General Practice Observed

Vocational Training for General Practice: A Preliminary Report

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Summary

A three-year experimental postgraduate course in vocational training for general practice has been set up in north-east England. The first and last six-month periods are spent in general practice and the remainder in senior house-officer appointments. In general, supply now seems to equal demand for such courses, but greater incentives are needed to encourage applicants other than those who would prepare themselves for general practice in any case.

Introduction

Most doctors now agree that the future of general practice depends fundamentally on a period of defined, and preferably rigorous, professional training for new entrants. Over 20 years ago undergraduate medical education alone was thought to be inadequate preparation for family medicine; thus as a result of the Spens report of 1946 the trainee general practitioner scheme came into being. This scheme was popular for a while, with over 400 trainees in post in 1957 (its best year), and led to combined general and hospital practice courses, as at Inverness, Wessex, and Durham. In recent years, however, fewer recruits have been attracted to the scheme, as entry to practice has become less competitive, early or immediate partnership being the general rule.

The case for vocational training has been championed energetically by the Royal College of General Practitioners (1965, 1966, 1967), firmly recommended by the Royal Commission on Medical Education (1968), and endorsed as policy by the Conference of Local Medical Committees (1970). As a result of this, and of discussions about vocational or specialist registration, several experimental courses have been set up throughout Britain. This paper describes the first year of a course of this type in north-east England.

Organization

The course was initiated by a subcommittee of the regional postgraduate organization, which consists of representatives of the university, local medical committee, Royal College of General Practitioners, and regional hospital board. A vital feature in getting the course off the ground has been the whole-hearted collaboration between the many organizations and people concerned. The day-to-day administration of the course is done by the university department of family and community medicine, and weekly meetings of the training group are held in the medical school.

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COURSE

The course is designed to prepare the trainee for the Membership examination of the Royal College of General Practitioners and the examinations for diplomas in child health and obstetrics. It lasts for a total of three years and is made up of six six-month periods. The first and last of these are spent in general practice, and the intermediate ones in four senior house-officer hospital posts in subjects related to general practice; in the first year these have been medicine, paediatrics, obstetrics, geriatrics, and either accident surgery with emergency medicine or psychiatry.

Introducing the young doctor early to general practice is fundamental, both in confirming his choice of career and in showing him which parts of his subsequent hospital training have the greatest bearing on general practice. Two continuous years in hospital may well not be the ideal preparation for general practice, but our first attempts to create joint hospital/general practice posts were frustrated, since the former had to be "in service" rather than supernumerary. Instead the course has been anchored firmly to general practice by weekly half-day seminars attended by both teachers and trainees.

Establishing the course was possible only through the generosity of the group of consultants who allocated their senior house-officer posts to the scheme and the enthusiasm of the local medical committees, who agreed to divide the normal training year and to confirm appointments recommended by the course committee.

TEACHERS

From our five years' experience of teaching family and community medicine to undergraduates (Walker and Barnes, 1966; Smith and Walker, 1968) we were convinced that successful vocational training would depend largely on the ability and enthusiasm of the teachers. Hence it was crucial to make a wise choice of teachers. The executive councils circulated the proposals for the course and invited interested doctors to complete a detailed questionnaire which had been drawn up by the North-east England Faculty of the Royal College of General Practitioners.

The teachers were selected on three criteria: (1) their personal qualities; (2) the practice, including premises, records, staff, equipment, and organization; and (3) the qualities of their partners. As the Royal Commission on Medical Education and the B.M.A. Planning Unit (1970) forecast, future general practice will probably be based on groups of doctors working in suitable buildings with proper diagnostic facilities, adequate ancillary and medically-related staff, and a sound organization. Having talked with our own students and with recent graduates—which confirmed the evidence in the A.S.M.E. study (Royal Commission on Medical Education, 1968, Appendix 19)—we are convinced that intending general practitioners share these views. For this reason doctors who did not have an appointment system and were without adequate secretarial and nursing assistance, or who regularly employed an emergency deputizing service, were not considered as teachers. Because we felt it would be unreasonable to invite young doctors to work in practices we had not seen two general-practitioner members of the committee visited each practice on the short list, when the role of the potential teacher was discussed. Whereas in the trainee general practitioner scheme, in many instances, the trainer has little demand on his time, in ours he has a continuing and time-consuming programme, which includes taking part in weekly seminars and a variety of assessment procedures.

Many general practitioners proved to be interested and we had no difficulty in recruiting enough suitable candidates, two of whom were experienced undergraduate teachers.

TRAINEES

In 1968 we had tried to assess local interest in vocational training for general practice by sending questionnaires to 65 Newcastle graduates completing their preregistration year. Of the 35 who replied 17 were considering general practice as a career, several were committed to short-service commissions in the armed Forces, but four would have definitely entered a course had one begun at that time. Even so, this inquiry stimulated a good deal of interest and told people about the course, so that when we advertised it in 1969 17 local and national candidates applied. Because we had some difficulty in shortlisting the applicants, seven rather than the advertised six appointments were ultimately made. Some of those appointed had excellent academic qualifications and would certainly have gained places in orthodox hospital specialty training programmes.

EVALUATION

Obviously, if an expensive national programme of vocational training is to be justified its value has to be substantiated. For this reason the Department of Health and Social Security is sponsoring several attempts to evaluate some courses being held—in Belfast, Ipswich, Manchester, and Newcastle. Our trainees spent their first three days undergoing intensive evaluation of attitude and knowledge by means of multiple-choice questions, essays, intelligence quotient and attitude assessments, and personality inventories under the direction of the department of general practice of Manchester University. These tests will be repeated at the end of the course and complemented by continuous assessments made by the clinicians to whom each trainee is attached.

To help validate the techniques employed and provide a yardstick for their pupils the teachers, accepting the challenge with enthusiasm, were also examined. We are also going to study the effect of involving the practices in teaching, the extent of teacher/trainee contact, the contribution of trainees to the work of their practices, and the effect of the programme on hospital units concerned. Finally, the financial, administrative, and organizational problems will also be surveyed.

SEMINARS

To provide a focal point for mutual education and further define the content and method of such programmes the training group meets every week in university term time. So far the group has met on over 30 Wednesday afternoons. From initial experiments with content and format we have found that a pattern is evolving in which both teachers and trainees lead in presenting cases or topics for discussion. Frequently colleagues from other specialties and disciplines are invited to contribute, as well as family doctors outside the group who have special interests. One in four of these sessions is designed as a Section 63 course to interest other practitioners and enable the group to pay speakers from other parts of the country and demonstrate its work to a larger audience.

Finance

Fortunately, much of the cost of administration and organization, as well as the experimental programme, has been financed by a research grant from the Department of Health and Social Security, and is based on a university department. There are, however, still certain financial difficulties.

PAYMENT OF TRAINEES

The trainees are paid at the appropriate point on the senior house-officer or trainee-assistant scale. While this is reasonable in the early years, they are at a substantial financial disadvantage compared with their contemporaries who go immediately and vocationally untrained into general practice. Despite the lure of immediate rewards no trainees have yet dropped out, but the vocational training allowance needs to be substantially increased to compensate for this early financial disadvantage.

METHOD OF PAYMENT

One administrative problem is that during the three-year course a trainee may be employed by several authorities—the relevant executive council and two, three, or even four hospital management committees. Clearly, one authority—probably the executive council—should act as agent for the others and simplify an unnecessarily cumbersome arrangement.

PAYMENTS OF TRAINERS

Though the matter is less urgent for us, it is of great relevance to the expansion of national vocational training that teachers must be paid adequately for the work they undertake. Those concerned in the north-east receive the usual training grant, which does little more than cover out-of-pocket expenses. Only when the practitioner is the principal speaker at half-day release programmes does he receive a lecture fee. Yet from our year's experience teaching involves at least the equivalent of one half-day session per week outside the practice, as well as time spent with the trainee in discussing his work within the practice and in preparing material for seminars and other meetings. Some practices have taken on extra ancillary staff, altered or extended their buildings, or purchased additional equipment. In scattered geographical areas both trainer and trainee cover a substantial mileage, and so special travelling expenses are necessary.

HOUSING

Most of the trainees are married and the majority have chosen to buy houses which are conveniently situated for both

their training practices and their hospital posts. But for the others difficulties have arisen. Hospital houses which are available for a three-year period are hard to find despite the helpful attitude of hospital management committees. Thus we feel some central initiative leading to the more realistic financing of a housing policy is necessary.

The Future

Now at the beginning of our second year, we have appointed eight trainees to the Newcastle-based scheme and three to an extension on Teesside. This year the applicants did not exceed the vacancies, probably because new vocational schemes in other centres have increased supply to a point where it satisfies demand. It suggests that vocational training for general practice is likely, under present conditions, to be undertaken only by enthusiasts who would prepare themselves by relevant hospital appointments in any case. It is the others, those who drift unprepared into general practice, who most need vocational training and for whom financial incentive to undertake it may be needed.

Apart from realistic financial backing the success of a national programme depends on local organizers. There is no shortage of suitable training practices—many first-rate general practitioners offered their services when we extended our scheme to Teesside—but the appointment of an active and authoritative local organizer is essential. In Newcastle planning and administration was done by an already established department of family and community medicine, but extension to Teesside would have been impossible without the initiative, personal contacts, and local knowledge of a local general practitioner.

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Unheard Voices

The Physiologist

FROM A SPECIAL CORRESPONDENT

"What irritates me," said Withbach, "is the reaction of contemporaries I meet when they find I am in academic research. They seem to regard it as an intellectually self-indulgent career with few responsibilities and unlimited vacations. Yet last year a survey of the working week of university staff showed that in my department the average was 70-80 hours. I have done a full-time job in terms of teaching and administration before I begin my research work."

Certainly many doctors might envy the surroundings in which Withbach worked. The university laboratory was within walking distance of the quiet, attractive rooms he used for tutorials in his Oxbridge college. He readily agreed that he was paid better than his contemporaries at newer universities—but the traditional teaching system made heavy demands. He supervised ten undergraduates in their preclinical studies and also gave lectures in the department, and since he did not believe in group tuition he found that about 20 hours a week were taken up with teaching. He did not resent this—in fact he enjoyed teaching and thought it an essential part of his job.

Medical Degrees and Teachers

Withbach had obtained his doctorate and done a post-doctoral year in America before he returned to England to complete his clinical training. He had already decided he was going to be a preclinical scientist, but he thought a knowledge of clinical medicine necessary to teach medical students. Some at least of the teaching staff should be able to understand and explain the relevance of their work to clinical medicine, he said, though not all of his colleagues were medically qualified, nor did he think they all should be. Unfortunately this added another factor to the current controversy about pay for medical teachers. There was some resentment about the use of "clinical responsibility" as a criterion for deciding salary scales. "I know so-called lecturers in surgery whose clinical responsibility is limited to their rats," he told me; "but for myself I should be most unhappy if I was paid more than my non-medically qualified colleagues doing the same job. I can see no easy solution to this dilemma; someone gets a poor deal."

Should all teachers do research? I asked. Withbach considered. In most preclinical departments he thought they should—perhaps it was not essential for, say, topographical anatomy. "Teaching preclinical medicine is more than inculcating an approximation of where the major organs are and how they work," he went on. "This is the time to introduce concepts of scientific method and to show students the way to set about the solution of problems in the biological sciences." Recently an attempt had been made to reform the medical schools undergraduate curriculum; it had run into trouble because each department jealously insisted on its traditional share of the time available. Here was a field in which much more progress was needed. As more doctors seemed to do research each year (whether or not they had any burning wish to do so) it became increasingly clear that few had the necessary grounding in scientific method. "The standards of research done in some clinical departments are very low," he told me, basing this on his work as an expert assessor for scientific journals. "So much of it is wasted time and effort—the study designed incorrectly to start with cannot give satisfactory answers."

Too Old at 30?

Did he have any doubts about an academic career? What about the theory that most good research was done before the age of 30? Withbach was not at all disconcerted. Firstly, he pointed out, in many fields such as mathematics it was commonplace for men to continue producing original work all