LETTERS

Improving preregistration training

SIR,—The decrease in hours and increase in education during the preregistration year proposed by Peter Richards are in my opinion long overdue.[1] However, some points are worth highlighting.

It is essential that the two year educational programme should be common to all specialties as the purpose of the programme is to provide a basic medical education for all doctors. It should be integrated with the basic undergraduate curriculum, particularly if the proposals of the General Medical Council's consultative document[2] are adopted.

Richards's proposal that it may be possible to shorten the undergraduate course may have implications for general practice. As a tutor for Cambridge undergraduates, who have a short clinical course of two years and three months, I have experienced the difficulties which medical schools have in allocating time to general practice within such a course.[3] This is despite the fact that general practice deals with 90% of the contacts between the population and the health service[4] and will become the eventual career destination of 63% of those who qualify.[5]

Richards notes that some of the smaller hospitals may have to use senior house officers in the front line of the service as they will not be able to provide the educational programme essential for preregistration training of house officers. These doctors will then suffer the same lack of educational time and overlong hours as current preregistration house officers at a time in their careers when they will need to be studying towards membership or fellowship.

These laudable proposals should be seen as a first step on the road to a more integrated view of continuing education in medicine rather than the finishing touches to basic undergraduate education. This would enable some of the criticisms to be overcome.

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1 Richards P. Educational improvement of the preregistration period of general clinical training. *BMJ* 1992;**304**:625-7. (7 March.)
2 General Medical Council. *Undergraduate medical education—consultation document sent to deans of medical schools May 1991.* London: GMC, 1991.
3 Oswald N, Roland M. *Teaching in general practice: a teachers' handbook.* Cambridge: Cambridge University School of Clinical Medicine, 1990.
4 Secretaries of State for Social Services, Wales, Northern Ireland, and Scotland. *Primary health care—an agenda for discussion.* London: HMSO 1986. (Cmnd 9771.)
5 Department of Health, Medical Manpower and Education Division. Medical and dental staffing prospects in the NHS in England and Wales 1989. *Health Trends* 1990;**22**:96-103.

SIR,—Peter Richards believes that extending the preregistration year would improve practical supervision and education.[1] This is important, but is it compatible with reducing hours? And is the proposed supervision adequate? The core of the proposal is job sharing with readily available practical supervision. Readily available supervision cannot be reconciled with reducing hours. There would inevitably be periods when a doctor with six months less undergraduate training than at present would be performing the same duties with the same supervision as at present. Patients deserve better care than this at night. Being supervised by somebody with, at best, no more experience than at present (half the experience twice the time yields the same final experience) does not improve quality of care. The convictions for manslaughter cited were of a senior house officer supervising a preregistration house officer, the senior house officer having had more training than the proposed second year preregistration house officer.[2]

To employ twice as many doctors without increasing the wages bill would be difficult. Current pay rates mean that cutting a preregistration house officer's hours by one third from 80 to 53 cuts wages by only 22%. Either extra resources or considerably less pay would be required. Given the number of inappropriate duties that preregistration house officers currently perform, no one would employ ancillary staff to perform these duties if a first year preregistration house officer cost less. I do not think Richards proposes a "dogsbody" year, but internships elsewhere in the world have tended to become just this.

The educational aims are laudable. It surprises people to learn that the preregistration year is supposed to have an educational content; my recently qualified colleagues do not recognise this aspect. An integrated post-qualification educational course would require preregistration house officers to spend longer in one hospital. This would provide greater continuity and encourage hospitals to improve accommodation and other facilities, but it would place considerable strain on medical students, who still perceive teaching hospital patronage to be important. A reduction in student numbers by internal linking would increase the pressure to obtain teaching hospital posts.

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1 Richards P. Educational improvement of the preregistration period of general clinical training. *BMJ* 1992;**304**:625-7. (7 March.)
2 Dyer C. Manslaughter convictions for making mistakes. *BMJ* 1991;**303**:1218.

SIR,—Having recently made a study of the preregistration year,[1] I wish to make two points about the reforms suggested by Peter Richards.[2]

Firstly, Richards implies that the current situation, in which newly qualified doctors are the frontline primary clinicians in many acute wards, is acceptable. It is not. These doctors often lack training in the most basic skills and procedures required, and their competence is rarely assessed by direct observations. Richards suggests that, with some training, these doctors should double up with final year undergraduates, for whom they would act as proxy consultants, providing advice and supervision. This will not resolve the problems of inappropriate mix of clinical skills in many wards.

Secondly, Richards's arguments for extending the preregistration year are reminiscent of those made for the somewhat similar recommendations of the Merrison report.[3] The Merrison report, however, pointed to the crucial importance of developing effective organisational infrastructures to support university basic medical education outside the main university teaching centres. In the subsequent 17 years there has been little progress in this. Perhaps Richards's paper will now stimulate an examination of suitable models for educational organisation at this level—for example, the model of vocational training in general practice with its trained and approved trainers working in an educational programme coordinated and monitored through local and regional networks of tutors and advisers directed by the postgraduate dean. Postgraduate clinical tutors could be key leaders of such developments, but they would need considerable support to extend this aspect of their work.

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1 Dowling S, Barrett S. *Doctors in the making. The experience of the pre-registration year.* Bristol University: SAUS Publications, 1991.
2 Richards P. Educational improvement of the preregistration period of general clinical training. *BMJ* 1992;**304**:625-7. (7 March.)
3 Committee of Inquiry into the Regulation of the Medical Profession. *Report.* London: HMSO, 1975. (Cmnd 6018.)

SIR,—We support Peter Richards's suggestion that the preregistration period of general clinical training should be radically restructured.[1] The list of problems associated with the present system is long but includes the intensity of the work; inappropriate tasks; the sudden imposition of responsibility; the long hours; the transient nature of the attachments, leading to a feeling of not belonging to a unit; and difficulties with relationships with other members of the hierarchy, particularly consultants, who are themselves frequently overstretched. Poor accommodation and catering add further unhappiness.

The stress engendered is well known both from personal experience of being responsible for the wellbeing of house officers and from studies such as that of Firth-Cozens.[2] We believe that although the changes currently being encouraged—reducing hours, employing support staff, and having named educational supervisors—will ameliorate the lot of the hapless house officer, major difficulties will remain. It is unlikely that anyone would reinvent the preregistration year, even in an improved form, as an introduction to a lifetime in medicine today. Indeed, we believe that anyone given the opportunity to think afresh about this most important transition period in a young doctor's career would come up with a proposal closely resembling that of Richards.

We have discussed similar schemes with house officers, and their initial reaction has usually been to reject a two year period as prolonging the pain, but after explanation and thought several have recognised the possible advantages. These are mainly the reduction of stress and improvement in the educational value of a longer, far less intensive period of training. We are therefore saddened (but not altogether surprised) that the initial reaction of the Junior Doctors Committee was to reject the proposal.[3] We congratulate the council of deans in the United Kingdom on their suggested scheme. It deserves a widespread welcome.

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