

NOTES FROM THE CLINICAL TUTOR

MAKING TIME FOR POSTGRADUATE EDUCATION

Did you know that one half of a junior doctor's salary is provided by the Postgraduate Dean at the University of Manchester and that the Clinical Tutor is a paid officer of the Dean? The Clinical Tutor is responsible specifically for ensuring that doctors in training receive an adequate education with organised programmes of instruction and regular assessment by educational supervisors. This is fine in theory but difficult in practice. You see, everyone's day is full; there is little or no time to prepare, deliver or receive educational material and there is a more or less permanent tension between one's duty of service to the patient and everything else. By this, I mean that admissions, ward rounds, clinics, talking to relatives, coping with emergencies and so on take precedence over education and audit. Who wouldn't attend to a person with chest pain instead of staying in a teaching session?

The reduction in junior doctors' hours and the unrealistic talk about an expansion in the consultant numbers (intended to increase the amount of care delivered by consultants) are added strains. Education enthusiasts talk about 'protected time' and the zealots clamour for guaranteed timetabled slots for education. Some specialties, notably the surgical ones based in Manchester, have terrific programmes for registrars which result in two half days' absence from Lancaster or Kendal per week and big claims for travel expenses. This is more than a matter of internal organisation. The bottom line is money and it is expensive both to train junior doctors and to reduce the clinical load of senior doctors to allow them to teach. The whole profession shares an interest in having well-trained doctors yet the dominant force in many consultants' lives is that of providing the clinical service. Education and audit are always under threat. Some junior doctors get a raw deal some of the time, and it is easy to see that poorly trained doctors will not provide the best clinical service.

If we are serious about improving training, there has to be an acknowledgement that education is an issue for purchasers as well as providers. Purchasers have as much interest as providers do in good quality healthcare in local hospitals. Whilst the Dean may be providing half a junior doctor's salary, the other half is provided by the trusts as is most of the NHS salary of most consultants. In brief, paying for education is an issue for purchasers.

FORMATION OF A LOCAL EDUCATION COMMITTEE

Log books, educational supervision, certification, references, careers advice and counselling are all part of the junior doctor's lot. He or she is subject to the differing (and sometimes conflicting) requirements of the trust, the dean, the GMC, the royal colleges and the government. The education

of an individual is a matter of importance to the whole trust, and for this reason an education committee has been formed to tackle the issues. It first met in June this year and comprised the specialty college tutors, the clinical tutor, the medical directors in Lancaster and Kendal and senior trust executives. It will meet quarterly with the expressed aim of ensuring the local delivery of the best possible education and training of doctors.

THE POSTGRADUATE LECTURE PROGRAMME FOR GPs

Getting to the postgraduate lectures is becoming very difficult. Distance, traffic, the workload, dealing with fundholding, business planning and other demands have resulted in dwindling attendances despite some good clinical topics and speakers.

Dr David Knapper (GP tutor) and I have taken the view that postgraduate education does not have to be delivered solely in postgraduate centres. Rather, we are starting to view the surgeries and other meeting places as extensions of the centres, a network of smaller locations which are more accessible. The postgraduate centres will continue to act as a hub and larger meetings and evening meetings will be held in them. GPs, however, are reminded to discuss any planned meetings with David Knapper before making arrangements. PGEA approval will not be given except through the postgraduate centres. We must avoid clashes in the timetable, yet ensure a locally accessible, self-directed programme for GPs.

The biggest change will be **Saturday seminars**. Quarterly meetings lasting two or three hours are planned for Saturday mornings. The first will be on Saturday 21st October and its subject will be myocardial infarction and its management, including ECG interpretation. Further details will be circulated shortly. We are aiming for a more participatory 'workshop' type session with fewer didactic lectures.

The lunchtime and evening lecture programme is almost complete for 1995-96. Further details soon.

AUDIT

Dr Mike Bird is planning a large seminar in November at St Martin's college, which is intended to focus on the collaborative aspects of audit between different groups of health workers. It will appeal to GPs as well as practice nurses, hospital-based workers and those in the community.

It is still disappointingly true that audit has had a patchy uptake locally despite some excellent work. Perhaps it's the name. Perhaps we're too busy seeing patients to check that we are doing the right thing, a weakness at the very heart of our profession.