

London medical schools

Slow progress to mergers

MEDICAL education at the University of London is at last moving towards rationalization. Following a plan agreed some 18 months ago after thirteen years of intermittent deliberation, the university's medical schools are now changing with varying degrees of enthusiasm.

The reorganization has its roots in the 1960s, when in response to population decline in central London the National Health Service started diverting funds to the suburbs. Some teaching hospitals moved away from their historic central sites and so survived with their independence. Those that stayed are now facing radical change.

The need for change was given added urgency when cutbacks to recurrent grants announced in 1980, together with losses resulting from the government's overseas students policy (since partly recanted: see *Nature* 28 February, p. 643), left the general medical schools with budgets cut by 10 per cent. Months of wrangling finally resulted in a set of proposals from the university's Joint Planning Committee that were accepted by the court and senate at the end of 1981.

The university hoped to minimize duplication of teaching effort and to simplify bureaucracy by a series of mergers. Inevitably there were conflicts, with cherished traditions having to be weighed against more pragmatic considerations. Four major mergers were agreed, together with numerous administrative changes.

The first merger, announced in November 1980 and thus pre-empting the university's decision, was that of St Thomas's Hospital Medical School and Guy's Hospital Medical School, which declared their intention of forming a united school on their two sites south of the Thames. As the Joint Medical Schools of Guy's and St Thomas's, the institutions are now legally wed. Admissions procedures and preclinical curricula are being "harmonized", although they will remain formally distinct. A distracted administrator at St Thomas's points out that total integration is difficult with sites two miles apart. The joint schools have also taken on board the Institute of Dermatology, a refugee from the beleaguered British Postgraduate Medical Federation.

A new joint clinical school has also been established between Middlesex Hospital Medical School and University College's school, although here also preclinical entries are being kept separate "for the time being". The two sites, half a mile apart in Bloomsbury, run some joint departments and plan others, but the two schools remain separate legal entities.

Westminster Medical School and Charing Cross Hospital Medical School will be formally united in October 1984 and have already abandoned their separate curricula and constitutions. Dr P. A. Emerson, dean

of Westminster Medical School, feels the schools are complying with the spirit as well as the letter of the university's instructions. Westminster's preclinical students are already taught at its partner's site in Fulham.

The university also approved plans for a merger between the London Hospital Medical College and St Bartholomew's Hospital Medical College. The Royal Commission on Medical Education had originally suggested in 1968 that the two move their preclinical teaching onto a site adjacent to Queen Mary College, in east London. Negotiations continue. The matter is now being looked at by the City and East London Medical Education Group under Sir Frederick Dainton. Queen Mary College and the London — one of the poorest teaching hospitals — are keen to see the scheme go ahead. But some senior staff at St Bartholomew's, which has a substantial endowment income and an ancient City site, are less than enthusiastic. "No-one here really wants it to happen", one consultant said. The college has requested a careful study of the "complex considerations" but denies dragging its feet.

The University Grants Committee, originally keen to see a tangible result for all the agonizing, has asked for more detailed information before it will consider paying for the new buildings that will be necessary: it is apparently concerned that Queen Mary College will not itself have any surplus capacity. In the meantime some joint appointments have been made,

although teaching is largely separate.

The other schools remain separate, at least for the time being, but a working party under Sir Frank Hartley is studying one of the university's obvious embarrassments — the surplus capacity at St George's Hospital's site at Tooting in south London. Space for 800 science students and staff will be available from 1985, partly as a result of the decision by Chelsea College not to move there as had been expected. One of the proposals the working party will be considering is to move medically-related biological subjects from other colleges onto the site, a potentially uncomfortable arrangement.

Against the odds, the British Postgraduate Medical Federation has managed to survive, but has shed five of its smaller institutions to the general schools. The federation, principally concerned with specialist education, was badly hit by the British Government's policy on overseas students' fees, and many of the remaining institutes have lost staff. But the University Grants Committee has now relented a little and made "special arrangements". Hospitals have helped by shifting costs, but opinions are divided over the future role of specialist postgraduate institutions.

Doubts also remain over the future of the Institute of Basic Medical Sciences. The university has announced its intention of withdrawing support for the institute over a period of five years. The Royal College of Surgeons, which also supports the institute, is unhappy with the plan. The Royal College would be unable and unwilling to run the institute itself, and so is lobbying hard to keep the institute alive.

Tim Beardsley

French medical research

Soft budget saves hard science

INSERM, the French medical research council, seems to have staved off some of the worst of the budget cuts announced earlier this month (see *Nature* 19 May, p. 193). Laurent Fabius, minister of industry and research, had imposed cuts of 10 per cent (FF 43 million, or £3.7 million) in INSERM's equipment and building budget, and these cuts will stand; but the director of INSERM, Dr Philip Lazar, has now obtained FF 23 million from another source.

The source is the French social security fund, which has a separate existence from other items of the government budget, and is anyway favoured by the present socialist administration. The social security fund is divided into many sectors, and one of them is medical — *la caisse maladie*, with which Lazar has been able to negotiate a research contract worth FF 23 million.

However, INSERM researchers cannot yet be certain that they will be spared half the planned cuts. According to the nearly-completed contract, no research topic need be excluded but there must be an emphasis

on problems of interest to *la caisse*. So there would be a preference for health service subjects, such as the sociology and economics of health, the use and effects of innovations in health care and epidemiology. "Hard" biology, such as molecular biology, which receives considerable support from INSERM, would benefit where the work was related to medical problems.

This is the first such general contract agreed between INSERM and the social security fund, but probably not the last.

Meanwhile, Professor Pierre Papon, the director of the largest French research council, the Centre National de la Recherche Scientifique (CNRS), has told laboratory directors that the cuts suffered by his council (12.5 per cent, a little more than at INSERM) would be distributed in such a way that no laboratory would suffer more than a 13 per cent reduction of this year's running money. CNRS aims "to preserve the effort made over the past two years to give laboratories the means to do their work and to renew their equipment".

Robert Walgate