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# Will undergraduate medical education survive the new NHS?

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**Learning Editor**

**The dawn of this new journal finds the health service in a period of extraordinary change, but where are the radical plans for health education to meet this new provision? Nowhere very obvious it seems.**

Funding the education of London doctors has always been more tenuous than any "golden age" believers would imagine. Before the NHS the great charitable teaching hospitals and their staff secured their kudos largely through their status as teachers of medical students. Nevertheless, in 1868 Sir Jonathan Hutchinson clearly struggled to convince the hospital management "I urged on them (The directors of the London Hospital) that medical education was their most important vocation, that they were engaged in both wholesale and retail business of doing good, and that if they could only see it so, their cures effected in the hospital were "retail", whereas sound education of medical men who would have in the future a range of usefulness of incalculable extent, was their "wholesale" department". Their response is not recorded.

Nevertheless at least the charitable hospitals were teaching students. Most of the priorities of medical staff were oriented to their paying patients which supported the essentially *pro bono* teaching and charitable care. General practice, such as it was, was essentially private or delivered on a minimalist basis to the poor via charitable or insurance schemes. Either way there was no place for students.

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The socialist revolution that gave us the NHS brought no comparable educational revolution, but gradually teaching spread from the teaching hospitals to district hospitals and finally into general practice. But at no point had funding to cement that education been secured. In 1974 the difference in costs between teaching and district hospitals was recognised and a subsidy given to bridge it together with the name SIFTR, the Service Increment For Teaching And Research. This was on the essentially speculative grounds that it was teaching and research that accounted for the cost difference. The money came from the NHS and went to the teaching hospitals, but without requirement for accountability nor that it would be used for either of its nominal aims. Part was hived off as NHS R&D monies, but the teaching component (SIFT) remained essentially a service subsidy to the traditional teaching hospitals. Certainly this more generous cost base must have made provision of teaching easier, but without direct incentives to teach, education remained in the hands of teaching hospital enthusiasts.

The increasing involvement of DGHs and General Practice in teaching, both of whom demanded financial resources led to the Winyard report

(1995). There were hopes (at least from me) that this would turn SIFT into direct funding for student teaching, but under pressure from the hospitals who were the main beneficiaries, only 20% of funding was allocated to follow students to their placements, and 80% became "facilities" funding which remained almost exclusively in the hands of the major teaching hospitals as unhypothecated, non-ring fenced, unattributable subsidy which supposedly "underpinned the costs of medical undergraduates".

At the same time the university medical schools were pushing their research agendas forward at all costs, particularly those of teaching. This was formalised in the HEFCE's Research Assessment Exercises (RAE) which place massive pressures on institutions to deliver high level research or suffer severe financial penalties. Paradoxically some 2/3 of this HEFCE money is given on a formula basis as support for teaching, but the effect of the RAE is to make student numbers a cash cow to pay for the research drive.

Against this unappetising background, the GMC commenced a firmer process of regulating undergraduate curricula, culminating in the publication of "Tomorrows Doctors" 1983, which laid down progressive guidelines for the development of medical education. Whilst willing the ends, the GMC seemed reluctant to will the means, and never argued for the protection of teaching resources from either service pressures in the NHS nor from research pressures in academia. Similarly despite their role in both regulating doctors and their training the GMC has been reluctant to insist that doctors involve themselves in teaching. In the latest incarnations of both Good Medical Practice an Tomorrow's Doctors they come out with their strongest guidance yet saying that doctors should "be willing" to teach: reflections suggests you can "be willing" to teach all your life without ever feeling the urge to do it!

And so to the new:

The New Labour governments rush to involve private and commercial companies in NHS provision has gone ahead without any regard for the needs of health students' education. Private providers are neither required nor have any apparent incentive to educate doctors or other health professionals, and are certainly not clamouring to do so. The incentives are rather the other way around: to deliver fast efficient healthcare you don't want students or trainees slowing the system. There is no clear pathway to financial reward either, and even if SIFT is used the sums available for student placements are hardly enticing.

The recent Darzi report on London offers a dramatic reconfiguration of London health services yet education of health professionals gets only a very modest mention. (He quite rightly draws out the lack of funding for ambulance service personnel) but apart from 2 brief references to the education of doctors he offers no suggestions as to how the capital's 9000 odd medical students will be educated in this brave new world

At a time when accountability is being demanded from healthcare providers to ensure value for money there have been no moves to do the same for SIFT. It must be tempting for health service managers to see present SIFT funding as a way of baling out an overspent service. A threat to London which has always had significantly higher rates of SIFT revenue than provincial teaching hospitals comes in the NHS "rebasing" exercise which appears to be designed to spread SIFT funding more equally across the nations teaching hospitals. I say appears as this is being done behind closed doors and medical schools in particular have had little involvement: given the history of SIFT and the current method of working, it is difficult to have confidence in this process being to the ultimate good of teaching.

In Primary Care, teaching is being held back as the rates for "re-provision of service" (in other words paying GPs for the cost of re-providing the service lost by having a student in their surgery – a genuine attempt to use SIFT for its intended purpose) has fallen well behind. Even pegging it to the cost of salaried GP (currently the lowest form of clinical life in practice) reimbursement is around 20% below costs.

Which really takes us back to where we started: teaching medical students was then and is now the province

of enthusiasts. So thank god for enthusiasts! But will there be enough of them to serve the huge needs of medical education and the patients it ultimately serves? I don't know the answer to that question, but it seems a perilous way to plan the education of the capitals future doctors.

And this journal? It aims to be a place where those same enthusiasts can find a debating chamber and meeting place, a soapbox and a pulpit. We will welcome a broad range of papers and discussion on all things educational and across all the health professions. Medical education journals have tended to be restricted by positivist research orthodoxies: in this journal you will find a place for descriptive and reflective pieces as well as those using more conventional methodologies. None of this means that it is  rest home for pieces which have been rejected elsewhere: on the contrary, the peer review process will explore the merits of papers with rigour. But the end result will be a greater breadth of scholarship than the traditional journal can allow, which we regard as essential to the healthy development of the disciplines of health sciences education. We also invite every reader to actively engage in debate about all that appears here to make this truly a forum for debating the educational issues which underpin London's healthcare..