior to none.

From the beginning diplomas and certificates should be awarded for the specialists subjects for which the other examining bodies have not catered yet. In due course it might be considered desirable to set up an examining body for diplomas, etc., in all branches of medicine and surgery at the School; that is, for the Army to award its own Registrable Qualifications. The standard of teaching and examination should be such that men are anxious to get into the Army School even at the cost of having to serve for a period of years in the Army afterwards.

(10) The Army Medical School should include also a Dental School for the teaching of dentistry and for the purpose of training dental officers for the Army on the same lines as those suggested for medical officers.

There should be also a Nurses School where trainees for commissions in the Q.A.R.A.N.C. could be dealt with. But again it should be stressed that the Army Schools should not be the only channels of entry to the Medical, Dental, and Nursing Services of the Army; they must be merely one of the channels, but the best channel; graduates and others from other Medical, Dental and Nursing Schools must be infused regularly into the Army.

(11) The School and Hospital should provide all the teaching and experience necessary for the various civilian qualifications which the *other* ranks of the R.A.M.C. and Q.A.R.A.N.C. may wish to obtain, and should be encouraged to obtain, such as M.P.S., M.R.S., S.R.N., C.P.H., etc. This would do much to enhance the reputation and popularity of the Corps for other ranks, who would be able to obtain qualifications useful to them on leaving the Army; moreover there would be a constant stream of technicians for the R.A.M.C. and Q.A.R.A.N.C.

(12) *The teachers* in the Army School and Hospital would have to be first class, the best men in their specialties in the Army; they would be employed full-time in the School and Teaching Hospitals and would be Professors (say Colonels and Lieutenant-Colonels), Lecturers (say Lieutenant-Colonels and Majors) and Demonstrators, etc. (say Majors and Captains). Officers picked for higher appointments on account of their skill and qualifications, but not holding the substantive rank appropriate to the appointment, should be appointed to paid acting rank during their tenure of appointment, or until they reach substantive rank through the combination of recommendation and effluence of time.

Appointments to, and retention of, posts in the teaching staff would have

to be so regulated and governed that the best teaching personnel would always be at the School and Hospitals, that the Army would not constantly lose its best teachers to the civilian schools, and that removals from the Staff would be effected only if the exigencies of the Service required such removal or if removal would be advantageous to the officer concerned (e.g. promotion).

The possibility of getting on to the teaching staff of the Army School would attract to, and keep in, the Army many doctors who at present do not take up permanent regular commissions because they are ambitious in the direction of teaching and the academic side of medicine.

With controlled and disciplined personnel at hand there should be a good opportunity to set up big Research Departments, especially in Physiology and Psychiatry.

(13) *The location of the Army Medical School* would have to be where there is always likely to be a big concentration of troops, in peace and war. The *clinical material* available would depend on the location; unfortunately from the teaching point of view the military clinical material is not enough, particularly in variety; to provide the variety necessary arrangements would have to be made for civilian patients to be admitted to the Army Teaching Hospitals; therefore the schools and attached hospitals would have to be where there is a big military population, a big military families' population and a bigish civilian population; preferably where there are inadequate civilian hospital facilities.

Aldershot and district would seem to be a locality which would provide the above conditions—the Cambridge and Connaught Hospitals, together with The Louise Margaret Families Hospital and Military Isolation Hospital seem to form the nucleus—a new hospital would be built to incorporate all these hospitals and to provide all the necessary hospital expansion required for the civilian population. The Hospital would cover all general medicine and surgery and all the usual special departments, together with Isolation, Mental and Tuberculosis Wings. Aldershot would be particularly suitable on account of the present location of the Army School of Health and the R.A.M.C. Depot and T.E. The Medical School and the Students' Messes and Hostels would have to be built close to the New Military Hospital Centre.

Aldershot is only a suggestion; another locality with shortage of hospital beds for civilians might be selected (providing it is close to a military centre), e.g. where a new satellite town is to be built. One might consider the York-Catterick area; whatever locality is selected it should be outside a target area. However, Aldershot at first sight seems to be the most suitable area from all points of view, including density of civilian population which is somewhere in the region of about 200,000 (Aldershot, Guildford, Woking, Farnborough, Farnham, Camberley, Godalming, Fleet, Sandhurst, Pirbright).

The setting up of an Army Medical School and Hospital Centre at Aldershot or any other suitable locality would have a profound effect on the future of Millbank, the R.A.M. College and the R.A.M.C. Mess.



One hospital at least would have to remain in London, and a Mess too; but, London being a good target in wartime, it is desirable that the teaching facilities, The Royal Army Medical College, should be outside where it can carry on without interruption for as long as possible; therefore the College should move to Aldershot or wherever the School is set up and retaining its designation "Royal Army Medical College." There should be a Mess in London, but whether the Headquarters Mess should stay in London or move to the Teaching Centre would have to be considered. It would seem desirable to get all the Medical Services Establishments grouped together, and that is why Aldershot seems so desirable. A move of the principal Hospital, the College and the Headquarters Mess out of London will be frowned upon by many, but would be for the general good of all ranks of the Medical, Dental and Nursing Services of the Army.

The setting up of a big Hospital Centre, equipped with the latest and best equipment, will be a most expensive project, but would be worth while on account of the benefit that would accrue to the Army and to the Art of Medicine and Surgery. A considerable part of the cost of a new site and building a new Hospital Centre could be met out of the proceeds from the sale of valuable sites in London, and elsewhere, which might become surplus to requirements as a consequence of the moves involved.

#### PART V.—INTEGRATION OF THE MEDICAL SERVICES

Integration of the Medical Services has been talked about from time to time for several years, and has cropped up again recently in "another place" and in the Press.

It is for consideration how far integration would go towards procuring a sufficiently strong and efficient body of medical officers for the Army; whether, in fact, integration would benefit the Army.

It is supposed that integration would not have cropped up again if there had been a sufficient flow of suitable medical officers into the Regular R.A.M.C.; can it be assumed that if the Army is made attractive as a career for doctors integration would not be a necessary expedient, nor would it be desirable? If a sufficient supply of doctors with regular commissions will not divert the advocates of integration from their cause, one is left enquiring what it is hoped to attain by integration, and how this will improve the Medical Service in the Army.

What is intended by integration of the Medical Services?<sup>1</sup> Some see in the idea nothing more than an arrangement whereby doctors would have comparable income for age + service + qualifications whether they perform professional duties in the Army, in the Royal Navy or Air Force, in the National Health Service or in one of the Colonial Medical Services; in other

<sup>1</sup>One intention of the proposers of integration of the Medical Services of the Forces was to eliminate the triplication of overheads and large triple administrative staffs, particularly during war, when the shortage of trained man-power is so acute.—[Ed.]

words, integration would go only as far as cutting out undue financial attraction by one Service to the disadvantage of another; they envisage a scheme whereby a doctor serving in one Medical Service can voluntarily transfer to another (permanently or temporarily) and lose nothing in his pay or in his retired pay or pension.

Others hold that integration should go as far as the formation of one Medical Service for all three of the Armed Services; in such a service a doctor would have a career but would serve in ships, with regiments, at R.A.F. Hospitals and so on as required. They would all be members of, and promoted in, one Medical Service, a uniformed one, and there would be no question of commissioning in the Royal Navy, the Army, or the Royal Air Force—the commission would be in the Medical Service. Perhaps the advocates of integration of the Naval, Military and Air Force Medical Services should wait until there is integration of all three of the Armed Services into one.

Then there are those who would go farther still and have integration to mean one complete Medical Service to cover Civilians, fighting Services, and Colonial Services, in which the doctors would be available for service anywhere, sometimes in the uniformed branch and sometimes in the un-uniformed branch. Some would allow a certain amount of freedom of choice so that the doctor could choose between the uniformed or un-uniformed as a career, others would allow no such freedom.

Is integration desirable or necessary? Would it be advantageous to the Army? When we come to these considerations we enter a battlefield on which are engaged the advocates of integration *versus* the opponents of integration. The Advocates are labelled as being infected by the bug of standardization, the substitution of economy for efficiency, the undermining of tradition, and so on. On the other hand, the Advocates say that the Opponents are actuated only by self-interest, that the Opponents do not want integration because they will lose their high ranks and appointments and will cease to be kings in their little domains. This is an age of economy rather than efficiency, and of expediency; in attempting to determine the virtues of integration or *status quo* care must be taken not to fall into line with the conventions or habits of the day, but rather to determine what is going to be best in the long run for the Army—FOR THE ARMY it should be noted (our counterparts in the Navy and Air Force should act similarly for their Service)—the Armed Services must not be treated as a minority and be required to accept what is considered suitable for the majority—this is very important; the Armed Services must not be subordinate to the whole. The question is, what does the Army require of its Medical Service and will that requirement be best found by integration?

Would integration, in any form, provide the Army with the sort of medical officer required; the man who is the doctor, who has prevention to the fore, who knows how to handle officers and men; who, by his own experiences, knows the factors influencing the lives of soldiers; who can handle medical

units in battle; who will have the confidence of Commanders so that he is called into the highest conferences and deliberations? It may be felt that in the Navy and Air Force the general run of medical officers could be found from short term seconded doctors, doctors from civilian practices without much Naval or Air Force background; in the case of the Army the medical officers have to be trained for command, for a good deal of administration, for tactical use of units in the field—medical officers without considerable military background might not fit in so well.

One is well aware of the fact that a good many Territorial and Emergency commissioned medical officers rose to great heights during the Second World War and were in many cases most competent and knowledgeable; but was not a deal of their success due to the training they had received at the hands of Regular officers, and to the advice and support accorded them by old hands, senior and junior to themselves? Would the Medical Services of the Army have achieved what they did if there had not been that solid backbone of regular officers who had made the Army a career?

Whether or not partial or complete integration will solve all the problems of medical arrangements for the Army is a vast subject for discussion and consideration; it may; but it should not be advocated light-heartedly without due regard for all the circumstances and implications; it should not be implemented unless it is certain that the best interests of the Armed Forces, and particularly the Army, will be served. And the doctors themselves, who have to work the services, must not be forgotten. It is possible that the interests of the Civilian Medical Practitioners themselves would not be served by complete integration—and their interests must be considered; we are not, yet, a totalitarian state in which the interests of the individuals working for the State have to be subjugated and conform to a Plan.

Unless and until it can be shown that integration is the answer to the Army's prayer, then all must be done to make the R.A.M.C. itself as attractive as possible.

A paper entitled "Reorganization of the Medical Services of the Armed Forces" by Major E. A. Smyth, R.A.M.C., and published in the *British Medical Journal* of October 1, 1949, is worthy of consideration.