Training experience of doctors certificated for general practice in 1985–90

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SUMMARY. The computerized records held by the Joint Committee on Postgraduate Training for General Practice have been reviewed to determine the post-registration experience offered by doctors who were issued with a joint committee certificate during the years 1985–90, inclusive. The percentage of certificates issued on the basis of experience prescribed in the vocational training regulations rose from 74.4% in 1985 to 89.7% in 1990. Since 1985 obstetrics/gynaecology has been the specialty in which the greatest number of successful applicants have offered experience, increasing from 86.4% in 1985 to 93.8% in 1990. The next most popular specialty was accident and emergency/general surgery (offered by 65.5% of successful applicants in 1985 and 73.6% in 1990) followed by paediatrics (56.7% in 1985 and 62.2% in 1990). The percentage of certificates issued on the basis of experience in geriatric medicine rose slowly from 35.6% in 1985 to 41.7% in 1990, for psychiatry the figures were similar (36.4% in 1985 and 40.7% in 1990), and for general medicine there was a slight decrease (46.2% in 1985 and 44.7% in 1990). There is a need for more doctors to acquire experience in general medicine, geriatric medicine and psychiatry. Since 1985, the trend has been for applicants to offer a more broadly based range of experience. In 1985, 48.5% of successful applicants offered experience in four hospital specialties and this rose to 63.6% in 1990. Although the vocational training regulations offer a degree of flexibility only a small number of successful applicants have taken advantage of this. The percentage who acquired overseas experience outside the European Community varied from 3.6% to 5.4% during the period of study while the percentage who offered more than the minimum one year's experience in general practice varied from 1.6% to 2.7%. There is scope within the regulations to construct imaginative and innovative training programmes both at home and abroad. This has not been fully recognized by trainees, nor by those who advise them.

Introduction

SINCE 1981 it has been mandatory for all doctors entering general practice as principals in the National Health Service in the United Kingdom to have acquired a certificate from the Joint Committee on Postgraduate Training for General Practice (JCPTCP). The NHS vocational training regulations of 1979[1] identify the joint committee as the body responsible for issuing such certificates on the basis of evidence of the satisfactory completion of training posts. Since 15 August 1982, in order to obtain a certificate of prescribed experience an applicant must have completed a three-year training programme of which 12 months is spent as a trainee in general practice, two six-month periods in specialties listed in the regulations (these are known as the short list or prescribed posts), and 12 months in posts that have been selected by the regional postgraduate organizations for vocational training (these are known as educationally approved posts). The short list specialties are general medicine, geriatric medicine, paediatrics, psychiatry, accident and emergency/general surgery, and obstetrics/gynaecology.

The vocational training regulations are sufficiently flexible to allow the joint committee to issue a certificate of equivalent experience to doctors whose previous work does not meet the requirements for prescribed experience, but which, in the opinion of the joint committee, is acceptable as preparation for a future career in general practice. The vocational training regulations make it possible for a doctor to spend up to two years in a training post in general practice, and the equivalent experience provision enables work overseas to be taken into account.

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Analysis of JCPTGP data

This study aims to describe the experience offered by doctors when applying for a joint committee certificate and reviews the changes in the overall pattern of experience between 1985 and 1990. Details of the training experience offered by each applicant for a joint committee certificate are stored on computer. A comparative analysis has been undertaken of this information. Post-registration hospital experience in the short list specialties has been reviewed, and so too has the proportion of doctors offering experience in general practice in addition to the minimum 12 months specified in the regulations. Information is given about the numbers of doctors offering experience in overseas posts. The quality of educational experience although of importance has not been addressed here. It has been considered in a number of recent reports each of which has reiterated unresolved matters of serious concern about the standards of training in junior hospital posts.[2-6]

This analysis covers only the hospital experience upon which a decision to issue a joint committee certificate was based; some applicants had obtained hospital experience in excess of the minimum needed for this. Experience in a number of mixed posts has been included under the short list heading. Thus, any mixed post which included accident and emergency medicine (for example, with orthopaedics) has been classified as an accident and emergency post. Experience in paediatric posts includes medical paediatrics only and not time spent in paediatric surgery or in community paediatric posts. Experience of neonatal medicine only, has not been included although time spent in mixed posts of paediatric and neonatal medicine has been incorporated under the paediatric heading. Experience in all posts in which general medicine was combined with a medical sub-specialty, for example cardiology, endocrinology or dermatology has been included under the general medicine heading. Experience in combined posts of general medicine/geriatric medicine have been included under general medicine.

Developments in software have permitted a more detailed analysis of the joint committee's database and this explains the minor differences between the figures presented here and those published previously for some specialties.[7] However, the larger differences for obstetrics/gynaecology are the result of the identification of two additional groups of doctors under the gynaecology and the obstetric headings allowing a more comprehensive analysis.

Findings

Table 1 shows the percentage of certificates issued by the joint committee on the basis of prescribed or equivalent experience between 1985 and 1990. The percentage of certificates issued based on prescribed experience rose steadily between 1985 and 1987, and from 1987 to 1990 approximately 90% were issued on the basis of prescribed experience.

Table 2 shows that over the study period there was a gradual increase in the percentage of doctors who acquired experience in each short list specialty apart from general medicine. The trend was not marked and was greatest for accident and emergency medicine and obstetrics/gynaecology. The specialty in which the greatest proportion of applicants acquired experience was obstetrics/gynaecology. By 1990 almost 94% of certificates were issued to applicants offering experience in combinations of these disciplines. Over the period 1985–90, there was a trend for fewer applicants to offer experience in the separate posts for obstetrics and gynaecology, more worked in combined obstetrics and gynaecology posts — an increase from 65.9% of all obstetrics/gynaecology posts in 1985 to 79.6% in 1990. The percentage of certificates issued to doctors who submitted experience in general medicine as well as geriatrics, in either separate or combined posts, varied from 11.9% (1985) to 15.0% (1989) in the period studied.

There was a 12.3% increase in the total number of senior house officer posts in the short list specialties in the UK in the period studied (Table 3). However, the overall increase between 1985 and 1988 was only 3.7% with a greater increase of 8.4% between 1988 and 1990. The increase in the number of posts between 1985 and 1990 was most marked for paediatrics (20.7%) and general medicine (18.1%) while the numbers of posts in obstetrics/gynaecology increased by only 5.1% and in psychiatry by only 7.9%.

Between 1985 and 1990 there was a consistent trend for a greater proportion of applicants to offer four or more short list posts, with marked diminution in those offering the minimum of two short list posts (Table 4). In 1985, 19.5% of applicants offered experience in two or less shortlist posts while in 1990 this had fallen to 7.4%.

The proportion of certificates issued to successful applicants offering overseas experience outside the European Community was consistently small, varying from 3.6% in 1987 to 5.4% in 1990. For most applicants this experience was as a junior hospital doctor (65.0% of overseas posts in 1987 and 69.6% in 1990). The proportion of successful applicants who offered more than the minimum 12 months in general practice was also small, varying from 1.6% in 1986 to 2.7% in 1989. Most of these applicants had held posts in the Defence Medical Services (72.2% in 1986 and 84.7% in 1989) or the west of Scotland scheme (22.2% in 1986 and 13.6% in 1989).

Table 1. Percentage of certificates issued on the basis of prescribed or equivalent experience in 1985–90.

	% of certificates issued					
Type of experience	1985 (*n* = 2041)	1986 (*n* = 2196)	1987 (*n* = 2237)	1988 (*n* = 2198)	1989 (*n* = 2186)	1990 (*n* = 2112)
Prescribed	*74.4*	*83.6*	*90.1*	*88.1*	*90.8*	*89.7*
Equivalent	*25.6*	*16.4*	*9.9*	*11.9*	*9.2*	*10.3*

n = total number of certificates issued.

Table 2. Percentage of certificates issued to doctors who submitted experience in the short list specialties in 1985–90.

	% of certificates issued					
Short list specialty	1985 (*n* = 2041)	1986 (*n* = 2196)	1987 (*n* = 2237)	1988 (*n* = 2198)	1989 (*n* = 2186)	1990 (*n* = 2112)
General medicine	*46.2*	*48.2*	*46.9*	*46.0*	*45.3*	*44.7*
Geriatric medicine	*35.6*	*35.7*	*35.7*	*40.8*	*40.3*	*41.7*
Paediatrics	*56.7*	*56.0*	*57.1*	*60.2*	*59.1*	*62.2*
Psychiatry	*36.4*	*37.8*	*39.8*	*39.6*	*41.9*	*40.7*
Accident and emergency/general surgery[a]	*65.5*	*68.9*	*68.5*	*69.7*	*73.3*	*73.6*
Obstetrics/gynaecology	*86.4*	*85.6*	*84.0*	*89.0*	*90.1*	*93.8*

n = total number of certificates issued. [a] General surgery only: 1989, 5.9%; 1990, 6.3%.

Table 3. Number of senior house officer posts at 30 September each year.[a]

	No. of senior house officer posts						% change
	1985	1986	1987	1988	1989	1990	1985–90
General medicine	1291	1315	1366	1430	1508	1525	*+18.1*
Geriatric medicine	885	904	880	908	944	965	*+ 9.0*
Paediatrics	1119	1148	1152	1145	1242	1351	*+20.7*
Psychiatry	1040	976	962	1016	1111	1122	*+ 7.9*
Accident and emergency	1358	1388	1387	1431	1488	1517	*+11.7*
General surgery	729	768	714	765	829	844	*+15.8*
Obstetrics/gynaecology	1518	1493	1440	1537	1611	1596	*+ 5.1*
Total	7940	7992	7901	8232	8733	8920	*+12.3*

[a] Data aggregated from the Department of Health, the Scottish Health Service and the Northern Ireland Council for Postgraduate Medical Education.

Table 4. Number of posts held in short list specialties by successful applicants in 1985–90.

Number of short list posts held by applicants[a]	% of certificates issued					
	1985 (*n* = 2041)	1986 (*n* = 2196)	1987 (*n* = 2237)	1988 (*n* = 2198)	1989 (*n* = 2186)	1990 (*n* = 2112)
4+	48.5	45.6	50.4	57.4	61.3	63.6
3	32.0	33.1	32.8	31.9	28.7	28.9
2	19.5	21.1	16.8	10.7	10.0	7.4
1	0.0[b]	0.2[c]	0.0	0.0	0.0	0.0

n = total number of certificates issued. [a] One applicant who had held no short list posts had an appeal against the JCPTGP's refusal to issue a certificate upheld by the appeal body constituted under the vocational training regulations. [b] One applicant with a sufficiently comprehensive curriculum vitae was accepted with one short list post as equivalent experience. [c] Four applicants with sufficiently comprehensive experience were accepted with one short list post as equivalent experience.

Discussion

This paper presents information about doctors gaining the JCPTGP certificate, and not the numbers of hospital posts. It provides information about the years in which certificates were issued and not about the years in which a particular post was held. It is based only on the experience offered by applicants for a joint committee certificate and not on the total experience that doctors have acquired. Nevertheless, this study has highlighted areas for further investigation, particularly when taken in conjunction with work about the availability and quality of hospital posts for general practitioner training.[3,4,5,8]

Over the period 1987–90 approximately nine out of 10 successful applicants obtained a certificate of prescribed experience but 10% of new general practitioners have taken advantage of the flexibility built into the regulations for more individualized experience to be incorporated into their training programmes. The trend for a greater proportion of certificated experience to be in posts in the short list specialties has been greatest for accident and emergency medicine and for obstetrics/gynaecology. That more obstetrics and gynaecology experience is in the form of combined posts is to be welcomed for such a combination is more likely to meet the broadly-based educational needs of future general practitioners. A national survey of trainees has shown that 89% had acquired experience in obstetrics and gynaecology[3] and this agrees with the results presented here. The survey also demonstrated that almost 6% of trainees would like to have such experience but have been unable to obtain it. Although there is still an unmet need for experience in obstetrics and gynaecology, the results presented here suggest that progress is being made in meeting it as there has been a 5.1% increase in the numbers of senior house officer posts in obstetrics/gynaecology between 1985 and 1990.

This study demonstrates a gradual increase in the proportion of applicants offering experience in paediatrics. However, Crawley and Levin showed that 14% of trainees who wanted this experience were not able to obtain it.[3] Despite a 20.7% increase in the number of paediatric senior house officer posts between 1985 and 1990, there is a persistent expectation for paediatric training that continues to be unmet. More effective use should be made of the increase in the number of paediatric posts for vocational training for general practice and there may be scope for combining some of these posts with those in community paediatrics since such experience is particularly relevant to general practitioners who now have a contractual incentive to undertake child health surveillance for their practice populations.

The proportion of applicants offering experience in general medicine diminished slightly over the study period despite an increase of 18.1% in the number of senior house officer posts in general medicine during the same period. The conversion of many general medicine posts into a medical sub-specialty and their subsequent incorporation into training rotations for future consultant physicians may have reduced the number of posts available for future general practitioners. Recent changes in medical practice and in the organization of health care will mean that the general practitioner will have sole responsibility for considerably more patients with acute medical conditions and chronic medical disease in the future. Therefore, more general practitioner trainees should be able to acquire experience in general medicine as part of their vocational training.

For most of the years under study, geriatric medicine was the specialty in which the fewest successful applicants have offered experience. This is of serious concern because anticipated demographic changes mean that future general practitioners will have a greater proportion of elderly people to care for than have their predecessors. There is a need to explore how more future general practitioners can acquire geriatric experience in hospital during their vocational training. The increase in number of geriatric posts demonstrated here (9.0%) seems insufficient to meet the training needs of future general practitioners. In general, for all specialties, the guiding principle must be to anticipate the general practitioner's future clinical responsibilities and to ensure that current training programmes can provide appropriate preparation for them.

In 1990, 92.5% of successful applicants offered experience in three or four short list posts, compared with 80.5% in 1985. This suggests that vocational training for general practice has been able to make more use of the posts available during the period studied and that a greater number of more recently trained general practitioners have completed a broadly based training programme. Although between 1985 and 1990 there was an overall increase of 12.3% in the number of senior house officer posts, most of this increase occurred between 1988 and 1990 (8.4%). It is unlikely, therefore, that this increase had any substantial effect on the results of this study and the influence of the additional posts is likely to become more apparent in the mid-1990s. One factor that may have contributed to the trend for more doctors to acquire experience in three or four short list posts could be the implementation of the recommendation that doctors should spend shorter periods in senior house officer posts.[9,10] This is likely to have resulted in a greater turnover of posts thus making each one available to more doctors.

The equivalent experience provision in the vocational training regulations makes it possible for the JCPTGP to consider experience overseas, both in general practice and in the hospital setting, for certification purposes. Such experience may be as a principal or medical officer to an overseas mission or other charitable organization but for most successful applicants their experience was in an overseas junior hospital doctor post. The joint committee will accept such experience if it has been acquired in a post that has been approved by the appropriate specialist royal college in the UK, or an overseas training body that has been recognized by such a college. Since 1989, the committee has agreed that it will accept experience in the family

medicine training programmes of New Zealand, Australia and Hong Kong and experience as a trainee in a supervised practice approved by one of these programmes can now contribute up to six months towards the trainee year. This should make it easier for young doctors to acquire experience overseas as part of their preparation for future careers in general practice in the UK.

The usual pattern of training is for a doctor to spend six months in each of four hospital posts and 12 months as a trainee in general practice, although the regulations allow 24 months of the three-year vocational training programme to be completed as a trainee in general practice. The programme in the Defence Medical Services is for 18 months to be spent in approved hospital posts, and 18 months as a trainee. In the west of Scotland an experimental scheme has been developed that provides a similar experience. However, only a small number of successful applicants took advantage of the longer training in general practice over the study period and almost all of these acquired experience either in the Defence Medical Services or the west of Scotland scheme. The main factor that prevents more doctors spending a longer period of training in general practice is lack of funding. General practitioner trainees, unlike their hospital based colleagues, work in supernumerary posts and the NHS normally makes financial provision for only 12 months as a trainee. The Defence Medical Services, with its separate budget, is not constrained in this way, and its general practitioner trainees are not in supernumerary posts. The educational benefits of a longer training period in general practice need to be studied, and if shown to be of value, the case should be made for obtaining from the health departments the funding necessary to increase the number of such opportunities.

This study has highlighted that only about 40% of doctors who obtain a joint committee certificate do so on the basis of training experience in each of the specialties of psychiatry, general medicine and geriatric medicine. Given the scope of the general practitioner's future clinical responsibilities, then there is a need for more doctors to acquire experience in these disciplines. The royal colleges and health departments should address this issue as a matter of urgency. The underlying principle must be for today's training programmes to prepare doctors for the anticipated needs of their patients. Current changes in clinical practice and health care organization suggest that tomorrow's general practitioner will be actively involved as a general physician and in providing a broad range of services to the elderly and the mentally ill. Training programmes should reflect this to a greater extent than this survey has demonstrated.

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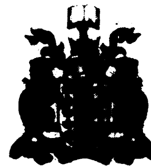

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The theme of the conference is 'Family medicine in the 21st century' and applications are invited from general practitioners who will be actively involved in general practice in the 21st century and who would like to attend the conference.

Applications, including a short CV, should be addressed to the Clerk to the International Committee at 14 Princes Gate, Hyde Park, London SW7 1PU. The closing date is Wednesday 15 January 1992.