Education of physicians in the sexually transmitted diseases in the United Kingdom

R. D. CATTERALL

James Pringle House, The Middlesex Hospital, London

Summary

Undergraduate and postgraduate training in sexually transmitted diseases and genitourinary medicine in the UK is described. The course for overseas postgraduate students is briefly described. It is noted that once funds are available it has been agreed to establish a professorial chair of venereology at the Middlesex Hospital Medical School. This will be a major advance and is the most desirable goal to aim at in the encouragement of education in STD for the next few years.

Introduction

In 1973 the estimated population of the United Kingdom was 55,933,000. To ensure a continuous supply of doctors there are 25 medical schools, of which twelve are in London. In 1974 there was a total of 14,000 medical students distributed among the 25 medical schools, with an annual output of approximately 2,350 doctors.

To obtain admission to a medical school a student must apply through the Universities Central Council on Admission, naming the five schools of his preference. The majority of schools make a short list of the applicants who have named them as their first or second choice and these students are usually interviewed individually by a panel of medical teachers established by the Dean. If considered to be suitable, they are offered a provisional place in the school, subject to their obtaining suitable grades in their advanced level examinations for the General Certificate of Education. As competition for places in medical schools is very severe, most schools require the candidates to obtain three C grades or above in subjects such as physics, chemistry, mathematics, biology, and zoology, or in some cases in three arts

subjects. A small number of mature students, who have trained in some other subject, are admitted to some of the schools.

Undergraduate medical education lasts for an average period of 5 years, of which the first two are devoted to the basic medical sciences, such as anatomy, physiology, biochemistry, psychology, and a variety of other subjects. In the three clinical years there is emphasis on clerking of patients (history taking), ward rounds, and bed-side teaching. Important changes in the undergraduate curriculum are being discussed at the present time.

All the 25 medical schools in the United Kingdom have a department for sexually transmitted diseases and all undergraduate medical students receive teaching in the subject and obtain clinical experience with patients. The arrangements vary from school to school but in the majority there are lectures and seminars, outpatient sessions, microbiological and serological demonstrations, and discussions with the contact tracers and social workers. The number of hours allotted to the subject depends upon the policy of the school and the enthusiasm of the venereologist and ranges from 10 to 24 hours. Students are encouraged to spend their elective period at one or more of the clinics. Questions about sexually transmitted diseases are included in the final examinations from time to time.

After the final examination the student achieves temporary registration and is obliged by law to undertake one year of preregistration hospital training as a house physician or house surgeon, 6 months usually being devoted to medicine and 6 to surgery. It is at this point in his career that the young doctor frequently has to decide whether he will go into general practice, usually after further hospital experience, or whether he will take up a career in hospital medicine. Many graduates, however, will not have made up their minds at this stage and may change their direction on several occasions before finally deciding on the branch of medicine they wish to pursue in the future. For this reason programmes for the training of medical specialists are very flexible

and allow for the special needs of the individual and for local circumstances.

A doctor who decides that he wishes to practise venereology and genitourinary medicine will next be expected to undertake a period of 3 years of general professional training. During this period he will obtain the widest possible experience in general internal medicine and other medical specialties. Experience in some of the following fields is considered especially useful: dermatology, neurology, psychiatry, rheumatology, ophthalmology, microbiology, infectious diseases, and the medical aspects of gynaecology and urology.

During this period of general training the trainee would normally be expected to pass an examination for membership of one of the Royal Colleges of Physicians. This examination consists of a first part in the form of a series of multiple choice questions. Successful candidates later take the second part of the examination, which consists of a written paper, a clinical examination, and an oral examination. The membership examination is considered by the Royal Colleges as demonstrating that the trainee has acquired a sound basic knowledge of medicine and competence in clinical methods; it is also important in selecting individuals with the capacity to benefit from further higher medical training.

After the general professional training a further period of approximately 4 years of specialist training follows. This should include adequate experience in all the relevant laboratory techniques and the trainee should be taught the principles of management and administration required in the running of a department. Care of patients at an increasingly responsible level, opportunities for teaching, and encouragement to undertake research are essential parts of the training. Many trainees will wish to spend up to a year away from clinical duties in their training post, either abroad in an academic department, a research laboratory, or a large service department, or at a suitable centre at home. During their specialist training many men and women will undertake studies directed towards obtaining a higher university degree, such as the M.D., Ph.D., or M.Sc. Trainees may be attracted to this specialty from other branches of medicine and in such cases the programmes are interpreted in a very flexible manner.

A Joint Committee on Higher Medical Training has been established by the Royal Colleges of Physicians and each medical specialty has a Specialist Advisory Committee. The Joint Committee maintains a list of hospital posts of an approved standard suitable for training in the various specialties. Hospitals may apply for their posts to be recognized for training and the department will be visited by a team consisting of two representatives of the Specialist Advisory Committee and an independent physician.

Follow-up visits may be made after initial approval of the training post.

Once a trainee has completed his training he may apply for a consultant post in the specialty. These posts are advertised in the medical press as they become available and the trainee will have to submit a detailed *curriculum vitae* and appear before an appointments committee consisting of representatives of the Royal Colleges of Physicians, the University, the hospital concerned, and the Regional and Area Health Authorities. He will compete for the consultant post against other trainees and, if he is appointed, he may usually choose whether he will work full-time or part-time in the National Health Service. If he is part-time he may also engage in private practice. Trainee consultants are not allowed to practise privately.

During the past decade there has been a great and increasing demand for training facilities for overseas doctors wishing to obtain experience in venereology and genitourinary medicine. In the past this demand has been partially met by appointing overseas graduates as clinical assistants to the larger departments. However, it became apparent that there was a need for a postgraduate course, designed principally for overseas postgraduate students. Accordingly, in 1973, the British Postgraduate Medical Federation sponsored a 3-month full-time course in the Sexually Transmitted Diseases, which is now held twice a year in London commencing in April and September. There are places for eight full-time students on each course. Each student is attached to a large department in a teaching hospital and becomes part of the medical team of the department, learning by apprenticeship from the senior physicians. In addition, once a week there is a seminar day when a particular aspect of the subject is considered in depth. There are also laboratory demonstrations, sessions with the contact tracers, social workers, and psychiatrists, and visits to outside institutions. Each student has a tutor from among the more senior staff of the department who is responsible for ensuring that the student benefits from the course and for helping with any personal matters related to the student's stay in London.

A limited number of places is available for postgraduate students to attend the seminar days only on a day-release basis. These places are usually filled by doctors who are already working in the specialty in the United Kingdom. The course is designed for overseas postgraduate students and not for British doctors who intend to become consultants in the subject, although it may be suitable for those who are content to remain as clinical assistants and for married women working part-time in the clinics.

Recently a diploma in venereology has been established by the Society of Apothecaries of London; this is the oldest non-university organization

granting medical diplomas in Britain, having been founded by James I in 1617. The diploma is awarded to successful candidates following an examination held twice a year in July and December. The examination consists of multiple choice and written questions and clinical and oral tests. Candidates wishing to take the examination must provide evidence that they have had adequate experience in the subject or have attended a suitable course of training such as that outlined above.

A small number of postgraduate students may obtain clinical attachments to the larger departments in teaching hospitals. The majority are from overseas and are usually supported by their own government or university, the British Council, or the World Health Organization.

General practitioners and consultants in other specialties are kept up to date with developments in this field by lectures given at postgraduate medical centres throughout the country and by suitable patients being presented at clinical meetings in hospital. Original papers and review articles are published from time to time in general medical journals.

For those already established in the specialty the Medical Society for the Study of Venereal Diseases meets in London five times a year and once out of London or overseas. It provides a forum where papers are presented and problems discussed. It enables physicians to keep abreast of modern knowledge and advances in the subject. It also publishes

the *British Journal of Venereal Diseases*, which contains original papers, review articles, and a valuable abstract section of papers on the subject published in other journals.

During the past decade considerable progress has been made in teaching about the sexually transmitted diseases to undergraduate and postgraduate students in the United Kingdom. A training programme for future specialists has been established and it is probable that a specialist register will shortly be started. The new postgraduate course has proved very popular and the examination for the diploma of venereology has been well supported.

There is however, as yet, no academic chair in the subject and the sexually transmitted diseases remain the only recognized medical specialty without a chair. Recently the Academic Board and the Council of the Middlesex Hospital Medical School have agreed to establish an academic department with a chair in the school, provided the funds to finance the department can be found outside the normal finances of the school. There can be no doubt that the establishment of such a chair in the United Kingdom would be a major step forward for the subject and is the most desirable development for the next few years.

Reference

ROYAL COLLEGE OF PHYSICIANS (1975) Joint Committee on Higher Medical Training, London