General Practice Observed

Vocational Training for General Practice: A Comparison of the Views of Trainees and Teachers

CHRISTOPHER K. DRINKWATER

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Summary

The views of 89 vocational trainees were compared with those of 45 doctors concerned in schemes of vocational training for general practice. Both groups agreed over most points, except on the desirability of compulsory vocational training: 42 of the trainees thought this to be desirable compared with 35 of the teachers.

The composite scheme favoured by both trainees and teachers offered an initial period in general practice together with an organized course of seminars throughout the training period. The subjects in which most considered hospital experience essential were paediatrics, general medicine, and obstetrics and gynaecology.

Introduction

Vocational training schemes for general practice are proliferating rapidly. The Royal College of General Practitioners[1] and the Council for Postgraduate Medical Education[2] have both recommended that all doctors entering general practice should undertake at least three years' training after full registration before appointment as a principal. Such recommendations imply a further rapid growth of vocational training schemes, and this might lead to a deterioration in standards. Hence an evaluation of schemes already in existence could yield important results, and in this survey the opinions which trainees and teachers hold about certain aspects of such schemes have been compared.

Method and Results

A national conference of vocational trainees sponsored by the Royal College of General Practitioners, held in Newcastle upon Tyne from 15 to 16 April 1972, was attended by 146 doctors. Of these 92 were trainees and 54 "teachers"—defined as general practice teachers or observers from the Royal College of General Practitioners and bodies such as the Department of Health and the B.M.A. All were asked to complete a questionnaire; 89 (96·7%) of the trainees and 45 (83·3%) of the teachers did so. The replies were transferred to punch cards and analysed on the University of Newcastle IBM 360/67 computer, using a standard survey analysis program.

Newcastle upon Tyne
CHRISTOPHER K. DRINKWATER, M.B., B.CHIR., Vocational Trainee

DETAILS OF TRAINEES

Sixty-two (69·7%) of the trainees were doing three-year vocational training schemes, 3 (3·4%) two-year schemes, and 24 (27·0%) one-year trainee assistantships. Fifty-four (60·7%) had had some undergraduate experience of general practice, 33 (37·1%) as a formal part of their undergraduate course and 21 (23·6%) as an elective period. The remaining 35 (39·3%) had had no undergraduate experience of general practice. Sixty-nine (77·5%) of the trainees had spent some time in general practice as postgraduates, while 20 (22·5%) had no postgraduate experience of general practice.

OPINIONS ON VOCATIONAL TRAINING

Hospital Experience.—Paediatrics, general medicine, and obstetrics and gynaecology were regarded as the most important subjects by both trainees and teachers (Table I). Other subjects not included in the list but mentioned by respondents were opthalmology 17, general surgery 4, social medicine 3, and physical medicine 2. Orthopaedics, anaesthetics, oncology, and orodental medicine all gained a single mention.

Practice Year.—The participants were asked when they would prefer to do their general practice year, and whether they would prefer to do work in one or two different practices. (Tables II and III).

Some Organizational Features.—The results of some questions relating to certain organizational aspects of training schemes are shown in Table IV.

Satisfaction with Vocational Training.—Eighty-two (92·1%) of the trainees did not regret joining a training scheme, 1 (1·1%) regretted doing so, and 6 (6·8%) were either undecided or gave no response. The one trainee who regretted joining a scheme

TABLE I—*Desirability of Hospital Experience in a Series of Subjects*

Subject	Trainees				Teachers			
	Essential	Desirable	Unimportant	No Response	Essential	Desirable	Unimportant	No Response
Accident and emergency	22 (24·7%)	47 (52·8%)	20 (22·5%)	—	13 (28·9%)	23 (51·1%)	6 (13·3%)	3 (6·7%)
Dermatology	9 (10·1%)	58 (65·2%)	22 (24·7%)	—	10 (22·2%)	16 (35·6%)	16 (35·6%)	3 (6·7%)
E.N.T.	3 (3·4%)	48 (53·9%)	37 (41·6%)	1 (1·1%)	6 (13·3%)	20 (44·4%)	16 (35·6%)	3 (6·7%)
General medicine	73 (82·0%)	13 (14·6%)	3 (3·4%)	—	38 (84·4%)	5 (11·1%)	—	2 (4·4%)
Geriatrics	22 (24·7%)	55 (61·8%)	11 (12·4%)	1 (1·1%)	16 (35·6%)	26 (57·8%)	1 (2·2%)	2 (4·4%)
Obstetrics and gynaecology	55 (61·8%)	31 (34·8%)	3 (3·4%)	—	27 (60·0%)	13 (28·9%)	2 (4·4%)	3 (6·7%)
Paediatrics	77 (86·5%)	10 (11·2%)	2 (2·2%)	—	34 (75·6%)	9 (20·0%)	—	2 (4·4%)
Psychiatry	31 (34·8%)	49 (55·1%)	9 (10·1%)	—	21 (46·7%)	20 (44·4%)	2 (4·4%)	2 (4·4%)

TABLE IV—*Some Organizational Aspects of Vocational Training Schemes*

Subject	Trainees				Teachers			
	Essential	Desirable	Unimportant	No Response	Essential	Desirable	Unimportant	No Response
Regular meetings with other trainees	67 (75·3%)	18 (20·2%)	2 (2·2%)	2 (2·2%)	35 (77·8%)	8 (17·8%)	1 (2·2%)	1 (2·2%)
Regular teacher/trainee meetings	74 (83·1%)	12 (13·5%)	1 (1·1%)	2 (2·2%)	39 (86·7%)	4 (8·9%)	1 (2·2%)	1 (2·2%)
An elective period	14 (15·7%)	55 (61·8%)	17 (19·1%)	3 (3·4%)	7 (15·6%)	27 (60·0%)	7 (15·6%)	4 (8·9%)
An organized course of seminars throughout vocational training course	64 (71·9%)	21 (23·6%)	2 (2·2%)	2 (2·2%)	30 (66·7%)	13 (28·9%)	1 (2·2%)	1 (2·2%)
Employment by a single authority	38 (42·7%)	36 (40·4%)	13 (14·6%)	2 (2·2%)	15 (33·3%)	19 (42·2%)	9 (20·0%)	2 (4·4%)

TABLE II—*When General Practice Year Preferred*

	Trainees	Teachers
After finishing hospital appointments	16 (18·0%)	2 (4·4%)
Split into two six-month sessions before and after hospital appointments	48 (53·9%)	25 (55·6%)
Other variations:		
More than one year in general practice	12 (13·5%)	5 (11·1%)
Initial period of up to three months in general practice followed by two years' hospital appointments, then a longer period in general practice	8 (8·9%)	8 (17·8%)
A year of general practice in the middle of three years' vocational training	3 (3·4%)	0
No response	2 (2·2%)	5 (11·1%)

TABLE III—*Where General Practice Year Preferred to be Spent*

	Trainees	Teachers
In a single practice	37 (41·6%)	21 (46·7%)
Split into two six-month sessions in different practices	39 (43·8%)	19 (42·2%)
No definite opinion	11 (12·4%)	1 (2·2%)
No response	2 (2·2%)	4 (8·9%)

stated, "The idea is good. In practice the hospital jobs are slave labour. Postgraduate training is non-existent. If I am not to be taught, is it worth sacrificing £5,000." One of those who was undecided stated that "the practice was unsuitable with inadequate premises and there was no clear tailor-made training programme."

Compulsory Vocational Training.—The replies to the question whether compulsory vocational training was desirable for general practice (Table V) showed a considerable divergence between trainees and teachers, statistically significant at the 1% level.

TABLE V—*Compulsory Vocational Training*

	Trainees	Teachers
Yes	42 (47·2%)	35 (77·8%)
No	36 (40·4%)	10 (22·2%)
Indifferent	10 (11·2%)	—
No response	1 (1·1%)	—

Discussion

The doctors in this survey were a self-selected group who gave up a weekend to attend a conference on vocational training. Their ideas may not therefore represent those of most trainees or teachers. Twenty-four of the trainees involved were doing a traditional one-year trainee assistantship. Another 20 had had no postgraduate experience of general practice. Though these facts may have introduced some bias in the answers to some of the questions, there was remarkable uniformity between the views of trainees and teachers except on whether vocational training should be compulsory.

Undergraduate Experience of General Practice.—Thirty-five of the trainees studied had had no undergraduate experience of general practice, and another 21 had experienced it only as part of an elective period. The Royal Commission on Medical Education[3] recommended that every undergraduate medical student should be given an insight into general practice, and it is to be hoped that these recommendations are being implemented. A doctor with no undergraduate experience of general practice commits himself to a vocational training scheme after his preregistration year as an act of faith—hardly the ideal method by which to choose a career.

ASPECTS OF VOCATIONAL TRAINING

Hospital Experience.—The increasing division of general medicine into various subspecialties raises the question of how future trainees are going to obtain a broadly based experience of general medicine in the hospital. The low priority awarded to E.N.T. and dermatology is surprising, implying that the burden of teaching these subjects to trainees should fall upon general practitioners. Though both subjects figure prominently in general practice, it is doubtful whether a trainee during his year in practice would see a sufficiently wide range of disorders, or have the opportunity to learn techniques of examination and treatment.

Practice Year.—The majority of both trainees and teachers favoured a period attached to a general practice at the beginning of a training course. Only a minority of the existing schemes provide this initial attachment, whose value is the orientation of the trainee towards general practice during his hospital years, and the link it creates with his general practice teacher which can continue throughout the course. It would appear that the value of this initial practice period is considered to be more important than the possible disadvantage of not being able to demonstrate continuity of care in disjointed trainee periods. The trainees and teachers were divided on the issue of whether a trainee should spend the whole of his practice year in a single practice, or split into two six-month sessions in different practices. The ways of dealing with problems encountered in general practice vary enormously, depending on individual inclination and local circumstances. Hence trainees should be given as much opportunity as possible to see a variety of practices. How this can be achieved is open to debate, but the results of this survey show that there are grounds for experiment. One solution to these three problems (that of providing an initial practice period, of allowing the trainee to work in more than one practice, and of demonstrating continuity of care) is for 18 months of the three-year period to be spent in general practice. One scheme, Dartford, is at present organized along these lines.

Some Organizational Aspects.—Regular meetings with other trainees, regular teacher/trainee meetings, and an organized course of seminars throughout the vocational training scheme were thought to be essential by most trainees and teachers. Apart from the educational benefits of an organized course of seminars, this suggests that the establishment of cohesive groups is an important objective of a training scheme. The Royal College of General Practitioners has stated[4] that the arrangement whereby a trainee is paid by the hospital management committee when in a hospital appointment and by an executive council through the practice during his practice year is cumbersome. This is especially so when a trainee works for several management committees. Most trainees and teachers regarded employment by a single authority to be either essential or desirable. The reorganization of the health services could make this objective possible.

Satisfaction with Vocational Training.—Only one trainee regretted joining a training scheme. This is hardly surprising

from the nature of the self-selected group which was surveyed. Most schemes have probably had their share of resignations. The view expressed by the two trainees already quoted cover three important areas where there is probably more widespread dissatisfaction. Firstly, the anachronism whereby a trainee is financially penalized in comparison with his colleague who goes straight into general practice at registration. Secondly, the general problem of reconciling service and educational needs in hospital posts, which relates to the more specific problem of how far hospital posts should be orientated towards general practice. The third area is the quality of the trainee year. The first of these points has been dealt with by the recent report of the Review Body,[5] and the increase in the vocational training allowance to £400 a year should help to reduce the financial disincentives of vocational training. The second is a complex problem which requires further investigation. The third point has been highlighted by two recent publications. Irvine[6] has shown that teaching practices vary greatly in standards. The report from the Council of the Royal College of General Practitioners,[7] which proposes criteria for the selection of teachers, should help to alter this situation.

Desirability of Compulsory Vocational Training.—This was the only question on which there was a considerable difference of opinion between trainees and teachers. The reasons why 36 of the trainees regarded compulsory vocational training to be undesirable need further investigation. Compulsion would produce serious strains on the supply of teaching practices with a possible fall in standards, but whether objections were based on this factor, or on an antipathy to compulsion in general, is unknown.

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Therapeutic Conferences

Diabetes Mellitus—Elective Operation and Use of Insulins

FROM THE DEPARTMENT OF THERAPEUTICS AND CLINICAL PHARMACOLOGY, UNIVERSITY OF ABERDEEN

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DR. J. C. PETRIE: We have already discussed the management of acute insulin insufficiency with soluble insulin. Soluble insulin is acidic but recently neutral insulins have been introduced.

DR. J. M. STOWERS: Two are available. One, Nusol, is made mainly from beef pancreas and the other, Actrapid, only from pig pancreas. Both tend to produce less local reaction at the injection site than ordinary soluble insulin and they act a little more quickly. The pig neutral soluble insulin is less antigenic and may have more hypoglycaemic potency than the beef type in diabetics long treated with beef insulin. In a new diabetic there is no strong indication to use one of the neutral soluble insulins. Before long, monocomponent insulin, which is virtually non-antigenic, may become widely available.

DR. R. A. WOOD: The pig insulin has only one amino-acid difference from human insulin, while the beef insulin has three amino-acids different.

There is less antibody formation to pig insulins and so when changes are made from beef to pig insulin one may need to reduce the dose of insulin.

Appointments of Speakers
J. C. PETRIE, M.B., M.R.C.P., Senior Lecturer
J. M. STOWERS, M.D., F.R.C.P., Consultant Physician
R. A. WOOD, B.SC., M.R.C.P.ED., Lecturer

Insulin-dependent Diabetes Mellitus—Surgery

HOUSE PHYSICIAN: This 46-year-old diabetic woman has been admitted for an elective cholecystectomy. Her general condition is good and she is fit for anaesthesia. She has been on a sliding scale of Lente insulin, 42-48 units daily, controlled by reverse urine testing and a single dose taken about half an hour before breakfast.

DR. STOWERS: Lente insulin has been used from the start in this patient as initially she was doubtless still secreting some insulin herself. Such diabetics may get good overall control of the blood sugar level but this is increasingly unlikely as the insulin requirement exceeds about 60 units a day. Both components of Lente insulin are in particulate form and start to act relatively slowly so that it is often difficult to prevent hyperglycaemia in the middle of the morning.

DR. PETRIE: Lente insulin is made up of a mixture of Semilente and Ultralente in a proportion of 3 to 7, but it has been suggested that in selected patients the insulins may be mixed in the syringe in varying proportions to obtain a hypoglycaemic effect at desired times. The standard Lente insulin is given once a day.

DR. STOWERS: I prefer to use the available insulins and not to make the management of insulin therapy any more complicated by fiddling with insulins in syringes. If a quicker action were required I would use Biphasic Insulin *B.P.* (Rapitard)—a mixture of neutral soluble and crystalline insulins.