

A CASE FOR THE ESTABLISHMENT OF A MEDICAL SCHOOL AT THE UNIVERSITY OF LANCASTER APRIL 1964

1. It is agreed that the annual intake of medical students is insufficient for the needs of an expanding medical service in this country. The failure of established medical schools to meet this rising demand has in part been masked by the employment of doctors trained in the Commonwealth, particularly in India and Pakistan, and non-teaching hospitals in the north of England currently recruit 60% of their junior medical staff from these countries. There is reason to believe that this source of medical manpower may cease to be available in the near future.

2. Individual universities have attempted to trace the final employment of their graduates and to relate this to the shortage of doctors in hospitals, and the Ministry of Health is currently supporting a wider enquiry on similar lines. Until the results of this investigation are available, the necessary increase in the number of students entering medical schools cannot be accurately estimated but it is generally accepted that very considerable expansion will be required. The University Grants Committee has recommended that at least one new medical school should be planned and that the possibility of extension of existing medical schools should be examined.

3. An early addition to the number of doctors trained in this country can only be obtained by the expansion of established schools but there are many reasons for accepting this course with reluctance. Very large schools are far from ideal for the teaching of medicine; after expansion beyond a certain point classes become too large, teaching is difficult and students lose their identity. Moreover, in over-large universities and where universities are sited in big cities, medical students tend to become isolated in their own faculties, deprived of valuable intercourse with those training under other disciplines. Except on the grounds of expediency the creation of a new school is in every way to be preferred and in the siting of such there is much to favour the choice of Lancaster.

a. The presence of a medical school lends authority and support to medical practice in the area around it, and makes more readily available the services of those specialised departments which can function successfully only in close association with university departments of pure science. The existing centres at Liverpool, Manchester, Leeds, Newcastle-upon-Tyne and in the south of Scotland surround a large area where the benefits of a medical foundation have yet to be felt. Geographically and historically Lancaster is the natural centre of this area with which it has excellent road and rail communications.

b. The formation of a new medical school at Lancaster would attract into the area men of the highest professional status and, since it is recognised that doctors tend to settle near the schools in which they receive their training, it would both alleviate present staffing difficulties in the

hospitals of the North West and play a part in halting the drift to the South.

c. For a medical school, Lancaster commends itself not only as offering a pleasant ambience for study but as an area in which rural and industrial populations are combined, thereby providing a marked contrast to the predominantly urban surroundings of most teaching hospitals. The teaching hospital would be the District General Hospital providing for all types of illness and students would gain a more balanced impression of health and disease than that imparted by work in the highly specialised units so much a feature of our present teaching scene. The close integration that exists between family general practice and the hospital in an area of this type would offer valuable opportunities for vocational training in general practice.

d. The resident population of the Lancaster and Kendal areas is about 175,000, rising substantially in the summer months. Twenty miles to the south are the conurbations of Preston and Blackpool, and these, with Blackburn and Burnley, increase the population of the catchment area to over 1¹/₄ million, which more than meets the requirements for all forms of clinical teaching, special units and research (Appendix 3). Meetings have already taken place ensuring understanding and the co-operation between Consultants in the Lancaster and Preston areas. It is envisaged that academic teaching would be based mainly at Lancaster with clinical work at Lancaster and also at Preston where senior students might reside during part of their training.

e. It is anticipated that the Royal Lancaster Infirmary will eventually be a hospital of some 600 beds; as planning is still in a preliminary stage adequate provision could be made for teaching. In all, there are over 4,000 beds in the Lancaster and Kendal areas (Appendix 4), and the new District General Hospital at Preston will have a complement of not less than 1,000 beds (Appendix 5). The hospitals in the Lancaster area are situated in close relationship to the new university site and space is available near the Royal Lancaster Infirmary for siting of special units, such as those for thoracic surgery, which should be near the university and within easy reach of the departments of physiology, physics and chemistry. With a new university and a new District General Hospital being built simultaneously a medical school could be integrated with its hospital and university from the earliest stages of planning.

4. Apart from any increase in the number or size of medical schools, many feel that the time is ripe for a fundamental review of the medical curriculum and the need for experimenting in new teaching methods has been the subject of much recent thought. The "The Fry Report" (School of

Medicine and Human Biology, 1963) believed there to be sound educational grounds for starting an entirely new medical school with its opportunities for radical experimentation in the shape of medical education. Lancaster University with a Department of Higher Education interested in teaching methods and the proposed new District General Hospital together afford an opportunity unique in this country to implement these recommendations.

5. For the development of a new School of Medicine Lancaster offers a challenge; a chance to create, in surroundings free from the inertia of establishment, a new concept of medical education.

6. Discussions have taken place on a wide basis and full agreement has been reached between the medical staffs of the Barrow and Furness, Lancaster and Kendal, Preston and Chorley and Blackpool and Fylde Hospital Groups as to the close co-operation which could be achieved between them in the establishment of a school based at the university and utilising the surrounding hospitals, with a projected total of 2,600 acute beds, for all forms of undergraduate and post-graduate teaching.

7. Special Centres. There are already in this area centres for mental subnormality, neuro-surgery, cardio-thoracic surgery, radio-therapy (limited), psychiatry and facio-maxillary surgery among others. Although not of major importance in undergraduate teaching these centres have considerable value from the academic point of view and from the stimulus they provide to the hospital with which they are associated.

There will be a tendency for part, at least, of the special centres to be established at the university hospital to be in close proximity to other departments such as physics, physiology and biochemistry. Other specialities may be preferably sited entirely at points of maximum density. In either case teaching would present no problem as students could spend a short time, either resident or otherwise, at the special centres.

8. The present climate of medical opinion would indicate an intention to shorten the undergraduate and to lengthen the pre-registration period by one year in each case. The concept of carrying out the major part of this shortened undergraduate training at the Lancaster centre with detachment on a residential basis of some senior students to the other hospitals, while the large number of necessary pre-registration posts are established throughout all the hospitals would fit in very well with this expected change in the curriculum. Close association between the staffs of these hospitals and the academic centre is essential and would be achieved probably by a system of dual appointments.

9. The new school should have, *ab initio*, a department of general practice and the implementation of a vocational training scheme, currently being prepared, would lay the foundation for others.

10. The senior staffs of the hospital groups concerned together with representatives of the Public Health Service and general practitioners have unanimously supported the resolution, "That the Establishment of a Medical School at the University of Lancaster is both necessary and desirable" and confirmed that full co-operation between the hospital staffs is assured.

Royal Lancaster Infirmary
11th December 1964

APPENDICES

Appendices 1 and 2 are maps and are not reproduced here.

APPENDIX 3

POPULATION (R. G. Mid-1959)
(Manchester Regional Hospital Board, 25th May, 1961)

H.M.C. GROUP	REGIONAL	EXTRA REGIONAL
Barrow & Furness	103,910	3,000 from Region I.
Lancaster & Kendal	160,220	8,800 from Region II.
Blackpool & Flyde	264,055	
Preston & Chorley	287,740	
Blackburn & District	246,045	
Burnley & District	171,940	16,000 from Region II.
	<u>1,233,910</u>	

APPENDIX 4

FACILITIES OFFERED BY THE LANCASTER AREA.
SOUTHERN GROUP HOSPITALS:

Acute Beds:	
Royal Lancaster Hospital	236
Queen Victoria Hospital, Morecambe	100
Beaumont Hospital, Lancaster	120
Lancaster Moor Hospital, Garnett Clinic	57
	<u>513</u>
Lancaster Moor Hospital, Geriatric	142
Other Beds:	
Lancaster Moor Hospital, Psychiatric	2,056
Royal Albert Hospital	1,005
	<u>3,716</u>
Total	3,716

NORTHERN GROUP OF HOSPITALS:

Westmorland County Hospital, Kendal	95
Helme Chase	26
Meathop Hospital	69
Kendal Green (Geriatric)	52
Ethel Hedley Orthopaedic Hospital with School	50
	<u>292</u>
Total	292
	<u>4,008</u>

It will be seen that there are at present 4,008 beds in the Lancaster and Kendal area of which 3,596, including the Royal Lancaster Infirmary, are within three miles of the university. It is envisaged that the new District General Hospital at the Royal Lancaster Infirmary site will provide approximately 600 beds covering all specialities, but if the requirements of a teaching unit indicate a larger hospital than at present planned there is adequate space for this; moreover, unlimited space is available at the Lancaster Moor Hospital for any further development at present unforeseen.

Lancaster has in the Lancaster Moor Hospital a large psychiatric unit, a large geriatric unit and a special neurosurgical centre. The Royal Albert Hospital provides for the mentally sub-normal and on the shores of Windermere there is the Ethel Hedley Orthopaedic Hospital with School.

Lancaster has been suggested as the best site for a major traumatic centre serving North Lancashire and South Westmorland.

In the near future it is hoped to establish in Lancaster a School of Radiography serving the North Lancashire area.

A small undergraduate teaching unit in general practice is being developed which could well be extended to serve the needs of a medical school. In addition, a postgraduate course of studies for general practitioners is currently in operation and it is hoped to have accommodation for an Institute of Post-Graduate Studies within a year.

The School of Radiography for the area has now been opened at Lancaster and this may be complemented in the near future by the establishment of training centres for occupational therapy, physiotherapy and other medical auxiliaries, all of which would involve some teaching and practice in other hospitals of the north west group.

APPENDIX 5

FACILITIES OFFERED BY PRESTON AREA

POPULATION:

In 1959 it was estimated that the population of the Preston Royal Infirmary catchment area in 1975 would be 294,415. By the census of 1961, however, it had already reached 294,158, indicating that the population increase was taking place much more rapidly than expected. In the next few years the increase will, almost certainly, be greatly accelerated by over-spill population from Liverpool and Manchester and it is now considered that by 1975 the population of the area will be 400,000. The combined Lancaster and Preston areas alone would thus provide a great wealth of clinical material from varied industrial and rural communities.

SITUATION:

By the time the first group of students from the proposed new Medical School at Lancaster University is ready for clinical training, much of the new hospital at Preston will be in use. It will be situated at the northern end of the town within easy reach of the university along the new motorway. The site of 47 acres provides for further development if necessary.

HOSPITAL:

The beds available for teaching purposes will be:

General Hospital	866
Acute Psychiatric	150
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	Total 1,016

APPENDIX 6

FACILITIES OFFERED BY BLACKPOOL AND FYLDE AREA

Population: 286,000 with expected rise to 303,000 by 1971 and 424,000 by 1981.

In addition there are 300,000 visitor-beds which are occupied for four months of the year and the area caters for ten million visitors each year.

Hospital: A new District General Hospital is planned and extensions to the present hospital are under construction at present. 700 beds are expected by 1971 plus up to 200 acute geriatric beds.

APPENDIX 7

FACILITIES OFFERED BY BARROW AND FURNESS AREA

Population: 107,000 with expected rise to 120,000 by 1971.

Hospital: New District General Hospital expected in 10 years with 350 beds.