Vocational education is consumer orientated. If it fails to provide a satisfactory end-product, then it has not succeeded. For this reason, one cannot consider postgraduate education in abstract; it must be related to the end-product—which is the requirement for a career in a particular discipline. The Faculty of Anaesthetists holds a unique position in education in anaesthesia for it alone can consider the problem as a whole, relating training and education to the requirements which it establishes as necessary for a consultant anaesthetist. In formulating its policy for training in anaesthesia, it must consider three logical steps.

1. Determination of what is likely to be required of an anaesthetist in the future.
2. Decision on what standards are required for them to be able to fulfil this role and how these standards can be assessed.
3. Provision of adequate training facilities and, after training, facilities to keep anaesthetists abreast of new developments.

The Faculty has a fundamental commitment to make sure that the basis of safe, sound, practical anaesthesia is taught. It must at the same time seek ways of widening its educational interests into those scientific disciplines which constitute the grammar of medicine and which allow communication with other specialties. By so doing, it will train doctors to be the safe clinical anaesthetists possessing the fundamental scientific knowledge that is likely to be required for the future even if it does not aspire to the production of what Parkhouse (1969) has termed an “undifferentiated thinker”.

Unless, however, the Faculty can relate the educational programme to the requirements of anaesthetists in the future, it will fail to match the rapid development of the specialty and its changing place in clinical practice. It is therefore necessary to consider what is likely to be the role of the anaesthetist in ten to twenty years from now. Is he likely to continue to be largely a provider of on-call service for surgeons? Is he going to become a physician in charge of operating theatres and recovery wards, providing a total facility for patients coming to surgery, analogous to the radiologist, who provides a diagnostic service in the environment that he controls? Or is he going to become a specialist in acute medicine; a clinical physiologist and pharmacologist? Obviously, as anaesthesia develops, the role of the anaesthetist in medical society must evolve. The rate and direction of this evolution must be predicted if we are to be selective in our training methods and specific in our educational objectives.

THE NECESSARY STANDARDS

Considerable discussion has taken place in the Faculty on the desirability of the two-part specialist examination. The original concept of the F.F.A.R.C.S. diploma was inherited from the surgeons and has fortunately evolved into a shape more suitable for testing the adequacy of present-day anaesthetic knowledge. With the advent of training schemes based on the Report of the Royal Commission on Medical Education, the nature of this examination is being questioned once more. There is already a growing body of opinion that the distinction between the Primary and the Final examination is artificial and it is the author’s personal view that there is some merit in the suggestion that the two examinations should test different levels of attainment in the specialty, one at a practical clinical level and the other at an advanced level.

Before considering its training programme, however, the Faculty must decide what standard of training it should require before granting the F.F.A.R.C.S. and recognizing a candidate as suitable for further specialist training. Having set the standard that is desirable, it can then...
usefully consider how best to educate aspiring anaesthetists. Obviously the acquisition of technical craft still requires hospital experience, but this must be supported by instruction in the theory and science of anaesthesia. The Faculty has a large responsibility to see that the latter of these is adequate.

The Faculty and the F.F.A.R.C.S.

It is not the duty of the Faculty to run comprehensive programmes of study with the object of training candidates for its own examination. However, the Faculty does have a responsibility to see that all trainees can receive instruction in the basic sciences and the theory and practice of anaesthesia. It has an obligation too, through its "Criteria for recognition of hospitals suitable for training", to see that all trainees have access to library facilities, journals, a place for private study and adequate time for such studies. In an ideal situation all centres recognized as suitable for training should have good facilities and qualified lecturers to offer systematic courses of teaching in the basic medical sciences as they relate to anaesthesia. This requirement is being met in an increasing number of regions throughout the country. Many of these courses offer formal teaching in those subjects at present required of candidates in the Final F.F.A.R.C.S.; however, there are fewer courses aimed at the Primary F.F.A.R.C.S. The Faculty has assisted in this field by the appointment of Regional Educational Advisors in Anaesthesia.

For long all regions did not enjoy equally good teaching facilities, nor did all trainees have easy access to them. The College has therefore provided its own course. The Institute of Basic Medical Science runs a highly successful course suitable for the Primary F.F.A.R.C.S. It is not widely appreciated that this Primary course is not organized by the Faculty as such, nor has Faculty advice been sought in the past on its content, though the Research Department of Anaesthesia of the Royal College of Surgeons provides a great deal of assistance in the teaching of those subjects forming the third part of the Primary examination. The need for this sort of tuition is demonstrated by the large numbers of requests for places on the course.

The Faculty organizes a three-week course in anaesthesia twice a year, consisting of lectures, demonstrations and tutorials. This is a most comprehensive, concentrated course on the theory and practice of anaesthesia in relation to its scientific background. Although suitable for candidates for the Final F.F.A.R.C.S. and the D.A., it has numerous participants who have no intention of taking any examination. Usually they are people who are in this country for a limited period of time and for whom a day-release course would be unsuitable. It also serves those anaesthetists in training for whom no suitable day-release tuition is available or for whom attendance at a day-release course would require an excessive amount of travelling. There is a constant revision of both lecturers and lectures on the basis of answers received to questionnaires that are circulated to those participating. The success of the tutorials in which a tutor teaches six to eight students has encouraged the retention of this form of teaching in spite of the considerable difficulties of finding accommodation for so many small groups.

It is in the field of educational research and in the continuing education of consultants that I feel the Faculty has a major contribution to make.

FACULTY AND CONTINUING EDUCATION OF CONSULTANTS

The three-day "Refresher Course in Anaesthesia" is held every December. This course is intended for those anaesthetists who, by virtue of their service commitments, are cut off from major anaesthetic centres and who cannot attend postgraduate meetings in their regions. This course is slowly evolving into series of lectures and discussions on the recent advances that have occurred in a particular field of anaesthesia and from December 1970 will be advertised as "A Course in Recent Advances". It is intended that this course will be extended by one or two days to incorporate a day of visits to London teaching hospitals and informal discussions and demonstrations on practical aspects of clinical anaesthesia to take place.

The Faculty "Scientific Study Day", which is held each year in May, was the earliest endeavour
THE PLACE OF THE FACULTY IN POSTGRADUATE EDUCATION

by the Faculty to keep its Fellows abreast of advances in those scientific disciplines that influence the practice of anaesthesia. This meeting has remained the most popular and well-attended occasion during the academic year. Last year's meeting on "Pain" attracted an audience of over 300 and a similar number attended the May meeting on "Drug Action" this year. It is envisaged that the Scientific Study Day will continue in its present form with its emphasis upon the scientific foundations of our specialty.

Last year the Faculty held its first Symposium. This meeting on "Anaesthesia and the Circulation" occupied two full days. The plan underlying these Symposia is to bring the leading workers in the particular field under discussion from all countries, so that they can present the most recent developments with authority and first-hand knowledge. This, of course, can only be economically possible if it involves a large audience. The next Symposium, in September 1970, will consider "Metabolism and Anaesthesia".

In 1970, the Faculty held an experimental but highly successful two-day Seminar on "Monitoring in Anaesthesia". It is the intention that these seminars will allow a limited number of people who are actually involved in a particular field of interest to anaesthetists, to sit together round a table. In this way it is hoped that free discussion will be promoted and that practical solutions to the problem under consideration will emerge. It is anticipated that a summary of the proceedings of these seminars will be available for distribution to all Fellows and to other interested bodies.

Thus, through the Refresher Course, the Symposium, the Seminars and the Scientific Study Day, it is hoped that the Faculty will fulfil its obligation to keep the Consultant body, who constitute the teachers of our anaesthetic trainees, well informed.

WHAT OF THE FUTURE?

Whilst the Faculty of Anaesthetists can be justifiably proud of its record in the field of postgraduate education, it must, in view of the rapidly increasing pace of scientific knowledge in the various subjects related to anaesthesia, constantly review its educational programme. I would like to see the Faculty considering for the future, whether there is a place for small specialized courses on such basic scientific subjects as mathematics, physics, statistics, electronics, physical chemistry, electrical engineering, etc. However, it is possible that in the very near future saturation point will have been reached and that the College of Surgeons will be unable to accommodate further lecture courses. It is also becoming increasingly obvious that as the number and complexity of the various courses run by the Faculty increases, so the burden upon the administrative machinery is increased and whilst it is relatively easy to start a new course, it is extremely difficult to abandon an old one. So it is that a balance must be struck between what is desirable and what is practical.

Finally it must be remembered that, though on paper all courses must be self-supporting, the success of these activities has been the result of the boundless enthusiasm and tremendously hard work of a very small secretarial body, who often willingly gave up its spare time and weekends to ensure that the Faculty fulfilled its primary objective—to ensure that the best in postgraduate education is available in Great Britain for the benefit of all anaesthetists.

REFERENCE