

PRACTICE OBSERVED

Vocational Training

Multiple applications for vocational training rotations: can we improve the system?

PETER STOTT

Abstract

Questionnaires were sent to 392 doctors who had applied for 10 vocational training rotations in South West Thames Region nine months previously. These 392 doctors had made 607 such applications in south west Thames during this time. Replies were received from 260 (66%) of those circulated. These doctors together had made roughly 4000 job applications nationwide, or 15 each. Two thirds had found a post that was satisfactory for vocational training within nine months, three quarters of them on organised rotations. There was no difference between men and women regarding success in finding a job. Both married and single women were more specific than men about the area in which they wanted to train and had made fewer job applications. Of those who answered the questionnaires, roughly three quarters thought that the present system of applying for training posts was unsatisfactory, and suggestions for improvements are made. It is concluded that although a regional clearing house scheme would help administration in the regions, only a national scheme would substantially help the applicants. To avoid frustration doctors might be more selective and limit their applications without harming their chances of success.

Introduction

For several years there has been concern regarding the large numbers of applicants for vocational training rotations in general practice. Roughly 3500 trainees currently hold posts in the United Kingdom and armed forces. Though it is possible to calculate the numbers that are necessary to fill future vacancies in general practices, there are few data regarding the numbers of potential trainees whose career aims are frustrated and little information about the best way to help them.

The results of a recent postal survey of doctors who applied to one vocational training scheme showed that 86% of unsuccessful candidates who returned their questionnaires had succeeded in finding a post suitable for vocational training within one year: a quarter on a linked scheme and roughly two thirds in equivalent training (posts approved as suitable but not on an organised rotation).

The results of previous studies have shown that between a fifth and a half of doctors apply for more than one post<sup>1</sup> and that the number of applications for jobs is often over 100.<sup>2</sup> My colleagues and I thought that these numbers were an underestimate. In one study only one in seven applicants was resident in that region, indicating that potential trainees apply nationwide and that this is probably the case in many regions.<sup>3</sup>

To clarify the position and in particular to determine whether a regional or national clearing house system would help, our aims in sending the questionnaire were:

(a) To determine the numbers of doctors who make more than one application for a vocational training rotation within South West Thames Region.

(b) To determine the numbers of job applications that they are making nationwide.

(c) To determine what happens to the applicants during the succeeding nine months: what proportion succeed in finding a vocational training post on established rotations, and what proportion construct their own schemes.

(d) To determine whether men and women doctors differ as regards numbers of applications made, success, or area preference for the training rotation.

(e) To find out what doctors think about the present circumstances and how they might be improved.

South West Thames Faculty, Royal College of General Practitioners  
PETER STOTT, MB, MRCP, general practitioner and honorary secretary  
Correspondence to: SW Thames Faculty RCGP, 18 Shelton Hill, Tadworth, Surrey.

Thames Region, but just over a tenth made three or more. In comparison, each had made an average of 15 applications nationwide. If such patterns are repeated in other regions it may be inferred that, though a regional clearing house scheme might cut down administration for the region, only a national clearing house would substantially help the applicants.

The results of the study showed that though both married and single women doctors made appreciably fewer applications for rotations, they were no less successful than the men in obtaining posts. Unless hiring a woman is intrinsically more attractive to selection panels than hiring a man (which is not impossible), this indicates that there is no disadvantage in being more selective and limiting the number of applications made and that some of the frustration at least is self-generated by the applicants.

The findings confirmed the suggestion from previous work that most applicants will be successful in finding a post suitable for vocational training within a year (two thirds in this study, 87% in Balfour's), though these figures may be appreciably biased by the non-responders in both studies.

A quarter of those who had found a suitable post had done so by constructing their own schemes. In the previous study this proportion had been 60%.<sup>3</sup> One solution to the problem might be to cut down the number of rotations, thereby opening up more suitable posts for doctors who wish to construct their own training, and it is likely that regional differences in the patterns of training already exist owing to this factor. Yet they are difficult to evaluate since most doctors who construct their own schemes go unrecognised until their training year in a practice. There is an implied loss of educational opportunity, and responders felt that such self-constructed schemes should include a commitment to continuing training in general practice.

This survey has produced more questions than answers. Why do junior doctors think that it is necessary to make so many job applications? Is it true that applicants from outside a district are less likely to be appointed? If so, is this reasonable? If strict criteria are used to shortlist candidates should these not be published in the job advertisement so that potential applicants may be more selective? What is the correct balance in numbers between organised rotations and jobs for those constructing their own schemes and should there not be continuing education in general practice for both groups? Is the career advice given to young doctors entirely appropriate, and

are applicants aware that regional advisers, course organisers, and general practitioner tutors may be approached for such help? Is there sufficient national co-ordination and direction in this debate? It seems that many regions have some way to go before they reach the condition of "solitude" and organisation as described in Exeter, where each applicant receives a full prospectus and career advice from one of the general practitioner lecturers and where emphasis is given to equality of opportunity for young, married, married, or single applicants.<sup>4</sup>

General practice is now a popular career option, and not all who wish to train will ultimately find a position as a principle. The number of vacancies in vocational training must be matched to the number of principals' posts that are becoming vacant and not simply increased to satisfy demand. The equation is complex and national co-ordination may be necessary to reconcile these conflicting demands.

Whatever the solution the results of this survey show that junior doctors are very unhappy with the present system of applying for training posts and that they would welcome innovation. Further discussion is necessary.

I thank all the clinical tutors and tutors of the Royal College of General Practitioners in South West Thames Region for their help in gathering the names and addresses of vocational trainee applicants for the survey: Mrs Pam Clegg and Yvonne White, research assistants, for their devoted help; the Scientific Foundation of the Royal College of General Practitioners for funding the project; Drs John Dymond and Eric Gambrell for criticism of the questionnaire; Gregor Bartlett, Paul Fretling, Peter Jenkins, Fred Meynen, Lyda Smythe, Philip Tomblinson, and other members of the South West Thames Faculty of the RCGP for their criticism of the original draft; and those doctors who took the time to fill in the questionnaire and send it back.

References

- 1. Balfour AJ. Vocational training schemes for general practice: what happens to those not appointed? Br Med J 1980; 290: 1444.
- 2. Hester J. Overeducation in Britain. Br Med J 1982; 285: 1705.
- 3. Smart CB, Green BJ. Changing the method of selection at Northwick Park. Br Med J 1982; 285: 1047.
- 4. Davies AS. Competition for vocational training schemes in a study. J R Soc Med 1983; 76: 6.
- 5. Boden KJ. Selecting with reluctance in Britain. Br Med J 1982; 285: 699-701.

Practice Research

Open access radiology services: availability to general practitioners in the UK

G F MORGAN

Abstract

A pilot survey was carried out among secretaries of local medical committees to ascertain the availability of open access to radiology services in the United Kingdom. The results showed that in some different areas showed a wide variation of access, ranging from virtually none to complete access. General practitioner representatives on management teams might encourage open access to radiology services, and health authorities might be encouraged to introduce complete open access.

126 Cowbridge Road West, Ely, Cardiff CF5 5BT  
G F MORGAN, MB, MRCP, general practitioner

In some local medical committees the availability varied widely within that area, and more than one reply was received. The results are thus based on 126 questionnaires returned from 100 areas.

Introduction

In several studies the workload of a radiology department produced by requests for a rat examination from general practitioners has been investigated,<sup>1-4</sup> and estimates of the financial implications of

Method

Clinical tutors and college tutors in 10 postgraduate centres in the South West Thames Region were asked to supply details of all doctors who applied for vocational training posts in their hospitals between November 1983 and May 1984. All cooperated, although because they wished to respect confidentiality, the names and addresses only of applicants were supplied. Nine months after the final date for application on each scheme a questionnaire was sent to all applicants, together with a stamped, addressed envelope for reply, which was coded to preserve confidentiality. Non-responders were sent a second questionnaire, but this time to the address under which they were listed in the current General Medical Council list. A small pilot trial showed that using this address held more chance of success than using the one that appeared in the Medical Directory. There was still no response telegraphically within the stipulated time, but it was found to be impractical since most faxed mailings were simply temporary hospital addresses.

Results

Number of doctors who made multiple applications in the region  
Questionnaires were sent to 392 doctors who had applied for the 10 vocational training rotations. Because of the desire of the tutors to respect the confidences of applicants no details are known of the non-responders except their names and addresses. The numbers of applications for individual rotations ranged from 15 to 124. Cross-reference between schemes showed that 127 (32%) of the 392 responders had applied for more than one scheme in south west Thames and nearly all the others within 12 months of starting to apply. Of those who had not found suitable jobs, 55 (70%) had been looking for more than six months, but only a fifth for more than one year. Most considered that they probably would not continue to look for more than two years before changing their career choice. Five (3%) men and seven (7%) women were unemployed at the time.

Characteristics of the group who returned the questionnaire  
Questionnaires were returned from 260 doctors—a response rate of 66.3%. 181 (62%) were men and 79 (30%) women; nearly all were aged 40 or 50. Only eight doctors were over 55. Two fifths of the men and nearly a third of the women were married. Nearly all were UK graduates, about half from London medical schools, and nearly all (92%) of the doctors considered that general practice was a definite career choice.

Numbers of applications for vocational training made nationwide  
The 260 doctors who returned their questionnaires together had made roughly 4000 applications for vocational training rotations throughout the UK, an average of 15 each.

Success in finding a training rotation or job approved as equivalent experience for vocational training  
After nine months 174 (67%) of those who answered the questionnaire had found a job suitable for vocational training, three quarters were on organised rotations and a quarter in south west Thames, a tenth had found the post within three months and nearly all the others within 12 months of starting to apply. Of those who had not found suitable jobs, 55 (70%) had been looking for more than six months, but only a fifth for more than one year. Most considered that they probably would not continue to look for more than two years before changing their career choice. Five (3%) men and seven (7%) women were unemployed at the time.

Sex differences in success, area preference, and numbers of applications made  
There were no significant differences between men and women regarding the likelihood of obtaining an organised training rotation or any other job suitable for vocational training or in the speed with which they obtained a post. Women were significantly more specific than men concerning the area in which they wanted to train. A tenth of the men but a fifth of the women particularly wanted south west Thames (p<0.05). A fifth of the men but about two thirds of the women wanted jobs in London (p<0.001). Conversely, nearly three quarters of the men but just under half of the women were prepared to travel nationwide for their job (p<0.01). Three quarters of married women wanted a job in the Thames region compared with a quarter of married men (p<0.01). Perhaps the most surprising finding was that this

Table I—Response to questionnaire

No radiology medical committees contacted	105
No reply with details	100 (87%)
Non-response	1
No of extra districts—that is, more than one reply received per district	26
Total No of replies	136

Table II—Access in 126 districts\*

	Complete access	Partial access	None	
No.	%	No.	%	
Chemical tests	124	98.4	2	1.6
ECG	120	95.2	2	1.6
Bone and joints	118	93.7	4	3.1
Barium meal	103	81.7	9	7.2
Chest x-ray	101	81.1	9	7.2
Interventional program	66	52.4	28	22.2
Barium enema	61	50.0	29	23.0
Interventional program	60	47.6	29	23.0
Mammography	22	17.4	19	15.1

\*Some areas adjacent to London have districts not serving teaching hospitals and the degree of availability, for example, did not seem to depend on this. Some areas adjacent to London have districts not serving available, as do different areas within a university.

Discussion  
The figures from the replies to the questionnaire confirm what has been suspected for some time, that the commitment of health authorities to open access to radiology is patchy in the extreme. Many reasons have been suggested for the failure to implement open access to radiology, financial restraints and the inability of general practitioners to discriminate between essential and non-essential investigations being the commonest. These views are held despite much evidence to the contrary. It would be interesting to discover why access varies so far from area to area, and even within an area, and how much the personal and professional relationships between general practitioners and radiologists contribute.

Given the success of vocational training and the influx of highly qualified and committed young general practitioners it is essential that a full range of diagnostic services is made available in primary care. Local medical committees and general practitioner representatives on district management teams and units must be ever vigilant and ensure that unilateral reduction of access is not imposed.

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References

- 1. Anderson PAJ. Requests for rat examinations from general practitioners and hospital outpatients. J Gen Pract 1978; 28: 107.
- 2. Cook PJ. Experience in the first year of an open access to radiology. Br Med J 1984; 289: 433.
- 3. Davidson TB. The impact of open access to radiology. J Clin Pathol 1982; 35: 111.
- 4. Morgan GF. The impact of open access to radiology. J Clin Pathol 1983; 36: 111.
- 5. Waller JM, Bennett J, Landon J, Allen BM. Use of radiological facilities by general practitioners in the South West Thames Region. Br Med J 1982; 285: 1047.
- 6. Waller JM, Bennett J, Landon J, Allen BM. Use of radiological facilities by general practitioners in the South West Thames Region. Br Med J 1982; 285: 1047.
- 7. Clark RH. The impact of open access to radiology services. J R Soc Med 1984; 77: 6.
- 8. Jones W. Workload. Report on radiology services for general practitioners. J R Soc Med 1981; 74: 20.
- 9. General Medical Services Committee. The use of radiology in general practice. Discussion Document. London: General Medical Services, 1981.