

Editorial Comment

THE COLLEGE AND AMERICAN EXAMINATIONS

Although exact figures are not available, a significant proportion of graduates from the College are settling permanently in the United States. A larger percentage of our graduates --- perhaps the majority of those specialising --- spend some time on speciality training programmes in America and it is now common practice for students in their clinical years to spend a Summer vacation working in an American hospital. In short America is attracting our graduates.

Until recently it has been comparatively easy for a graduate who possesses the E.C.F.M.G. (Educational Council for Foreign Medical Graduates) Examination to obtain entry to a United States hospital. Due to the increase in output from American medical schools, this is no longer so. If the United States merely maintains its current output, it is estimated that by 1985 there will be fifty per cent more physicians than in 1970. These figures when viewed against a rapidly stabilising population growth, point to a surplus of doctors towards the end of the next decade.'

In addition there is growing criticism of the standard of under-graduate education of many foreign graduates in the United States and the Report of the Committee on *Goals and Priorities of the National Board of Examiners* proposes modifications in the present system so that license to practise medicine would not be granted until at least two years after qualification at which time *all* graduates would sit a qualifying examination, the standard of which would presumably be both uniform and high.

The Medical Faculty aware of these changes in American medicine and conscious of the ambition of many graduates to work in the States, advised the Council of the College to introduce the National Board of Medical Examiners (U.S.A.) testing material into the under-graduate course. Professor MacGowan, Dean of the Faculty of Medicine describes on page 95 of this issue the American examination system and states the case for R.C.S.I. students taking American Board Examinations. It is proposed that testing material will be introduced initially on a trial basis with students sitting tests in Anatomy, Physiology and Biochemistry in 1975. It is the hope of the Medical Faculty that ultimately students might be permitted to take Parts I and II National Board Examinations.

This ambition is progressive and has a number of attractions for the College. Students graduating with the National Board Examination would be eligible for licensure in the majority of American states. Certification by the National Board must enhance the standing of the diplomate regardless of his migratory aspirations. The American examination would in addition serve as an independent means of assessing students.

But there are possible draw backs which must be considered. How good is the American system in assessing medical students trained in Ireland? The temptation to rush for the new on the basis that what is old may be inferior has to be resisted. Our system of training produces a doctor competent in clinical medicine whereas the American counterpart tends to be

more scientifically orientated. Might our students perform badly in the American examinations and embarrass not only themselves but also their teachers and the College? If such were the case much would be learned from the experience but bearing in mind that the pass rate for the E.C.F.M.G. for the 1974 graduates was 82.5% and as the E.C.F.M.G. is based on the National Boards Examination Part II, it is reasonable to expect College students to be of adequate standard. Drastic changes in the present curriculum to accommodate the American requirements might harass further the overworked student. However, medicine should

not differ basically at under-graduate level from one country to another and it should be possible in this experiment, for both parties to see the weaknesses and virtues in each others educational and examination techniques. Close cooperation should result in a medical curriculum embodying that which is best in both systems.

References

1. McLAUGHLIN, G. W. Jr. (1974). *Bulletin American College of Surgeons*, 59, 7.
2. *Evaluation in the Continuum of Medical Education—Report of the Committee on Goals and Priorities of the National Board of Medical Examiners* (June, 1973). Philadelphia.

THE FACULTY OF NURSING

The recent foundation of a Faculty of Nursing within the Royal College of Surgeons is noteworthy not only in being the first of its kind in these islands, but in demonstrating an awareness by both the nursing and medical professions as to the necessity for postgraduate nursing education.

The Faculty, whose Board includes members from nursing specialities throughout Ireland, takes its place alongside the Faculties of Anaesthetists, Dentistry and Radiology and will provide postgraduate educational programmes leading initially to the award of a diploma and later to the fellowship of the faculty.

The faculty will provide courses for a diploma in subjects not normally included in the basic nursing syllabus. Proposed courses include—educational psychology and moral principles; relationship of political, economic and family institutions influencing health; the personality in relation to health and disease; social institutions and population; the role of social science in clinical nursing; logic and metaphysics; social philosophy; general met-

hodology and deontology; professional ethics; social trends and medical science. A primary fellowship common to many nursing specialities and incorporating subjects from the diploma courses will lead to the final fellowship which will provide for a study of specialities in depth over a period of several years.

The granting of diplomas and fellowships is only one aspect of the educational aims of the Faculty. It is hoped that the Faculty will reappraise the needs of the modern nurse and design its courses accordingly, thereby providing the stimulus so necessary for continuing postgraduate education. In time the academic status of the nurse will be elevated and will reflect her expanding and increasingly responsible role both in the community and in the hospital. With improved academic status it is to be expected that the nurse will play an increasingly important role in an advisory and administrative capacity. Inevitably members of the nursing profession will be brought into closer contact with their medical colleagues and this should be to the advantage of both.

Looking ahead—and perhaps not too far ahead—it is not unreasonable to predict that the nurse well trained in a speciality will play an important role in primary health care in developing countries.

We are fortunate in Ireland in having a surplus of applicants for the nursing profession; it is right that we should improve their

academic standing and career prospects but we must guard against the dangers of specialisation in this technical age, remembering that to the ill patient it is the nurse's sympathy and kindness which are her most valuable assets. [A report of the inauguration of the Faculty appears on p. 123.]

HYPERTENSION

At a CIBA conference on *Hypertension—its Nature and Treatment* held in Malta in October, 1974, many questions were asked; some were answered, others were not but all who attended came away appreciating that the major problem facing physicians today was to decide at what level and under what conditions the blood pressure became *abnormal* and an indication for therapy.

Abstracts of the papers presented at this symposium follow and precede a book which CIBA will publish shortly containing the papers in full and details of what was at times an interesting and lively discussion.

Sir George Pickering, closing the Symposium pleaded that consideration be given to the quality of life in patients receiving hypotensive therapy, a point which becomes of considerable relevance in patients with slight elevation of blood pressure. This often neglected aspect of the patient's management merits close attention as does the warning from Dr. W. B. Kannel of Framingham that too few patients with both systolic and diastolic hypertension are being inadequately treated and therefore face serious cardiovascular consequences in later years.