

# Analysis of the hospital experience completed by general practitioner trainees in 1984–87

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**SUMMARY.** This report gives details of the hospital experience undertaken by doctors who have completed vocational training for general practice and is based on the information presented by applicants for the certificate of the Joint Committee on Postgraduate Training for General Practice.

## Introduction

SINCE 1981 the Joint Committee on Postgraduate Training for General Practice has been the body prescribed by the National Health Service vocational training regulations of 1979 to issue certificates to enable doctors to enter NHS general practice. The regulations require a doctor to complete not less than six months whole time employment, or its equivalent, in two of the following specialties: general medicine; geriatric medicine; paediatrics; psychiatry; one of accident and emergency medicine or general surgery; one of obstetrics, gynaecology, or obstetrics and gynaecology. In addition a doctor must complete 12 months or its equivalent as a trainee in general practice.

This report is based on details of doctors' hospital experience that have been considered by the joint committee. The information relates only to the hospital posts prescribed in the vocational training regulations, and only to information that has been presented by applicants for the purposes of certification. Some doctors will have additional experience which they have not submitted for certification purposes. The proportion of applicants who have excluded posts surplus to certification requirements is difficult to estimate but it should be emphasized that the figures presented here represent the minimum proportion of applicants who have acquired experience in the various specialties.

## Findings

An analysis of the hospital experience accepted by the joint committee for doctors who have been issued with a certificate of prescribed or equivalent experience in the years 1984 to 1987 is given in Table 1. These statistics demonstrate that in 1987 approximately two thirds of the doctors who gained a JCPTGP certificate had experience in obstetrics and/or gynaecology and two thirds had experience in accident and emergency medicine and/or general surgery. The next most common specialty was paediatrics — almost 60% of doctors had experience in this. Apart from paediatrics, there has been a slight increase in the proportion of doctors with experience in the prescribed specialties over the period 1984 to 1987. The total number of certificates issued has risen from 1873 in 1984 to 2239 in 1987 but the number of certificates for equivalent experience as defined by the vocational training regulations has fallen, from one in four in 1984 to one in 10 in 1987 (Table 2).

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**Table 1.** Percentage of certificates issued to doctors with experience in the prescribed specialties.

	Percentage of certificates issued			
	1984 (n = 1873)	1985 (n = 2031)	1986 (n = 2183)	1987 (n = 2239)
General medicine	44.2	41.6	44.5	45.8
Geriatric medicine	34.1	37.4	37.7	39.2
Paediatrics	58.8	55.6	57.2	58.1
Psychiatry	35.3	36.1	37.9	40.5
Accident and emergency/ surgery	58.8	59.9	66.6	67.3
Obstetrics and/or gynaecology	59.6	62.5	66.5	66.5

n = total number of certificates issued.

**Table 2.** Percentage of certificates issued to doctors with prescribed and equivalent experience.

	Percentage of certificates issued			
	1984 (n = 1873)	1985 (n = 2031)	1986 (n = 2183)	1987 (n = 2239)
Prescribed experience	75.5	74.5	83.9	90.0
Equivalent experience	24.5	25.5	16.1	10.0

n = total number of certificates issued.

## Discussion

This is the first time that the joint committee has published details of the hospital experience of doctors on completion of vocational training for general practice. The figures presented have important implications for the future planning of vocational training, particularly at a time when the manpower requirements of the NHS are under review.<sup>1</sup> The effects on vocational training for general practice of the implementation of the government's policies as presented in *Achieving a balance*<sup>1</sup> have yet to be determined. The joint committee is concerned that in the future it should not become more difficult for intending general practitioners to obtain training in good quality hospital posts offering a broad range of experience. A decrease in the numbers of registrar posts and an increase in the number of pre-planned senior house officer rotations for those whose career intentions are in hospital specialties could make it more difficult for future general practitioners to obtain experience in the specialties prescribed in the vocational training regulations.

Analysis of applicants' hospital experience highlights a number of important issues. A third of trainees have no experience in obstetrics and/or gynaecology, and 40% are without experience in paediatrics. These figures are somewhat higher than those presented at the fourth national trainee conference<sup>2</sup> which reported that at least 7% of trainees who wanted experience in obstetrics were unable to find posts and for paediatrics the figure was at least 14%. There is anecdotal evidence from trainees that these difficulties persist. The reason is difficult to understand since repeated reviews of the senior house officer posts available in England and Wales by the Council for Postgraduate Medical Education<sup>3</sup> have demonstrated that there should be sufficient

posts to meet the training requirements of those whose future career intentions are in general practice and in hospital specialties. One factor contributing to the difficulty may be that a proportion of doctors stay in senior house officer posts for longer than two years, and this proportion is likely to increase as the proposals in *Achieving a balance*<sup>1</sup> are implemented.

The joint committee is concerned that no efficient planning mechanism exists to ensure the proper distribution and mix of hospital training posts to meet the needs of all future general practitioners and hospital specialists. Decisions on medical manpower requirements must take account of educational requirements and must not be based solely on service needs. The tendency for service needs to take priority is shortsighted since future high standards of practice depend directly upon the top quality training of today.

### References

1. UK Health Departments, Joint Consultants Committee and Chairmen of Regional Health Authorities Steering Group. *Hospital medical staffing: achieving a balance*. London: UK Health Departments, Joint Consultants Committee and Regional Health Authorities, 1987.
2. Royal College of General Practitioners. *Fourth national trainee conference. Reports, recommendations and questionnaire. Occasional paper 18*. London: RCGP, 1981.
3. Council for Postgraduate Medical Education in England and Wales. *Senior house officer posts in England and Wales*. London: CPME, 1988.

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