

The point of view of the trainee

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YOUNG doctors are increasingly accepting a comprehensive plan of introduction to a career in general practice as highly desirable, if not essential. They are becoming more aware of the gaps in their training, which is heavily biased in favour of hospital methods to the exclusion of proper training for general practice.

During a nine-day residential course for trainees held in Inverness in April 1969, certain ideas and feelings were expressed. These form the basis of this article. In order to make ourselves coherent, we decided to list the fundamental topics which we saw to be representative and of pressing importance. The method adopted covers seven headings dealing with the training, career structure, and conditions of would-be general practitioners.

1. *Purpose of trainee year*

- (a) It is a convenient and non-committal way to see and examine general practice first hand.
- (b) The time involved gives the trainee a breath of fresh air from hospital posts where he can ask himself and others questions on the meaning and value of general practice.
- (c) It is potentially a valuable period for comprehensive training towards a useful life spent caring for the community.

2. *Type of training for general practice*

Training for work in general practice should be related and proportionate to what, and how, we are to be required to practice later.

3. *Diplomas in the course of training*

It is regrettable that The Royal College of General Practitioners did not take a closer and more practical look at existing diploma-seeking for general practice, before adding their own doubtfully-valuable hurdle.

4. *Trainers and training for general practice*

The present democratic system of trainer selection is basically good but is seen by us to be wide open to improvement, e.g., suitable list size and ancillary staff do not, and should not, make up for obvious defects in the trainer's ability or energy to see that his trainee gets a fair and worthwhile introduction to his speciality.

5. *Career structure of general practitioners*

In essence there are three broad categories of doctors entering practice:

- (a) Those who believe in 'total' and continuous family care.

- (b) Those who prefer the regular hours and off-duty rota available in a health centre, and who to a large degree lightly forego their old-fashioned pastoral duties.
- (c) Those who in addition to practice would enjoy some hospital commitment in their daily work.

6. *Conditions of service within trainee year itself*

To encourage young doctors to train 'fully' for general practice, certain incentives need to be provided. We shall try here to state some pertinent views in this regard.

7. *Health centres*

Young doctors who inform themselves of all the facts will do well to support the development of health centres when this is appropriate and advantageous to the patient's needs and, equally, to oppose constructively the imposition of supermarket medical practice in the rural setting, when this is of more administrative than clinical value.

Taking each of these points in turn helps further to clarify the little-heard ideas of some of the future practitioners in this country. Perhaps better late than never, now that we have heard the consultant viewpoints and those of the specialists on training for general practice.

Point 1. We trust it will be accepted that trainees who approach their career enthusiastically are keen to be good, well-prepared family doctors. They welcome the fact that their trainee year will show them general practice at first hand, and not as they have been told by their hospital teachers. The completely different spectrum of disease, apart from the new problems of interpersonal relationships, will open their eyes very soon. They must keep in front of them at all times, the whole purpose of their attachment year.

We have come to realize just how vital a good trainer is to the success of the trainee year. We feel that the trainer best fulfils his rôle if he sees and explains at the outset some home truths about the career in question, as well as about his own attitudes. Intimate clinical honesty is a large part of the 'secret' which makes a trainer-trainee relationship tick. Ideally, there should be a formal and informal component in the trainer-trainee engagement.

The *formal* component must embrace:

- (a) Elucidation of the clinical problems in the practice and full discussion on all aspects of them.
- (b) The rudiments of practice organization and management.
- (c) The art of good staff relations.
- (d) The art of good communications e.g., hospital, local authority.
- (e) The right of attendance at courses on general-practice topics.

The *informal* component requires even more expert handling if the trainee is to emerge enriched in the vital, though less definable, sense of being a better doctor.

This is one of the most difficult areas and is being mishandled, as witness the attempts towards a highly-planned, vocational training course leaving so little time for the trainee to think on, and examine the nature of his chosen career. He must be left time in which to assess the attitudes of people around him as well as himself, time to pursue any reading which will stimulate his interests further, time to improve on clinical skills in which he finds himself deficient, e.g., dermatology, and most important of all, time in which to establish a good, daily, reading habit, of say one hour, which latter will be of immense value in his personal postgraduate education.

Point 2. A hospital training programme as suggested in the Todd Report is quite unrealistic when the needs of a good practitioner are examined. Many elder practitioners are ignorant of the nature of present-day junior hospital posts and this prevents them

from being in a position to oppose some of the consultoid suggestions, as e.g., in the Todd Report.

On the clinical side, the trainees see that resident posts in medicine, surgery, paediatrics, psychiatry and obstetrics are of real value. The importance of holding appropriate posts must be stressed in order to exclude the nonsense about would-be general practitioners filling resident posts in ear, nose and throat or anaesthetics, specialties to which it often is a problem to attract junior staff.

To the would-be practitioners, appropriate posts must be made available and it would help enormously if consultants knew something themselves of the problems involved in domiciliary medicine. Optional and useful extra posts must be made available for the trainee to seek out pertinent experience. As for additional training, this must be left to the requirements of the individual concerned.

Point 3. While it is now becoming customary for the would-be practitioner to sit his DCH and DRCOG subsequent to his basic resident experience in these specialties, it is the quality of experience gained in the relevant posts which matters later on, and not simply the success in acquiring diplomas. Any junior doctor who plans his training posts after qualification, who gains sound experience in the fundamental specialities we refer to, and who caps this with an active two-way trainee year should become automatically a member of his appropriate college, i.e., the Royal College of General Practitioners. Surely he is more fit to further the standards of the college if he has reached this high personal standard, in contrast to the thousands of brethren who paid their money in time before the *examination* of MRCGP came on the map.

Point 4. Of the small band of Scottish trainees in training this year (there were 91 trainers and 39 trainees on 1 January 1968) there is a disturbing number who have reason to doubt the value of their secondment. This would suggest there may be some vital differences between what the trainee needs from a trainer and what he actually gets.

The young trainee gives top priority to the enthusiastic trainer who offers his services willingly, and really complies with the fundamentals required by a trainee. The points to watch for in the trainee's requirements should be covered in a two-way feedback system to an independent body, as exists in the West of Scotland where a subcommittee meets trainer and trainee at regular intervals to discuss their mutual problems.

The essence of the trainer-trainee relationship should be composed of frank discussion of cases seen by the trainee, encouragement of a research project in a general-practitioner setting and practical tips on drug therapy. The trainer should be provided for, both educationally and financially, so that he is well versed in teaching methods and adequately remunerated. Unless this two-way teamwork and job analysis is fostered, the quality of training will deteriorate and the attractiveness of general practice will be even less than it is at present.

Point 5. We have outlined three character-types who are entering general practice. Future plans must undoubtedly provide for such a healthy variety of aspirations.

Schemes for general-practitioner participation in the hospital are open to abuse by some consultants, some of whom see in the aspiring general practitioner, a ready answer to some of the humdrum aspects of their own hospital work. This must be guarded against by giving the interested practitioner the responsibility and remuneration he deserves.

One other aspect of the career structure disturbs trainees at present. Good practice posts are being filled by relatively untrained colleagues, adding another penalty to the conscientious trainee, who sees his contemporary being paid a much bigger salary for an almost identical work-load. Good practice vacancies must be properly advertised and their numbers linked with the numbers of doctors being trained each year.

Point 6. We spell out here some basic conditions because we are realistic about the financial embarrassment surrounding all young doctors in training.

In general practice we find the salary scale inadequate with rising costs, the car problem given a token help and housing given little or no attention.

Houses must be provided for married trainees and, because of their income, they should be given some assistance in meeting the often-times exorbitant rent.

A car is an essential, costly, fast-wearing requisite for a general practitioner. Realistic help must be given to the young doctor who is compelled to purchase such an expensive piece of equipment, e.g., by low-interest rates on loans. The present token car allowance is out of date, dishonest and an insult to any doctor's mathematics on car-costing for any one year. The trainee salary scale in practice is quite inadequate to maintain a young trainee and family. Vocational training will be seriously halted if a more appropriate salary scale is not offered to idealists training for general practice.

Point 7. A word on health centre developments:

- (a) The national plan for development of giant institutions of welfare and health community care is well-intentioned and a personal success for the administrator and politician alike. It will be a success with the medical profession in urban communities where the 9-5 dogma is held, where the patients are unresourceful and demanding, and where personal family doctoring is a museum word, not a household word, nor a working reality.
- (b) It will be a failure when the decision-takers at ministerial level overstep themselves by putting up expensive, sophisticated buildings where people are comparatively resourceful and appreciative of their family doctor.
- (c) It is emphasized that trainees who enter general practice for simple and wholesome motives to provide personal and continuous family-doctor care will be well advised to assess their proposed working conditions before deciding to work 9-5 in what is to be virtually a hospital without beds.

Summary

This group of trainees has given their personal views at a valuable postgraduate course held in Inverness in April 1969. They recognize the problems involved in planning and putting into effect a valuable programme of general-practice training. They believe in what they are doing and therefore in a vocational approach to general practice. They draw attention to some of the difficulties experienced by members of their group and from discussion with other trainees have learned that the trainee year in particular leaves a lot to be desired.

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