Annals of the
**RHEUMATIC
 DISEASES**

Forewords

Mark Twain's observation about the long term effects of soap and education appeals to our common sense, but it is difficult to assess the true influence of these simple processes on society. The same is true in rheumatology. Most of us believe in the benefits of improving the rheumatological knowledge of doctors and patients, but it is difficult to prove that education is effective.

What do patients expect from their rheumatologist? What do they want? What do they get? Does education have therapeutic potential? Who should teach—the doctor, the nurse, the therapist? How can the general public be made more aware of arthritis? What are the charities doing? Are undergraduates taught rheumatology? Is the emphasis on conditions that they are likely to see as doctors? What methods are available? What is the evidence that they work? What do general practitioners learn about rheumatic complaints during vocational training? What should they know? How effective are the different forms of education in modifying subsequent behaviour? How should the rheumatologist continue rheumatological education?

I hope you will find the answers to some of these questions in the following chapters.

*Department of Rheumatology,
 The London Hospital,
 Whitechapel,
 London E1 1BB*

PAUL W THOMPSON

Education: the need for a rethink

Education is a continuing process for us all, or at least it should be. From the first enthusiastic steps as a new medical student to the quiet and measured tread of the retired it is something that we should all see as a compelling need. Mark Twain put it succinctly: soap and education are not as sudden as a massacre, but they are more deadly in the long run. And yet times are changing fast and there is ample evidence that all is not well in medical education. To quote Anderson¹ in a recent Green College lecture 'Irresistible forces are impelling us into an era of change and compelling the educators to re-think their responsibilities'.

The Christ Church conference of 1961² led to far reaching changes in postgraduate education and to the wide dissemination of postgraduate centres, but we seem to have lost our way since then. Is postgraduate education as it now exists good value for money? Another Green College lecture sounded some doubt about this. Too much attention is being paid to vested educational interests and rigid require-

ments for training and not enough to real needs. Perhaps it would be better to have a single national inspecting body as in Australia and the United States that accredits hospitals rather than individual posts and considers service provision as well as the educational facilities that exist.³

Clinical tutors need special skills and should be chosen because of these rather than arbitrarily because it is buggins turn as seems to happen at the moment. They need a much longer term in office and should be allotted adequate time in the working week to practise these skills. Because then they might have to sacrifice much of their private practice they should have adequate remuneration for it. This should later be reflected in their pensions so that they do not lose out by it. Proper resources are needed to employ people with a real commitment and talent for continuing education.⁴

The United Kingdom, as indeed are most Western countries, is going through a higher education crisis. Too few of the bright and intelligent are going forward to higher education and there is inequality of access to it and too few funds for it.⁵ There seems to be a lack of clear distinction between training and service elements, a lack of proper teaching, little educational training for teachers, and no clearly allotted time for training and teaching.⁶

Firstly, we need to identify the key decisions that have to be made. These have been clearly spelled out as: What is the desired change? Where should education take place? Who should do it? and How should it be done?⁷ Until we have clear agreement on these fundamental problems we will be unlikely to make adequate progress.

To start with the undergraduate, we may be choosing the wrong person too often to become the medical practitioner of the future. Too many medical schools dispense with the interview for likely candidates and yet there is evidence that a structured interview helps to sort out those who are unlikely to succeed and, conversely, those who are likely to do well.⁸ Too often the medical curriculum fails to instill into the medical student the same degree of commitment and responsibility for health for patients in the community as for hospital patients.⁹ Too often students entering medicine with a high sense of vocation lose much of it by the time they qualify. At least in North America the education of undergraduates has placed more emphasis on the entitlements of their career than on the more selfless aspects of service to their patients. Senior doctors must set a good example by showing good practice as a role model.¹⁰ After qualifying, as was pointed out by the New York Commission on Graduate Medical Education, residency training must provide educational opportunities beyond practical clinical experience.¹¹ The main implication for training and education is the provision of adequate time for study and careers advice. Present educational programmes need revision in the light of this.¹² Far too many of our doctors in training are so exhausted by the long hours needed for