Middle Articles

MEDICAL EDUCATION

Medical School at Southampton

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When Southampton University admits medical students for the first time in October 1971 it will be the second medical school to come into being in Britain since the beginning of the century. Its development comes at a particularly opportune time when medical education, the organization of the Health Service, and the role in society of the medical man himself are under more active and searching review than at any time for many years. Advantage has been taken of these discussions and in particular of the report of the Royal Commission on Medical Education in drawing up the plans for the medical school and in the design of the curriculum, of which an outline already exists.

For some years the university and the Wessex Regional Hospital Board have been anxious for a medical school to be established in Southampton, and jointly put firm proposals to the Royal Commission on Medical Education. The report of the Commission was not published until April 1968, but in August 1967 the Government accepted an interim recommendation from the Commission that in view of the national need for more doctors as soon as possible and because of special factors present in Southampton a new medical school should be established which should admit students for the first time in October 1971.

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Plans for the necessary buildings have already been completed, and a start is about to be made both on the preclinical sciences buildings and on accommodation for the clinical sciences (see Fig.). The preclinical sciences building is being erected on a site close to the existing university buildings and has the advantage that it will accommodate not only staff and students in the faculty of medicine but also students who are following an honours course in physiology and biochemistry in the faculty of science (there has been a large and successful honours school of physiology and biochemistry in the university for some years). In addition the university proposes to site new accommodation for other biological science departments in the same area. The total cost of this development, which is financed by the University Grants Committee, is of the order of two and a half million pounds for buildings alone.

Accommodation and Staff

Accommodation for the clinical sciences is being provided at the Southampton General Hospital, which under joint financial arrangements between the Department of Health and Social Security and the University Grants Committee is being completely rebuilt at an estimated cost of some 16 million pounds. When the hospital is completed there will be nearly 1,300 beds as well as laboratory and teaching facilities for

medical students. The development is phased so that the key accommodation for the medical school will be available by the time the full burden of clinical teaching begins in 1973. The work of rebuilding this hospital will continue at least until 1980. The accommodation has been agreed and planned on the basis of a staff of 85 full-time clinical teachers in the professorial, senior lecturer, and lecturer grades, in addition to a full complement of National Health Service clinical staff.

Although the principal centre of clinical work will be in the rebuilt Southampton General Hospital, teaching will also take place in other hospitals in the group, and especially at the Royal South Hants Hospital, which will also be rebuilt. The details of the government of the teaching group of hospitals have not yet been settled, but it is hoped that the arrangements will recognize the existence of a group of hospitals with complementary activities, each of which will discharge a function essential to the medical school.

It is not intended that there should be an independent board of governors, and it is expected that the teaching group will be responsible to the Wessex Regional Hospital Board for its service activities. The university fully supports this notion, which follows a recent precedent and which would lead to substantial university representation on the management committee for the group and on the regional board itself. This arrangement would facilitate the association of the clinical resources of the whole region in the affairs of the medical school and, conversely, would enable research and teaching facilities to be widely available to the medical profession in Wessex.

As the first group of students is expected in October 1971 there is little more than two years available to accomplish the first phase of a complex series of operations involving building, commissioning, staffing, and drawing up the details of teaching policy and the curriculum. It has therefore been urgent to appoint with the least possible delay the principal preclinical and clinical teachers responsible for policy and its implementation. Two professors of physiology and biochemistry, Professor K. A. Munday and Professor G. A. Kerkut, have been members of the university staff for many years, and the dean of medicine, who is also professor of clinical epidemiology, took up his post in October of last year. In the last four weeks the foundation chairs in human morphology, human reproduction and obstetrics, medicine, and surgery have been filled.

Course of Studies

A great deal of thought and study has already been concentrated on the course of studies which will be offered at the Southampton Medical School. A five-year course is proposed, of which the first two years will principally be concerned with inculcating a general knowledge of structure, function, and behaviour in health and disease and an understanding of the sciences on which this knowledge rests. The third and fifth years will be predominantly clinical, but no clear-cut division between clinical and preclinical studies is intended. The plan for the fourth year represents a major experiment in medical education which has not been tried previously. In this year it is intended to provide all students with an honours type course in fields of study of their own choice after they have developed the basic clinical skills. In order to ensure that the thread of clinical work is not severed it is likely that at least one of the options selected by the student will be a clinical one. Throughout the course every effort will be made to instil a critical attitude and to inculcate habits of self-education which will continue throughout the student's professional life.

As the students who will enter the school in 1971 will start their studies in the sixth form at school in October 1969 it was felt highly desirable to settle the entry requirements as soon as possible. The requirements have been made flexible deliberately to encourage entry to the medical profession of men and women with a wide range of talents. Three A level passes will be

required, of which chemistry or the Nuffield physical sciences must be one. At least one other must be drawn from biology or zoology, mathematics, or physics. With certain provisos the third A level may be in any of a very large range of subjects. A pass in English at least at O level will also be required. In order to encourage students who have decided to take up medicine after they have completed their sixth-form course, conditional acceptance may be given to a small number of candidates of unusual ability who have three A levels other than those specified above. These will be required to obtain before admission to the university an A level pass in chemistry (or the Nuffield physical sciences) and O level passes in mathematics and biology, or to attend successfully a premedical course at another medical school. Following the recommendations of the Royal Commission it is not proposed to run a premedical course at Southampton University.

Area of Activity

The involvement of the whole of the Wessex region with the medical school is an essential feature of the plan and requires further emphasis. With a population of about 200,000 people the city of Southampton is too small to support a medical school with an intake of 130 students a year. Fortunately, however, it is the geographical centre of a region with a population of 2,000,000. Thanks to a highly developed system of postgraduate education organized by the regional board and their adviser in postgraduate medical education, Dr. R. P. W. Shackleton, there are already a number of focuses of active medical academic life in the region. As many of the hospitals in the region as possible will be involved in undergraduate as well as postgraduate clinical teaching, particularly but not exclusively in the final year. It may also be possible to create special academic units associated with the medical school but situated outside Southampton. The development of the south coast trunk road system in the early 1970s is likely to revolutionize communications between, for example, Portsmouth, Bournemouth, and Southampton and facilitate the movement of students and teachers to and from the centre of the medical school.

One practical example of the advantages of the partnership between the university and the Wessex Regional Hospital Board is the library which is already being built up. This will be called the Wessex Medical Library and will provide a service not only for the university but also for the medical profession throughout Wessex. As it will thus attract financial support from several sources it will be much larger and more complete than would otherwise be possible.

Community Medicine

The concept of the hospital as an independent unit in the Health Service or as the exclusive environment for the education of clinical students is outdated. One of the recommendations of the General Medical Council (1967) in its booklet on basic medical education is that the student "should be given an opportunity of studying the before and after of disease as well as the here and now in the ward, laboratory, and clinic." The pamphlet goes on to suggest that the student "should see the patient in his home and family and school and industry" and that "he should learn about the organization of medicine, the scope of its various special activities, the role of the general practitioner and the role of the public health services in the promotion of health." In Southampton the responsibility for this part of the curriculum will be vested in a division of community medicine which eventually, it is hoped, will have a multi-professorial structure.

The importance the university attaches to these aspects of medicine is underlined in the field of interest of the dean and

by the fact that a senior lectureship in community medicine with special responsibility in primary and continuing medical care is to be established at the same time as the four foundation chairs. It is hoped to involve the professor of human reproduction and obstetrics, and eventually at least the professors of psychiatry, child health, and geriatrics (when these are appointed), in the teaching of community medicine and to

forge a close liaison between the division, the regional hospital board, and the local public health service.

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Young Doctors Aiming to Enter Different Specialties

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Summary: Specialty preferences were explored in relation to personality, sex, and examination performance of recent graduates at Edinburgh. Potential surgeons were almost exclusively male, and were not academically outstanding. They were more decided about their future career than any other group, and they were relatively low in anxiety level.

Many of the future hospital specialists (excluding surgeons) were women. They were the group least decided about their careers. Potential general practitioners tended to be more anxious in personality. They had failed more professional examinations than any other group. They read less than other groups, the few women among them being particularly non-studious.

Women doctors in general were less anxious, more impulsive and sociable, and less studious than the men. The impulsive and sociable doctors of either sex were less decided about their career plans than their relatively unsociable colleagues.

Introduction

The doctors whose career choices were followed fell into two classes and had started their medical studies in 1959 and 1960. They had been studied initially in their preclinical years and again intensively in their fifth (penultimate) year. This report deals with four dimensions of their personalities, with their academic records, and with their choice of career in 1966.

Methods

Sampling

The total sample was composed as follows: (1) All doctors who had been second-year Edinburgh medical students in 1961 and were citizens of the United Kingdom. They had registered as medical practitioners by December 1965; (2) A 50% random sample of doctors who had been third-year Edinburgh medical students in 1961 and were citizens of the United Kingdom. They had registered by December 1964.

Because of delays of some class members in graduating, due to failure or an extra year spent on an honours B.Sc., the 50% random sample was augmented by 12 replacements chosen at random from the remainder of that class.

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Survey

A postal questionnaire was sent in 1966 to the young doctors in the sample inquiring *inter alia* about the following:

- (1) specialty choice; (2) firmness of specialty choice—(a) definitely decided, (b) inclinations towards certain work, (c) decided against some kinds of work, (d) quite undecided;
- (3) reading habits—(a) seldom or never, (b) one hour weekly, (c) one hour daily, (d) more than one hour daily.

Personality and Academic Ability

Four dimensions of personality thought to be important in medical training had been tested when these doctors were in their fifth year at medical school (Walton, 1968a).

Neuroticism.—The scale for neuroticism on the Maudsley Personality Inventory is made up of 24 items measuring emotional instability. High scorers are considered anxious and prone to emotional disorganization under stress.

Extraversion.—The scale for extraversion on the Maudsley Personality Inventory is made up of 24 items which measure a person's outgoing social proclivities (Eysenck, 1959), consisting of sociability and impulsiveness. The high scorer or extravert is easygoing, wants numerous social contacts, and does not persist in activities for long. The introvert or low scorer is withdrawn and subdued, and is inclined to keep in the background socially and to remain quiet when in a group.

Complexity is measured by a scale of 27 items which test a person's liking for diversity and novelty (Walton and Hope, 1967). A high scorer has an open-minded experimental orientation, and is not discomfited when faced by ambiguity. The low scorer prefers sameness, seeks definite structure, and dislikes circumstances that are uncertain; he does not seek unusual experiences and tends to react against unfamiliar ideas (Centre for Study of Higher Education, 1962).

Mean Personality Test Scores and Academic Performance of Doctors in Specialty Subgroups

	Total	Surgeons	Hospital Specialists	General Practitioners
Neuroticism	17.73	14.37	18.05	20.24
Extraversion	27.43	20.70	26.16	29.00
Thinking-introversion ..	34.48	35.26	34.59	33.24
Complexity	12.39	11.81	13.18	11.90
Examination record ..	1.61	1.59	1.59	1.86
Medical school performance	4.48	4.70	4.45	4.57