The new integrated Medical Teaching Centre at Heath Park, Cardiff, containing both the Welsh National School of Medicine and the University Hospital of Wales, was opened in 1971 by Her Majesty the Queen. This event marked an important milestone in the development of medical education in Wales and represented the culmination of the efforts of many different authorities including, on the University side, the University Grants Committee, the University of Wales, the Welsh National School of Medicine and University College, Cardiff, and the then Ministry of Health, the Welsh Hospital Board and Cardiff City Council.

The plan behind the architectural design of the building was to facilitate the closest integration between teaching, research and patient care, and in this the design has been conspicuously successful. Indeed, it can be truly said that the facilities of the new Medical Teaching Centre have made it possible for the Medical School to carry out more effectively the objectives laid upon it by its Royal Charter, namely, the advancement of knowledge in medical and dental science by research and the dissemination of such knowledge, to provide instruction in all branches of medical and dental science, art and practice, and in particular to promote health and welfare with special reference to the needs of Wales.

Most of our problems are common to other medical schools and they could be grouped under five main headings, namely:

1. Increase in student numbers.
2. Acute cash flow problems.
3. Adaptation to the changing methods of the provision of medical care under the reorganised Health Service.
4. The unification of the undergraduate, and ‘graduate clinical training’, with postgraduate periods of medical education.
5. The special responsibilities of the Welsh National School of Medicine.

INCREASE IN STUDENT NUMBERS

Any rapid large increase in the numbers of students and staff in a medical school inevitably brings stresses and strains, the usual dangers being overcrowding and lack of personal contact. Our task has been rapidly to increase our annual student intake of about 70 medical and 40 dental students, in 1970, to 150 medical, 50 dental and 10 advanced nursing studies students, in this way nearly doubling our
student intake in the last five years. Fortunately, this transformation has been facilitated by our retention of the old Medical School buildings in the Cardiff Royal Infirmary and by our expansion into some additional laboratory and office accommodation at Llandough, the three hospitals together (the University Hospital of Wales, the Cardiff Royal Infirmary and Llandough Hospital) providing about 1,500 beds for teaching purposes. In our revised curriculum, blocks of students are based largely at one of these three centres, thus avoiding unnecessary travel and, at the same time, achieving suitable opportunities for systematic teaching.

The School of Medicine has recently appointed two part-time student counsellors, whom students may wish to consult about any personal problems arising during their time at university. Although paid by the Medical School from monies received from outside sources, the counsellors' brief is to represent the individual student's interest, any information revealed by the students to the counsellors during such discussions being entirely confidential. The kind of personal problems arising most frequently are in relation to finance, lodgings, the curriculum and examinations, and, finally, to university social life generally. This innovation has undoubtedly contributed greatly to the maintenance of good personal relationships in a rapidly growing clinical school.

Student participation at all levels in Medical School government has been regarded as essential and the School now has two student representatives (duly elected by the student body) on both Senate and Council, as well as representation on the various committees of Senate and especially on a Joint Senate/Students Committee and a Residences and Students' Club Premises Committee. The students' contribution to discussions has been both constructive and statesmanlike and there is no doubt that the School has greatly benefited over the past five years by their membership of these committees.

ACUTE CASH FLOW PROBLEM
Our new Medical Teaching Centre at Heath Park has proved to be a very expensive place to run. Under an arrangement, entered into between the University Grants Committee and the then Ministry of Health when the building was planned nearly fifteen years ago, the School has had to pay a proportion of the total running costs of the integrated Medical Teaching Centre. The fact that it has no control over these costs, which in the original agreement were to be administered by the Hospital authorities, has made it impossible for the School to live within its budget during the present period of unprecedented inflation. Our troubles have stemmed from the initial failure to work out in detail the revenue consequences of capital developments at the new Medical Teaching Centre and from the misguided conception that, ultimately, as the expenditure of both authorities was a charge on the Treasury, too precise an apportionment of the running costs between the Welsh National School of Medicine and the National Health Service Authority.
would be superfluous. A new method of apportioning the costs is now being investigated, but it is likely to be many years before the Welsh National School of Medicine rids itself of the large debt incurred on overheads at its new building.

Quite apart from overheads, another exceptional reason why the Welsh National School of Medicine has been one of the higher cost medical schools is because Wales looks to it to provide departments and chairs in as many subjects as possible, there being no other medical school in Wales. In addition to 29 chairs in medicine and dentistry, the School has created, in response to national demand, Senior Lectureships in special subjects within the departments of Medicine and Surgery and Community Medicine, in General Practice, Rehabilitation (Rheumatism), Dermatology, Genetics, Otorhinolaryngology and Ophthalmology. In this way the School's objective has been to try to make provision for academic cover in all these subjects, limited perforce by budgetary considerations.

ADAPTATION TO THE CHANGING METHODS OF THE PROVISION OF MEDICAL CARE IN THE REORGANISED HEALTH SERVICE

Gone are the days when the needs of medical education called the tune in a teaching hospital. With the reorganisation of the Health Service and the attachment of medical schools to teaching area Health Authorities, rather than to Boards of Governors of a teaching hospital, medical schools are being forced to work out a new philosophy of clinical teaching. In medicine, as in other vocational subjects, teaching is by example as well as precept and medical schools today are faced with the challenge of trying to set before their students exemplary patient care within the rapidly changing and, in places, fragmenting framework of the reorganised National Health Service.

In Wales, the School is pursuing the dual objective of academic medical teaching in the main teaching hospitals and practical experience in hospitals farther afield. It is providing introductory clinical teaching as far as possible in the three main teaching hospitals, that is the University Hospital of Wales, Cardiff Royal Infirmary, and Llandough, for it is at these hospitals, and particularly at the University Hospital of Wales, that the lecture theatre facilities and laboratory and research expertise are concentrated. At the same time, we are pursuing the second objective by attachment of our students to different hospitals in Wales, in pairs for about a month, thus enabling them to take a more active part in the team work of patient care under the expert direction of the many helpful physicians and surgeons who kindly assist the School in its teaching programme. Similarly, experience in general practice forms an important part of our teaching and, in addition to formal teaching at the General Practice Teaching Centre at Llandedeyrn, near Cardiff, students are seconded to work with general practitioners in their surgeries, thus obtaining first-hand experience of general practice as it is today.
THE UNIFICATION OF THE UNDERGRADUATE AND ‘GRADUATE CLINICAL TRAINING’ WITH POSTGRADUATE PERIODS OF MEDICAL EDUCATION

The Merrison Report has underlined the essential unity of all periods of medical education; that is, undergraduate, pre-registration and postgraduate. At the same time, it has underlined the essential role that universities should play in the future, stressing the importance of making university influence in the pre-registration period (now possibly to be re-named ‘Graduate Clinical Training Period’) more of a reality. Strengthening of university influence in the pre-registration period is a recommendation that all universities will no doubt welcome, although there seems little likelihood at the present time of universities receiving the additional finance required to put this into practice.

In the Welsh National School of Medicine, which has greater autonomy than most other medical schools, being independent within the University of Wales, we have developed our own method of unifying the three periods of medical education. Thus, the Undergraduate Deans of medical and dental education and the Director and Dean of Postgraduate Studies are all responsible, through the Provost, to the Senate and Council of the School. The responsibility for the pre-registration year, as well as for postgraduate medical education in the wider sense, at present lies with the Postgraduate Dean since he, by his visits to postgraduate centres throughout Wales, is in the best position to supervise pre-registration posts. Pre-registration posts are allocated by a computer-matching scheme which, besides meeting the choices of individual students and consultants, enables students to know well in advance to what posts they have been allocated. University supervision of posts is by the Postgraduate Dean who reports through Senate to Council.

THE SPECIAL RESPONSIBILITIES OF THE WELSH NATIONAL SCHOOL OF MEDICINE

The School, which is one of the constituent institutions of the University of Wales, is ultimately concerned with teaching and research throughout the United Kingdom and overseas. In addition, however, under its Royal Charter it has the duty ‘generally to act in any manner which promotes or may promote health and welfare with special reference to the needs of Wales’.

In relation to research, the special responsibility to Wales covers certain fields where local problems exist, particularly those associated with pollution and the environment. The MRC’s Pneumoconiosis Research Unit and Epidemiology Research Unit, which are recognised centres for the prosecution of research for higher degrees, have made valuable and important contributions in these fields. The Tenovus Institute in the Welsh National School of Medicine is most generously financed by the local charity Tenovus and is concerned primarily with cancer research, especially in relation to steroid metabolism. Another local
charity, the Kidney Research Unit for Wales Foundation, provides funds for research in the K.R.U.F. Institute at the Cardiff Royal Infirmary, where research into pyelonephritis based on population studies in Wales is being carried out, as well as important work on the immunology of renal transplantation. Research into spina bifida, cystic fibrosis, diabetes, leukaemia, heart disease and rheumatology, to mention but a few, are also actively supported by local charities or by the Welsh branches of national charities. These examples illustrate purely local involvement in research, although, of course, major research programmes of a more general nature are supported in the School by the MRC, the Wellcome Trust, the Cancer Research Campaign, the Department of Health and Social Security, the South Glamorgan Area Health Authority, and many other grant-giving bodies and commercial undertakings.

Our growing School is now able to offer over 200 places in medicine, dentistry and advanced nursing studies annually. About 50 per cent of our students come from homes in Wales, 40 per cent from the rest of the United Kingdom and 10 per cent from abroad; approximately 40 per cent of our intake are women. Entry is governed by the headmaster’s or headmistress’s report and attainment of the requisite ‘A’ Level standard which, in medicine, is at present an average of three ‘B’ grades with, in addition, an interview for those students where special circumstances exist.

In postgraduate medical education the School plays its full part in supporting the work of the Committee on Postgraduate Medical Education in Wales. General professional training and specialist training are provided through the postgraduate organisers and the advisers appointed by the Royal Colleges and Faculties, under the direction of the Dean of Postgraduate Studies. A similar organisation is being developed for postgraduate dental education. A Careers Advisory Service has also recently been established in the Medical School, providing information to students or graduates seeking advice about their future careers.

The health of a dynamic institution lies with the next generation. It is with confidence that the School looks to its own future, as we welcome yearly so many able and dedicated new students, anxious to accept in difficult times the solemn challenge of our motto, Gwybod, Medr, Iachau — Knowledge, Skill, Healing.