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Swan song of the CPME in England and Wales

CONDEMNED as ineffective, the Council for Postgraduate Medical Education in England and Wales expired on 30 June 1988. This event should not pass unmarked for the council's parting shots, like those of the patient at the consulting room door, were important statements. In December 1987 it published three reports that deserve attention. One was on the problems of the senior house officer grade, another on the provision of experience in general practice for intending hospital specialists and a third presented proposals for a district medical education structure.[1-3] These came at a significant time, soon after recommendations on the training of specialists from the Education Committee of the General Medical Council (GMC)[4] and the Department of Health and Social Security's (DHSS) plan for hospital medical staffing, *Achieving a balance.*[5]

Problems of the senior house officer grade

The report on the senior house officer grade[1] came from a working party of the advisory committee of deans set up to identify the career, manpower and training problems experienced by doctors at this stage of training. The recurring theme of the report was concern at the imbalance between service commitments and education. This is weighted to such an extent towards service obligations that senior house officers are contracted on average to work 86 hours per week with less than two hours devoted to formal educational activities. Furthermore, the pattern of work in the senior house officer grade inhibits learning. Long hours working and on-call lead to sleep deprivation, which affects an individual's efficiency both for service work and for training — a point highlighted recently by Kiff and Sykes.[6]

The Council for Postgraduate Medical Education report recommended that the DHSS together with the profession should undertake a detailed study of the working week of the senior house officer with a view to establishing a proper balance between service and education. Such a review is long overdue if young doctors are to be able to make best use of the learning opportunities afforded by work in the senior house officer grade, and if the quality of their care for patients is to remain unimpaired.

The working party welcomed the multidisciplinary rotations in hospital specialties that have been developed for general practitioner trainees. It recommended that such arrangements should be made for all senior house officers to allow structured educational programmes to be established and a broad base to be provided for the early training of all doctors. Protected time for learning could then be organized and half-day release courses developed for all senior house officers as well as those training for general practice. Such provision for all might ease the problem of service pressures and consultants' attitudes that make it difficult for general practitioner trainees to attend half-day release courses — a problem that was recognized by the working party.

Some senior house officers experience difficulties in obtaining study leave, and even time for holidays; the problem of finding locums is often given as a reason for this. The working party recommended that the numbers of senior house officers in certain specialties should be adjusted to provide holiday and study leave cover from within established rotations. The cost savings here could be considerable since the cost of an agency locum at senior house officer level is three times as great as that of a substantive employee — it approaches the cost of a full-time consultant with a grade A distinction award.

The tenure of senior house officer posts should depend on training needs and not on service requirements; no doctor should spend more than three years at this grade. Those who have been in post for longer than this should be interviewed by the regional postgraduate dean to determine why such a block in career has arisen and how it might be circumvented. The working party supports a more active approach to teaching senior house officers and endorses the GMC's recommendation that every senior house officer should have a named person as educational supervisor to provide the continuous assessment of progress and help when necessary. The report recommended that colleges and faculties should explore possible methods for training senior registrars and consultants as teachers, in the same way that general practitioners are expected to prepare for their responsibilities as trainers.

Experience in general practice for hospital doctors

There has been widespread support for the council's suggestion[2] that experience in general practice would be worthwhile for doctors who intend making their careers in a hospital specialty. Support has come particularly from those working in disciplines with a large psychosocial component such as psychiatry, geriatrics and paediatrics. However, concern has been expressed that such an arrangement might lengthen even further a doctor's training for a hospital specialty and there is agreement that attachment should not be mandatory.

Experience in general practice would be best acquired as part of basic specialist training, ideally after at least one year as senior house officer, rather than during higher training. It would fit best as part of a multi-specialty rotation and should last for between four and six months. The practices chosen for such attachments should be recognized for teaching purposes and the most convenient arrangement would be to use doctors who have already been appointed by regional general practice subcommittees as trainers for vocational training.

The greatest obstacle to the development of such a scheme is finance. Hospital authorities may be reluctant to pay for the secondment of hospital doctors to general practice. Although there is no legal bar to any registered doctor working as a general practitioner trainee, the funds used to support the trainee scheme come from the general medical services pool and it could be regarded as improper to use them in the training of doctors who would not eventually become National Health Service general practitioners.

The obvious way forward is to conduct pilot schemes to determine the value of such arrangements. One has been set up in the south west Thames region and others are planned for Wessex and East Anglia. The Council for Postgraduate Medical Education has suggested that there should be four such trainees in each region and that evaluation should include assessment reports from the general practitioner trainer, the hospital educational supervisor and from the trainee involved. It seems that the profession is ready and willing to experiment in this way with the training of future hospital specialists. The DHSS too must respond to a challenge which would not only provide a broader based training for future hospital specialists but also have important benefits in terms of quality of patient care if a clearer understanding of each other's responsibilities led to better relationships between general practitioners and hospital doctors.

District medical education structure

The third paper from the council[3] presented a model for the organization of postgraduate medical education at district level; one based on a district medical education committee. This structure has been criticized by many general practitioners for its prescriptive approach and its concentration on the needs of junior hospital doctors at the expense of the equally important continuing education of consultants and general practitioners.

Undoubtedly there is a need for some sort of structure for postgraduate education at district level. In *The front line of the health service* the College presented its proposals for a national network of district tutors with responsibility for continuing medical education in parallel with vocational training course organizers.[7] Any district arrangement, however, must involve general practitioners in the management and running of postgraduate centres and their programmes, with proper representation in terms of numbers and interests, if the needs of general practitioner principals and trainees are to be fully met.

On its demise, the Council for Postgraduate Medical Education for England and Wales has left an important list of unfinished business. The standing committee on postgraduate education that is its successor must pursue these initiatives with vigour. All are important but at the top of the list for action must surely come the problems experienced by young doctors working in the senior house officer grade. The difficulties highlighted by the council's working party are not new and have been known for many years. The profession cannot continue to turn a blind eye to the working conditions of young doctors, and to their effect on the standards of patient care and the morale of junior hospital staff,[8] some of whom are beginning to regret that they ever embarked upon a career in medicine.[9]

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General practitioner workload: research and policy

HOW do general practitioners spend their time at work? In the past year two surveys sponsored by the Department of Health and Social Security (DHSS) have sought answers to this question. The first study[1] was undertaken by the department itself in cooperation with the General Medical Services (GMS) Committee. Two thousand one hundred general practitioners