

We hope that this extension of our assessment of the senior house officers in our department proves to be both useful and acceptable to them. The main drawback to this form of assessment is that it is labour intensive, requiring the synchronous participation of both the junior and senior doctors of the department. This programme of assessment is being extended to include other hospitals in our region. Towards the end of this year we hope to report our experiences after assessing the training of further groups of senior house officers working in our department.

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1 Baker M. Enhancing the educational content of SHO posts. *BMJ* 1993;306:808-9. (27 March.)

Protected time essential

EDITOR,—The postgraduate deans now have financial power to improve the educational position of general professional hospital trainees.¹ To help achieve the goals of systematic training that Maureen Baker outlines we advocate that the deans should look to the success of the general practice vocational training schemes. A central principle of such schemes is that they include contractually protected educational time of a half day once a week. Not having fixed structured time set aside for education greatly disadvantages general professional hospital trainees compared with general practice trainees.² General practice trainees can attend the half day release scheme during the hospital component of their course often because the general professional trainee or other team members cross cover for them. Perhaps a reciprocal cross cover arrangement with general practice trainees could be possible as part of the solution for general professional trainees.

Protected time is the essential framework into which educational energies and ideas can be channelled.³ Until the key issue of contractual time set aside for training is addressed, enhancement of training for senior house officers will continue to be undermined by the heavy service load. The postgraduate deans hold the key to change.

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- 1 Baker M. Enhancing the educational content of SHO posts. *BMJ* 1993;306:808-9. (27 March.)
- 2 Ramsay B. Training the senior house officer: experience within a dermatology unit. *Postgrad Med J* (in press).
- 3 Standing Committee for Postgraduate Medical Education. *Improving the experience. Good practice in senior house officer training. A report on local initiatives.* London: SCOPME, 1991.

Proposals expensive

EDITOR,—There is a puzzling omission from Maureen Baker's proposals for enhancing the education of senior house officers.¹ Training and reward of teachers are all very well, but where is the time for all of the supervision and its planning? Time, of course, is money, but without a substantial rise in the number of consultants (which would allow some increase in the number of senior registrars as well) such proposals are little more than hot air. There is also some danger in establishing a system that will be followed only for the system's sake—logbooks can fall into this trap—and of overkill, which will substitute nannying for growing independence and professional development.

Finance for study leave should be freely available, but the only criterion for granting study leave must be its educational validity. Once leave has been granted, funding has to follow or there is

a breach of terms and conditions of service.² Statements about "exigencies of the service" are meaningless, indeed illegal. In my experience the main problem with arranging study leave is not that money cannot be found for locums but that locums cannot be found. Interestingly, despite a liberal policy on study leave (which is well advertised), uptake by our juniors over the past three years averaged only 40%. Is it heresy to suggest that the allowed 30 days a year is overgenerous?

It may give peace of mind to know that we have a system for educating our doctors properly and fairly, but the costs of Baker's proposals will be substantial. Pilot studies are certainly indicated.

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- 1 Baker M. Enhancing the educational content of SHO posts. *BMJ* 1993;306:808-9. (27 March.)
- 2 Bamji AN. All you need to know about study leave. *Medical Education Review* 1992;Summer:10-1.

Partial shifts difficult in medicine

EDITOR,—The juxtaposition of the editorials "Juniors' new deal meets its first deadline" and "Enhancing the educational content of SHO posts" was most appropriate.^{1,2} Luisa Dillner states that the way forwards with junior doctors' patterns of work is to move away from rotas towards shifts or partial shifts. The inevitable consequence, at least on a medical unit, of such a change is to have fewer doctors during the day covering the same amount of work. Something has to give, and the training and education (rather than the service contribution) of junior doctors is clearly at risk.

Up until now acute general medical units working partial shifts in Britain have been extremely rare, and there are no reports of rigorous comparisons of the relative effectiveness of partial shifts and rotas. The promotion (if not imposition) of partial shift systems by junior doctors' leaders and the support given by the editorial seems to be based largely on hypothetical grounds and is little different to the practice of medicine before the advent of properly controlled clinical trials. Partial shifts may exist in medical units in other countries but the number of doctors involved is generally much greater and there is little, if any, evidence that they are more effective. Any medical units considering such a change should be urged to carry out a thorough survey of hours of work, training, job satisfaction, and, most importantly, the service to patients before and after such a change.

Finally, it is important to note that the appointment of nurse practitioners at night (as referred to in Luisa Dillner's editorial) did not involve employing additional staff, which would have had cost implications. Rather, it was senior nursing staff at night who undertook to be trained in and to assist junior doctors with some of their tasks.

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- 1 Dillner L. Junior doctors new deal meets its first deadline. *BMJ* 1993;306:807-8. (27 March.)
- 2 Baker M. Enhancing the educational content of SHO posts. *BMJ* 1993;306:808-9. (27 March.)

Medical unit struggles with proposals

EDITOR,—In her editorial on enhancing the educational content of senior house officer posts Maureen Baker greatly underestimates the damage that will be inflicted on embryonic training schemes by the new work patterns to be implemented next year.

In our hospitals in Brighton we have been exploring the possibilities for satisfactory partial shift systems for medical specialities. In the larger

hospital, where there are currently five medical teams, the only system that fulfils the criteria laid down by the Department of Health would mean that on any working day two teams would be off duty. As there is a rolling cycle of weekly duties these days off would be different each week, making it impossible to fulfil regular clinic commitments or to be available for postgraduate teaching. Add to this the complexities of cross cover, study leave, and holiday and it is difficult to see how any sort of training programme can be structured. Indeed, the two most important aspects of training—continuity of care and management of outpatients—will be so greatly disrupted that it is difficult to see how they would fulfil the requirements necessary for the MRCP.

At the other hospital site, where there are to be four clinical teams, the problems are much more difficult to resolve: the partial shift system means that there is virtually no continuity of care at all. As most districts in Britain have only four physicians Brighton cannot be alone in facing these problems. Events may well overtake us before Baker's laudable objectives can be implemented.

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- 1 Baker M. Enhancing the educational content of SHO posts. *BMJ* 1993;306:808-9. (27 March.)

Teachers frustrated

EDITOR,—Maureen Baker is entirely correct to emphasise the importance of senior house officers receiving the training they need and deserve.¹ Sadly, the enthusiasm and commitment of senior staff to provide opportunities for training is not always reciprocated by senior house officers, whose attendance at teaching sessions seems to be dictated by convenience rather than service commitment or the desire to learn. This inertia seems to be independent of the quality and relevance of teaching or the specialty in which the senior house officers are training. The frustration felt by trainers under pressure to provide teaching, whose time and preparation are often wasted, is reflected in attempts to ensure attendance by coercion, which cannot be conducive to the learning process or contribute to the team development required for service work.

Responsibility for training cannot be solely that of the educational supervisors. If the educational element of senior house officer posts is to be improved, action is required from both sides, including a fundamental shift in senior house officers' attitude to training. Regrettably, some element of compulsion seems inevitable if this endemic loss of the vocational thirst for training is to be overcome. Subjective assessment of performance in post is inadequate. Satisfactory attendance at training sessions and completion of a training log to cover a core curriculum of objectives should be mandatory for the next appointment if we are to produce well trained junior staff equipped to progress through the career structure.

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- 1 Baker M. Enhancing the educational content of SHO posts. *BMJ* 1993;306:808-9. (27 March.)

Correction

Sudden infant death syndrome

A typesetting error occurred in E A Mitchell and D M O Becroft's letter on the sudden infant death syndrome (10 April, p 1000). The first sentence of the second paragraph should read: "There is no evidence that Maoris have a primary deficiency in bronchial musculature."