THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

Report on

THE IMPLEMENTATION OF VOCATIONAL TRAINING

CONTENTS

FOREWORD

In July 1964, the Council of the Royal College of General Practitioners set up a working party with the following terms of reference:

"To investigate how the College can organize, and help others to organize, vocational training for general practice from the date of qualification".

The first report, published in October 1964, defined the minimum time required for training a general practitioner and outlined the broad principles of a systematic course of vocational training.

The second report, published in 1965, was concerned with the detailed planning of this course of training.

The present report considers the implementation of these plans.

J. P. HORDER, *Chairman*
I. R. MCWHINNEY, *Honorary secretary*
P. S. BYRNE, *O.B.E.*
A. B. GILMOUR
VALERIE GRAVES, *O.B.E.*
G. K. H. HODGKIN
J. H. HUNT
W. H. HYLTON
L. LAMONT
M. B. LENNARD
H. N. LEVITT, *O.B.E.*
W. J. H. LORD
J. MCKNIGHT
J. S. SCOBBIE
G. SWIFT
M. J. WHITFIELD

I

INTRODUCTION

THE PLAN which this College put forward in 1965[2] was based on a four-year programme after registration: two years in hospital posts and two years as a registrar* in training practices. Recommendations were made about the content of training, the most suitable hospital posts and the organization of special courses. Since this report was published there have been new developments both in thinking and in practical achievements. The purpose of the present report is to describe the new developments and to make further recommendations on the implementation of vocational training.

The idea of vocational training for general practice is not new. It was implicit in Mackenzie's book *The future of medicine* (1919). The Spens report suggested it in 1946, and this led to the formation of the Trainee Practitioner Scheme in 1948. But it was not until 1950 that the concept was first set out in detail in the British Medical Association's report, *General practice and the training of the general practitioner*[3]—the work of a committee under the chairmanship of Lord Cohen of Birkenhead. Very little action followed this report. The Tavistock Clinic seminars for general practitioners started in 1950; a training scheme started in Inverness in 1952, and in Wessex in 1959; but no general programme of training developed.

The College's 1965 report found a more receptive climate of opinion. The time was ripe for new developments in vocational training. The reform of the undergraduate curriculum, and the recognition of the special role of the general practitioner, had both made special preparation for general practice inevitable.

In only one respect was the time wrong. In contrast to the situation in the early 1950's, there was now a serious shortage of doctors. Criticism of the report was levelled mainly at the total length of the programme and at the probability that this would delay the entry of a large number of young doctors into general practice. Council believes that to compromise on these principles in the interests of expediency would be to lay up trouble for the

*In this report, the term 'registrar' replaces the term 'trainee', in accordance with the recommendations of our previous report.

future. The best hope for the future of medicine in this country lies in improving the quality of general practice. If the necessary measures are delayed, the crisis in general practice will only be prolonged, to the detriment of medicine as a whole. These views have received strong support in the recent report of the Nuffield Provincial Hospitals Trust.[4]

The object of the undergraduate curriculum is no longer to produce an all-round doctor with a little experience of every branch of medicine. It is rather to turn out a basic doctor, educated in scientific method, trained in problem solving, and grounded in the physical and social sciences of medicine.

The object of vocational training is to build on this general foundation a superstructure of knowledge, skills and attitudes which will be needed in the chosen vocation. In some cases, vocational training will have to fill gaps left by undergraduate training. These may be due to personal factors in the individual student, to a temporary situation in a single medical school, or to the time interval between an advance in thought and its incorporation in the curriculum.

The objectives of vocational training for general practice are: to develop the special diagnostic skills required in primary care, to enlarge the doctor's knowledge and experience of clinical medicine in all age groups, and to deepen his understanding of man as a social being. These objectives will be discussed in more detail later in this report. Besides enlarging the doctor's knowledge and skills, vocational training must also inculcate those attitudes which are the hallmark of the general practitioner: an interest in people which transcends the diseases from which they suffer, and an understanding of man in relation to his family and society.

II

THE CONTENT OF TRAINING FOR GENERAL PRACTICE

OUR PREVIOUS recommendations on the preregistration year remain unchanged. The other four years can be organized in many different ways to suit the individual registrar or to use the resources

available in a particular area. We propose here to outline the objectives of each part of the course and to suggest minimum requirements in each subject.

General medicine

Objectives:

1. To gain an intensive experience of clinical medicine.
2. To develop the mental discipline required for solving clinical problems.

A large part of a general practitioner's time is spent in solving clinical problems. He should, therefore, be a skilled diagnostician, with a thorough knowledge of general medicine. His skill in this resembles that of the specialist in internal medicine, although there are some important differences. The general practitioner has to apply his skill to a wider range of clinical problems, he is less concerned with specialized diagnostic techniques, and he makes more use of epidemiological knowledge and of behavioural and sociological insights.

In our last report we said that general medicine was so important as to merit six months hospital experience after registration. Further reflection has convinced us that at least one year at senior house officer or registrar level is necessary. But this year may include time spent in paediatrics, geriatrics, or any of the subdivisions of internal medicine (see below for the minimum requirement in paediatrics).

These skills will continue to be developed during the two years of general-practice training. In these years, also, the doctor will learn to weave a knowledge of human behaviour, epidemiology and sociology into the fabric of clinical diagnosis. Both in hospital and in general practice, the method of teaching will be the same: practice and study under the guidance of a master who, while supervising his work, can at the same time stimulate his curiosity and develop his insight.

Child health and development

Objectives:

1. To learn the normal development of children: physical, emotional and intellectual.
2. To gain experience in the diagnosis and management of the common disorders of childhood.
3. To learn the early diagnosis of those less common disorders which are a serious threat to life and health.

The common disorders can usually be studied best in the teaching practice. For the remainder, we recommend a minimum of three months residency in a general paediatric department, with attendance at the outpatient department and at well-baby clinics. If a resident appointment cannot be arranged, we recommend as an alternative

regular attendance at outpatient and well-baby clinics for a period of six to 12 months. As courses in child development become established, these should become an important part of vocational training.

Psychology and psychiatry

Objectives:

1. To learn the technique of psychiatric interviewing.
2. To gain insight into human behaviour and the doctor-patient relationship.
3. To gain experience in the diagnosis and management of the common psychiatric syndromes.

Much of this insight will develop during the years of practice training. As a foundation, we recommend a minimum of three months residency in a department of psychiatry where there is ample opportunity for outpatient work. If this is not possible, one academic year as a clinical assistant should be spent in a psychiatric clinic. For the more mature and experienced physician a course of seminars on the lines of those at the Tavistock Clinic can develop and deepen the understanding of human behaviour.

Obstetrics

The objectives of training in this subject will depend on whether or not the registrar intends to practise obstetrics. If he does, then six months' residency is the minimum. Even if he does not, he will still need to learn the principles of antenatal care and the initial treatment of obstetric emergencies.

Casualty

Objective:

To become proficient in the initial management of accidents and emergencies, the treatment of minor trauma and the techniques of minor surgery.

Opportunities for casualty work often arise in the preregistration year. If not, this work can be done either in the second and third hospital years or in the practice years. We recommend a programme of regular sessions in a casualty department where supervision and teaching are available.

Special departments

Objectives:

1. To learn techniques of examination and to acquire skill in the use of diagnostic instruments.
2. To learn the early recognition of disorders (e.g. glaucoma) which are seen in special departments.
3. To gain experience of those disorders which can be treated in general practice.

In the special department, the registrar will learn techniques of examination, the use of instruments and the diagnosis of less common

disorders. In his teaching practice he will learn the diagnosis and management of those disorders which are not usually seen in hospital.

We recommend attendance at clinics in gynaecology, ophthalmology, otolaryngology, and dermatology. These may be done as a rotating internship, as concurrent appointments, or as clinical assistantships during the years of practice training.

Epidemiology

A knowledge of the incidence and distribution of disease is essential for the doctor of first contact. Besides playing an important part in diagnosis, it enables him to detect the patient at risk and to recognize the disease-producing situation.

Epidemiology should be taught during the two years of general practice training: the knowledge can be acquired by the study of relevant cases, by reading, and by attending courses. Much of the research work in general practice is done by epidemiological methods. The second year of general practice training is a suitable time for the registrar to carry out a research project of his own. The College's Research Organization would have a useful role to play, both in the provision of research opportunities in research centres and in the guidance of registrars working in linked practices.

Sociology

The general practitioner has to acquire two distinct types of sociological knowledge. He must know how to use the social services, in the same way as he knows how to use drugs for physical illness. Even more important, he should have an insight into the social origins of illness and into social and cultural aspects of human behaviour. Sociology should form an important part of courses on the theoretical background of general practice. During his years of general practice training, the doctor should make a special study of the health problems in his community and of the resources available for dealing with them.

Practice management

A general practitioner's effectiveness depends not only on his clinical skills, but on his efficiency as a practice manager. Practice management will be learned during the years of general practice training, and an opportunity should be provided for the study of a number of representative practices. This subject should also form part of the formal course in general practice.

III

ORGANIZATION

ARRANGEMENTS for the organization of vocational training for general practice must be related to vocational training for other branches of medicine, to the problems of continuing education of general practitioners and to the wider field of postgraduate medical education as a whole. The organization must be sufficiently flexible to allow individuals to embark on specific training for general practice at different stages in their career, or to change from other branches of medicine to general practice. Vocational training must lead smoothly into the continuing education of the established general practitioner. By definition, the 'generality' of the training is bound to require teachers from most branches of medicine and, indeed, from many other disciplines.

The present organization for postgraduate medical education includes in each regional hospital board area a regional postgraduate medical committee. These committees are doing very valuable work in hospital-orientated medical education. Their constitution, duties and methods of working, vary according to the needs of the region concerned. Some of them have no general-practitioner representative.

Responsibility for in-service training for general practice (the trainee scheme) devolves on the local training scheme committee. Though these committees include university representatives, they are entirely independent of any academic organization.

During 1966 two important conferences were held to study the whole field of postgraduate medical education. The first, arranged by the medical committee of vice-chancellors and principals of universities, was attended by deans and postgraduate deans of medical schools. The second, called by the Royal College of Physicians, included representatives of the Royal College of General Practitioners. The success of these conferences owed much to the work of Sir Robert Aitken, and out of them arose a large measure of agreement on the organization required. One immediate result has been the setting up of a national committee on postgraduate medical education on which the Royal College of General Practi-

tioners is represented.

The Council wishes to make the following recommendations on the organization of vocational training for general practice:

1. The main duties of the national committee should be to assess needs in the United Kingdom and study developments in this country and abroad. It should establish a national policy, to be implemented by the universities, colleges, regional hospital boards and departments of health.

2. The present regional postgraduate medical committees should be strengthened and must include representatives of general practice. They should be responsible for ensuring that there is adequate provision for postgraduate education within their region for all branches of medicine. They should take over, on a regional basis, the present duties of the local training scheme committees.

These regional committees may find it convenient to establish subcommittees for each of the major branches of medicine, to carry out detailed business. These subcommittees should include one for general practice on which the local medical committees and faculties of the Royal College of General Practitioners should be represented.

3. In some areas, for instance where the regional hospital board is geographically large, or where medical centres are developing into important postgraduate medical schools, it may be desirable to form area committees which will carry out locally the policy of the regional committee.

4. Each regional postgraduate committee will require an executive officer to implement its policy. In view of the large amount of work involved, he will require help in organizing vocational and postgraduate education for general practitioners. To carry out this task, general practice advisers should be appointed. These appointments would usually be part-time, and would be held by experienced general practitioners who might also be on the staff of university departments of general practice, where these exist. The Nuffield Provincial Hospitals Trust has provided a grant for an experimental period for the appointment of a part-time adviser in the Wessex Region. This is the first appointment of this type.

5. The duties of postgraduate advisers in general practice would include:

(*a*) Acting as the executive officer of the general practice subcommittee of the regional postgraduate committee.

(*b*) Organizing a career advisory and appointment service for graduates who propose to make a career in general practice.

(*c*) Together with the postgraduate dean, designating junior hospital posts suitable as training posts for general practice.

(*d*) The organization of general practice in-service training in the region.

(*e*) Arranging and taking part in organized teaching for the teachers of general practice.

(*f*) Arranging and taking part in organized teaching for registrars in general practice.

(*g*) Co-ordinating and arranging continuing education for established general practitioners by formal courses and attachments to clinical departments.

6. Where area postgraduate committees have been established, it will be necessary to appoint area advisers in general practice. They will have a relationship to the clinical tutors of the medical centres similar to that between the regional adviser in general practice and the postgraduate dean.

IV

THE TRAINEE SCHEME

THE PRESENT trainee scheme is a one-to-one relationship between teacher and pupil. At its best, it can provide an educational experience second to none. Unfortunately, as has been shown in a recent survey,[5] this ideal is not being achieved. The state of isolation in which many general-practitioner teachers work is clearly shown: the great majority did not arrange for their trainees to see other practices and 75 per cent arranged no hospital appointments for them.

The future success of the scheme will depend on the formation of regional teaching units based on postgraduate centres or departments of general practice. Individual units might be modelled on the following basic pattern and could be expanded by increasing the number of teaching practices at a rate to suit the demand:

1. *The centre:* Postgraduate centre in a district hospital or a university department of general practice.

2. *Organizer:* A full-time or part-time appointment under the regional general-practitioner adviser in education.

3. *Teaching practices:* These practices may be either:

(*a*) *Linked:* Where two practices (one urban and one rural) both within easy reach of the registrar's accommodation undertake the supervision of one registrar for nine months and three months respectively. This will give the registrar

extensive experience of two practices and will enable teachers with heavier lists to undertake some teaching. A three-month break from teaching is always beneficial.

(*b*) *Single:* As at present—but the registrar should see, and preferably have some experience in, other practices—as has been arranged in the Wessex scheme.[9] He should be given financial assistance when required to make these visits.

These arrangements will provide abundant opportunities for experiment using different numbers and types of training practice.

The registrars: The registrar should have completed most of the hospital training programme before starting his year. He should be appointed to his post by the area organizer and general-practitioner teacher jointly. Much benefit results from a close link between hospital appointments and the training practice as has been shown in the Wessex scheme. The registrar in this scheme enjoys a continuous relationship of at least two years with his teacher.

The registrar year: The length of training has been critically considered. Not only does the content of general practice vary according to season, but also the training required cannot be compressed into a shorter period than one year. Indeed, Council considers that two years in training practices should be the aim. The training must be improved so that the excellent training which the minority of registrars get at present is common to all.

The following important improvements are required:

1. *More contact between the registrars, their teachers and other general practitioners:* Hence the need for a training centre and linked practices.

2. *More educational facilities:*

(*a*) Weekly sessions in the centre involving discussions on subjects related to general practice, attended by all registrars and led by one of their teachers. Such sessions could be modelled on the extended postgraduate courses that are taking place at Canterbury, Winchester and at College headquarters.

(*b*) Courses arranged by university departments on the pattern of 'Early Years in General Practice'.

(*c*) The teacher should prepare a curriculum, and time for study should be set aside in the time-table. The registrar should be encouraged to undertake a research exercise and to write up a series of cases.

3. *More contact with hospitals:* Although the registrar will have had considerable hospital experience before starting his appointment, he will certainly find himself deficient in certain subjects. This can be remedied by taking part-time clinical assistantships in which he is given responsibility as well as supervision and teaching.

During these years he can acquire certain specialized skills, such as psychotherapy and manipulation, or work for higher examinations.

Administration of the scheme

1. *Finance:* The registrar's salary is now more than that in his previous hospital post—whatever grade that may have been.

Following the organization of teaching units, individual teachers may wish no longer to be responsible for paying their registrars. The executive council directly, or the regional hospital board, could be considered as the registrar's employer.

2. *Accommodation:* As the appointment is for one year, accommodation should be provided for the registrar. At present half the trainers provide this in England and Wales. Rented accommodation might be obtained on lease in suitable parts of the training-scheme area. Grants to cover removal expenses should also be paid (as in hospital).

3. *Organization:* The routine organization should be the responsibility of the unit organizer, who is in turn responsible to the regional postgraduate education committee.

V

THE SELECTION OF TEACHERS

RECENT surveys of the trainee scheme and of student attachment programmes have revealed some serious defects in the teaching of general practice. The overriding impression has been the absence of a professional approach to the content of teaching or to teaching methods. Much more attention should be given to ensuring that teaching practices come up to the standards set by the medical school.

Teachers of general practice are in the first place self-selected. The first requirement is that those selected as teachers should be doctors of the highest calibre. Since they are to be professional teachers, they should be prepared, when applying to the regional committee, to submit a *curriculum vitae* and to appear for interview. They will have to be familiar with teaching methods and should be prepared to attend a course of instruction if their knowledge of this is deficient. Courses of this type are already being offered at the College headquarters and in Manchester.

Since the teaching of general practice requires both time and

dedication, the teacher should be properly recompensed. For the final three months of a registrar's first year in a teaching practice, one member of the group should be entitled to prolonged study leave, while the registrar replaces him. In this way each member of a teaching practice would have a 'sabbatical' leave every four to six years.

The selection of teachers should be in the hands of the organization described on page 6.

VI

SELECTION OF HOSPITAL POSTS

THERE IS a need for more information about the hospital posts available for general practitioner training. This would be one of the functions of the regional general practice adviser (*see* page 7). The graduate who intends to go into general practice should be able to obtain from the adviser a list of posts considered suitable. In our view, these should be selected according to the criteria set out in the College's second report: posts should not be too highly specialized, nor involve the learning of practical techniques which will not be used in general practice; there should be opportunities for outpatient work; admissions should include both emergencies and waiting list patients in roughly equal proportions; and there should be a planned teaching programme with time and opportunity for study.

There is also a need for experiments in which different kinds of training programme can be evaluated. These could include various combinations of hospital and general practice work, or posts combining the work of several hospital departments.

One of the greatest defects at present is the lack of sufficient training posts at senior house officer and registrar level—particularly in the important subject of general medicine. Consulting physicians and paediatricians could help greatly here by taking an interest in training for general practice.

VII

COURSES

IN THEIR last report, Council made detailed recommendations on the form and content of courses for doctors entering general practice. Courses are now offered at College headquarters (one year, extended), Canterbury (two years, extended), Lancaster (two years, extended and six weeks, residential) and Southampton-Winchester (one year, extended). Several shorter courses have been set up on the initiative of College faculties.

If courses are to be available for all entrants to general practice, many more will have to be established in the next few years. Responsibility for these courses rests with postgraduate medical deans in the provinces, the Postgraduate Medical Federation in London and the Scottish Postgraduate Medical Association in Scotland. Wherever there is a university department of general practice, this should be responsible for detailed organization. If there is no department, the general-practice adviser should help the postgraduate dean to arrange courses, with advice from the College faculty. The new postgraduate medical centres are an ideal venue for courses.

The content of courses should be planned to meet the needs of the postgraduate students attending them. Most of these will be young doctors who have recently completed the hospital period of training. In some cases courses should be designed for special groups, e.g. married women returning to practice, doctors returning from overseas or retiring from the services and doctors changing over to general practice from one of the other specialties.

VIII

THE FUTURE

THIS IS a time of great change in medical education. The General Medical Council has published its recommendations, the report of the Royal Commission is awaited and a new central committee on postgraduate medical education is already in being. The trainee practitioner scheme is being revised and the new vocational training advisory committee is preparing a report for the General Medical Services Committee. An extra payment for those who have taken vocational training is now accepted in principle by all. The future is promising, if only because prospective planning is now being seriously undertaken.

It is important that postgraduate training should be seen in perspective as part of a whole planned yet flexible process of medical education, from school and sixth form through undergraduate to continuing education. Changes in the undergraduate curriculum, advances in knowledge, and changing patterns of practice will make it necessary to keep our plans for vocational training under constant review.

Training for general practice should not be planned in isolation from training for other branches of medicine. We should make it possible for those who come late to general practice, or those who find new career attractions, to change from one training programme to another, with allowances made for reciprocally acceptable parts of the programme.

We may expect within a few years, that all new entrants to general practice will have had at least three years of postregistration training. While the standards and content of training should be laid down by the colleges and implemented largely through the universities, financial support should be provided by the departments of health and university grants committee. The state of medical manpower is such that there should be no time lost in prolonged bargaining between government and profession. The nation cannot afford not to afford postgraduate training now.

Because we have so little experience of training for general practice, we need several concurrent experiments, each on a regional scale.

The new health centres offer unique opportunities for teaching, and these should be fully utilized. For both social and geographical reasons, however, other patterns of practice are likely to continue, and all of them should play their part in teaching. The most important criterion in the selection of teachers is the standard of their work.

We must do more than provide training schemes. In his recent report for the Manchester Regional Board, the Senior Administrative Medical Officer, Dr F. M. Marshall, appeals for "urgent steps to be taken to reduce emigration by improving the attractiveness of medical practice in this country." Well-planned vocational training will certainly be a contribution to this end, but the right incentives and rewards should be provided at the same time. It is wrong that the doctor undertaking vocational training should suffer financially, as he does at present. General practitioners who have completed their vocational training should be distinguished by the award of a diploma which will be the mark of a well-trained family physician. Good accommodation should be available and programmes should be arranged so that the registrar can remain in the same accommodation for both hospital and practice training.

In these days of bewildering change, no one can say with confidence what future methods of providing medical care will be. Our suggestions are based on a consideration of trends in morbidity and in the organization of medical care. These plans must be assessed, evaluated and adapted in the light of experience. We must attempt to meet the challenges of our time, and our successors must be prepared to meet the new challenges to come. In Plato's words:

> *Many things I have said of which I am not altogether confident. But that we would be better, and braver, and less helpless if we believe that we should seek to enquire . . . that is a theme on which I am prepared to fight.*

REFERENCES

1. The College of General Practitioners (1964), Preliminary Report of a Working Party on Vocational Training for General Practice. *Brit. med. J., Suppl.* **2**, 169.
2. The College of General Practitioners (1965), *Report of a Working Party on Special Vocational Training for General Practice.*
3. British Medical Association (1950), *General Practice and the Training of the General Practitioner.*
4. Nuffield Provincial Hospitals Trust (1967), Report of a Working Party on Vocational Training for General Practice.
5. Whitfield, M. J. (1966), Training for General Practice: Result of a Survey into the General Practitioner Trainee Scheme, *Brit. med. J.*, **1**, 663-667.
6. Final Report on an Experiment in Training for General Practice (1966). British Postgraduate Medical Federation.