

REPORT OF THE ROYAL COMMISSION ON MEDICAL EDUCATION-A REVIEW

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President M.M.S.A. 1967/1968

The Royal Commission headed by Lord Todd has endeavoured to produce "a picture of the likely pattern of Medical Education in the future". Not since the Goodenough Commission (1942-44) has the subject of medical education been so thoroughly reviewed.

IMPORTANT CONCLUSIONS were:

1. Absence of adequate arrangements for postgraduate training has led to retention of obsolete concepts on undergraduate medical education.

2. That the aim of the undergraduate course should be to produce an educated man who will become fully qualified only by postgraduate training.

The objectives of the clinical course can only be achieved if the curriculum is less congested. Teaching should be aimed at providing a *basis* for the understanding and treatment of patients.

3. That there should be no sharp dividing line between preclinical and clinical studies, indeed, that they should be amalgamated. But, they advocated that the length of the course should remain unaltered. The preclinical course should preferably be a broad medical science course itself leading to a degree. Students forced to abandon their clinical studies could then immediately take up a career in a para-medical field.

4. Students should be assessed by careful reviewing throughout their period of study. These assessments could be supplemented by a final test if it were needed to resolve any doubts about the class of degree. Students would then be constantly aware of their progress.

STATISTICS

The purpose of teaching statistics to medical students is not to produce statisticians any more than the purpose of teaching biochemistry is to produce biochemists; it is to help Doctors think quantitatively.

SEX EDUCATION

This has to be included if the doctor is to understand and help his patients.

GENERAL PRACTICE

Students must be given an insight into this; for patients in hospital are not average patients but a highly selected group, forming only a small percentage of those seen in general practice. Elective periods may be spent by students attached to selected general practitioners.

ADMISSION TO PRECLINICAL

The tendency to regard "A" levels in Chemistry, Physics, and Biology as the only acceptable qualifications should not be accepted without question. The "A" level standard, at least in Chemistry, is higher than is required for embarking on a medical course.

A rough estimate on the cost of education of a medical student is given as £10,000, excluding capital expenditure for erection of buildings, etc., and grants to the student.

MALTA

A proposal by the Malta government at the Commonwealth Medical Conference in 1965 to expand the medical school of the RUM to take up to 15 students from UK and 25 local students per year, was studied with "particular interest".

It is considered to be basically sound. However, the (UK) Department of Education and Science was unable to give grants to Overseas universities, and the Ministry of Overseas development could not subscribe the education of students normally resident in Britain.

The matter has been referred to the Ministry of Overseas Development to help with the expansion in the most effective way. It is interesting to note that the authorities normally responsible for supporting students in Britain are unwilling to meet the cost of educating a Medical Student in Malta even though this is much lower than educating him in Britain.

A sample of the numerous tables and charts contained in the Report is given below.

PERCENTAGE OF STUDENTS WHO PASSED FINALS AT FIRST ATTEMPT

	1963/64	1964/65
Charing Cross	76%	77%
King's	85%	63%
Royal Free	69%	85%
Barts	75%	69%
St. Thomas's	77%	73%
U.C.H.	71%	68%
Guy's	70%	61%

Average number of students of all London Medical Schools who passed finals at first attempt — 84%

IN CONTRAST

St. Luke's Hospital, Malta, 1967 — 30%

PERCENTAGE OF STUDENTS NOT KNOWING WHAT WAS EXPECTED OF THEM:

Year of course (1966)	
1st. clinical	36.4%
2nd. clinical	28.6%
3rd. clinical	11.6%

PERCENTAGE OF STUDENTS
PERFORMING PROCEDURES

Procedure	Never	More than once	Once
Stitching wounds	5.4%	92.1%	2.5%
IV injections	12.2%	82.6%	5.2%
IM injections	22.6%	68.6%	8.8%
Passing of catheters	29.2%	55 %	15.8%

STUDY HABITS

	Average hrs/day	Proportion passing all exams. first attempt.
Study every day, fixed times	2.89	74.6%
Every day, no fixed time	2.36	62.1%
Once or twice a week	2.48	69.8%
Sometimes intense, sometimes nil	2.58	—
Intensive study before exams.	2.91	54.3%

MISCELLANEOUS

THANK YOU

As a first year clinical student, I am sure that I speak on behalf of all my colleagues when I say "Thank you Dr. Tony Busuttill for your tireless efforts during our Bacteriology practical sessions last year."

Dr. Busuttill's constant slave-driving and excellent method of teaching slowly but surely drummed into our thick heads the important points of Bacteriology, and just how effective these practical sessions were is evident from the fact that all the course passed the Bacteriology Practical Examination in June. I can honestly say that we learned most of our Bacteriology during these weekly encounters with the "Busu."

We are very fortunate to be having Dr. Busuttill with us again as a demonstrator in our clinical course.

So "Grazzi Busu, we all appreciate your efforts even though at times we do not show it."

PASTERELLA.

Malta Junior Chamber of Commerce

A junior Chamber of Commerce is being formed in Malta. Its aim is to bring together young men and women who occupy, or are being trained for, responsible positions in the community. University students are strongly urged to join. A fee will be charged. Further details from George Depasquale and Alex Felice.