

MEMORANDUM ON THE PROPOSED EXTENSION OF THE CHIROPODY COURSE

TO THREE YEARS.

The present Chiropody syllabus which Schools attempt to cover in two years is comparable in many ways with the American course of four years, and we believe that it is generally recognised that in comparison with other students who are studying for professional qualifications, the chiropody student is at present compelled to spend an unreasonable proportion of time on lectures and practical work which makes it nearly impossible to absorb or assimilate most of the information provided by the lectures. In all Schools the practical work occupies roughly 50% of the time-table, and this does not allow sufficient time for lectures, tutorials, tests, study periods, discussion groups, etc. Recent examination papers tend to indicate that the students are absorbing information at such high pressure that they are unable to assimilate it.

The hours of work in the Schools are now so long that students who have to contend with travelling times of an average of forty minutes in each direction are quite unable to profit by work at home, and many students report that they are too tired at the end of the day to do justice to home study.

The time given at present to the General Science subjects varies from School to School and if Physics, Chemistry and Biology are adequately covered, there is a tendency for Anatomy and Physiology to suffer, and the progress made in Theory of Chiropody by the end of the First Year is much curtailed. There is a tendency for the balance between theoretical and practical work to be ill-adjusted, and in some cases little or no practical work is possible in the basic sciences. It is most desirable that all subjects should have a theoretical basis with a practical application so that the gradual development and interlocking of the entire training should be obvious and fully understood by the student. One of the recommendations of the Cope Committee Report is that clinic facilities in Medicine and Surgery should be available. At present this is only possible to a very limited degree as the full implementation will require considerable time.

As one of the important points of the course is to train the students in diagnosis and in the application of his own treatments in relation to this diagnosis it is most desirable that sufficient time should be available for the development of judgment and initiative as well as absorption of factual material.

FIRST YEAR

As a broad basis it is suggested that the First Year be related mainly to General Science with some early notions on Physiology and Anatomy. Theory and Practical Chiropody should be taken from the beginning of the course, in order to stimulate and maintain interest, but it is suggested that a considerable proportion of the additional time for the General Science course should be devoted to laboratory work and laboratory demonstrations.

In the Second Year Physics and Anatomy would be extended, with particular emphasis on the practical work, and reasonable time could be given to Pharmacy, Bacteriology, Histology and Pathology, with a continuation of the Theory and Practice of Chiropody and Therapeutics.

It may be possible to complete the Theory of Chiropody and Therapeutics at this stage, leaving the Third Year for Medicine and Surgery, Orthopaedics and Dermatology, with discussion groups rather than formal lectures in Chiropody.

In the Third Year it is hoped that it will be possible to extend clinical facilities in General Teaching Hospitals, and to obtain some general information on the interpretation of X-ray films in conjunction with the medical staff of the hospitals.

It is suggested that some time should be given during the three

years for students to develop their own powers of criticism by allocating to each student a particular project where the student would be expected to make notes and produce a reasonable note-book on the existing information relating to their special study, and for them, if possible, to relate this information to their practical work in the clinic. It is felt that this would develop the critical powers and enable students to take part in a later programme of general research by Chiropodists.

Since the Society of Chiropodists agreed to the three years course there have been some very considerable modifications and alterations to National standards, both educationally and economically, and it is, therefore, expedient to discuss at this stage, whether the time is opportune for the extension of the course. The Ministry of Education has already pointed out that there will be greater difficulties in the allocation of grants to students due, generally, to the change of Government policy, and the insistence on a general 5% reduction in educational expenditure. It is reasonable to expect that equivalent cuts will be made in hospital expenditure. Any rises in the cost of living will make it increasingly difficult for the parents of the non-scholarship students to pay the fees of an additional year, and although it may be sound policy to increase the status by increasing the period of training from two to three years, a number of years must elapse before we can state that a reasonable proportion of chiropodists in practice have taken a three years course, and, therefore, the possibility of using this three years training as a direct bargaining factor is not likely to be of great value for some years. It should be pointed out that the three years course was suggested and agreed before this change of Government policy was envisaged, and before it was realised that there may be increases in the cost of living, and relatively, a higher cost to authorities and students alike. Undoubtedly, the cost of running Training Schools will increase by at least 50% with the three years course, with a considerable fall in income due to reduced numbers, concurrent with a reduction in the purchasing value of money. It should be realised that this change to three years may produce a serious setback to Chiropody if some Schools or postal courses attempt to satisfy the demand for Chiropodists which cannot be touched by the recognised Schools due to the high cost of training.

It would be well to consider whether the move would not be more appropriate if it came from the proposed new Central Council for Medical Auxiliaries rather than something which is initiated by the Schools or the Society. We suggest further discussion on the wisdom of extending the course next year.

H.E. Walker

C.E. Kemp

