

## REPORT

# The selection and remuneration of teachers in general practice

FROM THE COUNCIL OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

### Teaching in general practice

THE idea that some form of preparation for intending general practitioners would be helpful first took root at the inception of the National Health Service, with the introduction of the national trainee scheme.<sup>1</sup> Over the years this scheme has declined, partly because its horizons proved unduly limited in educational terms, and partly because the method of selection of trainers led too often to the appointment of unsuitable people. The British Medical Association recognised the latter difficulties,<sup>2</sup> and was clearly disappointed that the forward looking concept it had fostered was threatened by indifferent standards in the field.

Vocational training for general practice evolved from the trainee scheme, and has been advocated by the Royal College of General Practitioners for many years.<sup>3 4 5 6</sup> The recommendations of the College were adopted almost completely by the Royal Commission on Medical Education<sup>7</sup> and endorsed by the Conference of Local Medical Committees.<sup>8 9</sup> Vocational training for general practice based on a three year period following full registration is now becoming well established. It offers a very different approach to training from the trainee scheme, mainly because attitudes have changed. Now, great emphasis is based on the learning process, implying a level of professionalism and time commitment from the new general practitioner teachers never expected of trainers under the trainee scheme.

At the moment, vocational training and the trainee scheme operate side by side.

Normally one year of a vocational training course is spent in a selected teaching practice. The year the trainee spends in this practice is crucial to his learning experience. The College has emphasised, therefore, that in future teachers should be drawn from those doctors who are known not only as able and thorough clinicians, but who also have experience and training in teaching skills and techniques.<sup>10 11</sup> Many will have made contributions to medical research. Council has recently approved criteria (Appendix 1) which it suggests appointments committees should bear in mind when making their choice, particularly when the organisers want their scheme to be accepted for the M.R.C.G.P. examination.

The degree of responsibility expected of the teacher varies widely. On the one hand are those doctors, not associated with any formal scheme of vocational training, who take on a trainee assistant under the old arrangements. Their responsibility involves only supervision within the practice and does not normally include any outside teaching commitments. Among approved vocational training schemes the pattern of involvement evidently varies widely. In a majority, the teacher still confines his activities to in-service instruction, though this will be more closely supervised by course organisers. In the North-East England scheme the organisers have based their half-day release programmes essentially on the teachers themselves so that these doctors take a more active part in the organisation. Where this happens the practitioners obviously carry a weightier and

more extensive responsibility. (Table I, Appendix II).

### **Studies of teaching practices**

Recent information suggests that teachers and their practices in recognised vocational training schemes have certain distinctive characteristics.<sup>12</sup> A survey<sup>13</sup> of nearly 200 teaching or designated teaching practices undertaken in September, 1970 indicates interesting differences between this group and a representative sample of all general practitioners.<sup>14</sup> For example, the proportion of teachers who have additional qualifications is greater than the proportion in the representative sample; the proportion of teachers who undertake postgraduate education themselves is greater; teachers are more often engaged in research and more frequently publish the results of their work; teaching practice premises are more likely to have additional space for medically related and ancillary staff, and are more often better equipped. Important variations amongst schemes exist, and areas needing improvement emerge; further information on these aspects, together with detailed figures overall, will be available in 1972. In another study, Byrne<sup>15</sup> and his colleagues have examined clinical factual recall among teachers already working in Manchester, Ipswich, Northern Ireland, Wessex and North-East England. The relative weaknesses and strengths of teachers in specified areas of clinical knowledge are described. An important feature of this and other linked studies being undertaken by the Department of General Practice in Manchester is that many general practitioners appear willing to subject themselves to audit by an independent and impartial authority. Finally, the North-East England scheme<sup>16</sup> is beginning to provide data on the relative workload contributions of teachers and trainees to their practices, and estimates of expenditure in professional time, premises and equipment.

### **The College's proposals**

The College believes that the establishment of a body of able and well trained teachers operating from well staffed and adequate premises, with suitable equipment and a sound organisation, must be accorded a high priority. This implies a rigorous selection procedure based on generally accepted criteria, together with methods of ongoing supervision to ensure that standards of work are maintained. Given this distinctly professional approach, it follows that teachers must receive adequate remuneration both for their skills and for their time, and to offset the incidental expenses which they and their partners will incur.<sup>17 18</sup>

### **Selection of teachers**

#### *Criteria*

The College has published its criteria (Appendix I), which it recommends for general adoption.

#### *Appointment committees*

At the moment, statutory responsibility for the appointment of all teachers rests with the training subcommittees of local medical committees in England and Wales, and the regional training selection committees in Scotland. However, where vocational training schemes are operating, course organisers have usually made their own selection initially, and their nominees for appointment have been confirmed by the appropriate committee.

Council believes there is now a need to base selection on the regional postgraduate committees, these acting on the advice of their general practice advisory committees, for the following reasons:

- (a) Regional advisory committees should comprise people who have experience of teaching in general practice. It is no longer appropriate that selection should be made by committee members who have no experience, as still happens with

- the appointment committees of some local medical committees.
- (b) Uneven variations in the quality of teaching practices within a region can be usually avoided if there is only one rather than several appointment committees.
  - (c) Experience first gained in Wessex<sup>19</sup> and later in North-East England suggests that practices offering a higher standard of training can be obtained when the choice is made from a wide geographical area.
  - (d) Increasingly, vocational training schemes will require their teachers to take part in activities outside the practice. This implies area and regional lines of communication between the practice and organisers, and a definite responsibility of teaching practices to the regional postgraduate committee.

Council therefore recommends that regional general practice advisory committees should be established as soon as possible. These advisory committees, through the regional postgraduate committees, should have overall responsibility for all matters connected with vocational training for general practice. Council understands that the B.M.A. holds the same view.<sup>20</sup> The national trainee scheme could then be wound up.

#### *Teachers' Appointments*

Council believes that the appointment of teachers should be reviewed regularly. It is suggested that a teacher should be appointed initially for two years, with subsequent periods of five years duration. A teacher should always be eligible to reapply for his appointment, in addition to other candidates drawn from open advertisement.

#### *An agreement*

Teachers and their practices will have special commitments. The educational responsibilities of the doctor and his practice should be embodied in the form of an agreement with the regional postgraduate committee. The form of such an agreement would be a matter for further discussion, but should make quite clear the responsibilities of the practice as a whole to the training scheme, so that teachers have proper time for teaching. This is becoming urgent.

#### *Supervision of standards*

As the only body in general practice which sets objective tests of performance and competence, the College has a particular responsibility to supervise training opportunities in the setting of general practice by independently approving and reviewing vocational training schemes recognised for the M.R.C.G.P. The College is mindful that it is not only aspiring general practitioners who will be working in teaching practices; if the concept of general professional training is introduced, as the College believes it should be then young doctors preparing for other medically based specialties may be required to have some experience of patient care in the community. Moreover, teaching practices will have an increasing commitment to the demonstration of primary medical care to medical students and to students of medically related professions such as nursing. Lastly, their potential role in continuing education for general practice, particularly in relation to organisation, teamwork and management, has been foreseen by the College although it is yet unexploited.

#### **Finance in the teaching practices**

The problem of finance has been summarised by the B.M.A. Planning Unit.<sup>21</sup>

"In future, we suggest it will be more helpful to consider the question in two parts; fees which recover expenses incurred in teaching and a separate payment for teaching services. In the first instance, heavier investment in staff and equipment could be met by adjustment to the ancillary staff reimbursement scheme and an extension of improvements grants to cover specified items of equipment. In the

second instance, the fees for teaching would have to be large enough to persuade the teacher that he would not lose income as a consequence of "going part-time" (in respect of primary medical services) and, as mentioned already, would have to contain an additional incentive in recognition of the higher standards of skill and knowledge he must possess to discharge this aspect of his work properly".

### *Expenses*

Expenses incurred by teaching practices can be offset to some extent partly by existing grants. It may be necessary to introduce additional grants for certain items of equipment such as teaching aids, which would not normally be regarded as standard in the practice. The extent to which new expense is incurred by a practice has been estimated in the North-East. (Tables II and III, Appendix II).<sup>23</sup>

### *Remuneration of the teacher*

The existing *ex gratia* payment to teachers (the training grant) is now inadequate by any standards. Unlike most other payments to the general practitioner, it has not increased in value at a rate roughly commensurate with rises in the cost of living. Moreover, it no longer takes into account the greatly increased time and expense involved.

The general practitioner teacher is quite unlike his hospital colleague engaged in a similar task. Several important differences are summarized below:

- (1) By taking a trainee the teacher risks the goodwill of his patient, and hence may put his earnings at risk. Some teachers have reported that an unsatisfactory trainee is a liability, financially speaking, to the practice.
- (2) He must provide teaching time, which can be expensive both financially and in respect of his obligation to his patients and his family.
- (3) The practices must provide the space, equipment and service support for the trainee.

A good trainee may offset some of these factors by the service work he undertakes for the practice; however, the available evidence suggests that, at the moment, many conscientious teachers are losing money as a result of their activities. The College wishes to draw the attention of the General Medical Services Committee to this problem.

The College's solution is two separate payments:

- (a) *Payment for inservice teaching.* This would remunerate the doctor for the time spent in teaching in the practice. A time equivalent of two sessions weekly seems an appropriate basis from which to start, subject to review in the light of further experience.
- (b) *Payment for teaching outside the practice.* Where a scheme bases its formal day release on its own teachers, or where teachers are required to contribute to day release substantially, a separate sessional payment should be made if this commitment cannot be covered from a Section 63 course. The mechanism for defining appropriate sessions would be easily devised by asking regional postgraduate committees, on the advice of their general practice subcommittees, to indicate which sessions should be recognised for this purpose. The proposal would cater selectively for those exceptionally capable teachers on whom the main burden of seminar teaching falls.

In determining the level of this sessional payment, it should be borne in mind that the general practitioner teacher does not usually have the resources of a hospital or a university to provide him, for example, with slides, films and other teaching devices. He may have to pay for them out of his own pocket. The effect of these proposals would be to remunerate all teachers for two sessions, and some for three or more, as appropriate.

It would be helpful if a teacher could be remunerated for his teaching services

through a university. This is the mechanism for paying clinical tutors, and will probably be adopted for regional advisers in general practice also.

Finally, the special difficulties of teachers in university departments of general practice must be remembered. Although salaried as university clinical staff, they are not eligible, under current regulations, for merit awards and are thus at a considerable financial disadvantage. Although appointed in most departments as undergraduate teachers, their role in vocational training is substantial, and must be recognised and rewarded. The College is seriously concerned that the recruitment of high quality teachers to university departments of general practice may be prejudiced under existing arrangements.

### Summary of main recommendations

#### *Appointment of teachers*

1. Every effort should be made to ensure that evenly high standards prevail amongst teachers and their practices.
2. The College recommends its selection criteria for general acceptance.
3. (a) General practice advisory committees should be created in the regions now.  
(b) Through the regional postgraduate committees, the advisory committees should now be given overall responsibility for vocational training, which includes the appointment of teachers and the placement of trainees.  
(c) When these arrangements are complete, the national trainee scheme should be wound up.
4. Teachers should be appointed for two years initially, and then for five year periods thereafter.
5. Teachers and their practices will have special commitments. The educational responsibilities of the doctor and his practice should be embodied in the form of an agreement with the regional postgraduate committee. The General Medical Services Committee and the General Practice Advisory committee of the Central Council for Postgraduate Education are asked to advise on this problem urgently.
6. The College's main obligation to teaching practices is to see that adequate academic standards are maintained. It proposes to assume responsibility for advising on standards in teaching practices, and for reviewing them periodically. It intends to continue its policy of approving vocational training schemes for general practice, for the purpose of its membership examination.

#### *Teachers' remuneration*

7. The College invites the General Medical Services Committee, whose special responsibility it is, to continue its efforts to secure adequate payment both for expenses incurred in teaching, and for teachers' professional services.
8. It recommends that the in-service teaching commitment should be based on two sessions initially, subject to review. It suggests also that those teaching services outside the practice which may not be met wholly by a Section 63 course should be covered by additional sessional payments.
9. The special requirements of teaching practices, in respect of premises, equipment and staff, must be taken into account.
10. The responsibility of the university teachers in general practice to vocational training must be adequately recognised.

see *Editorial*

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## Appendix I

### Selection of teaching practices for vocational training

1. Teaching practices should be selected by the general practice subcommittee of the regional postgraduate medical committee. As is usual in academic selection there should be no appeal from its decision.
2. Whenever teaching practices are to be appointed all practitioners in the area should be advised that they are eligible to apply.
3. The quality of all members of a practice and of their organisation and premises should be taken into consideration, but one partner in each practice must accept personal responsibility for the teaching of trainees and must designate a deputy.
4. A geographical spread of teaching practices is necessary.
5. The number of teaching practices appointed must bear a relationship to the number of prospective trainees.
6. Teachers should be appointed for two years initially, and then for five year periods thereafter.
7. The submission of names of referees who may be approached informally by the selection committee is often of value, but formal references are of little value.
8. While the value of an interview as an aid in selection varies, it is essential that all applicants who are short-listed should be interviewed by representatives of the appointment committee in their practice premises.
9. A questionnaire to record factual data regarding practices is useful in differentiating between suitable and unsuitable practices, but of little value in the final selection of suitable practices.

10. It is impracticable to lay down *rigid* criteria, for example list size under 2,000 or 1,500, age limit under 50 or 55.
11. A memorandum of guide lines, however, is essential and is outlined below. In the last resort selection depends very much on local and personal knowledge of the applicants, of their practices and of their practice premises. The selection committee in a large region should ensure that it takes full advantage of such local knowledge.

### CRITERIA FOR SELECTION

#### (1) Personal qualities

1. *A DESIRE TO TEACH*  
Assessment by:
  - (a) Past and present activities in the teaching either of undergraduates, post-graduate students or paramedical staff.
  - (b) Interest in teaching methods including attendance at courses for teachers and plans for the further improvement of personal teaching skills.
  - (c) Willingness to submit to academic and operational assessment.
2. *TIME TO TEACH OR READINESS TO MAKE TIME*  
Assessment by:
  - (a) Personal statement.
  - (b) Committee's local knowledge of practice.
3. *ATTITUDES TOWARDS PARTNERS, PATIENTS, PREVIOUS TRAINEES (IF ANY), COLLEAGUES AND GENERAL PRACTICE ITSELF*  
Assessment as for "2".
4. *CLINICAL COMPETENCE*  
Assessment as for "2".
5. *SPECIAL INTERESTS INCLUDING THOSE OF OTHER PARTNERS IN THE PRACTICE WITH SPECIAL EMPHASIS ON RESEARCH*  
Assessment as for "2".
6. *ACADEMIC QUALIFICATIONS*

#### (2) Practice organisation and premises

1. *ABILITY TO MAKE AVAILABLE THE NECESSARY TIME FOR TEACHING BY MEANS OF GOOD ORGANISATION, FOR EXAMPLE, APPOINTMENT SYSTEM.*
2. *EMPLOYMENT OF APPROPRIATE CLERICAL STAFF*
3. *EMPLOYMENT OR ATTACHMENT OF NURSING AND OTHER MEDICALLY-RELATED STAFF*
4. *PRACTICE PREMISES AND EQUIPMENT*
5. *AN EFFICIENT RECORDS SYSTEM*

### ASSESSMENT-SUGGESTED WEIGHTING

Personal qualities .....	60 per cent.
Practice organisation and premises .....	40 per cent.

**Appendix II**  
**Teachers and their Practices from North-East England**<sup>22</sup>

**TABLE I**  
MEETINGS REQUIRING THE ATTENDANCE OF TEACHERS

	1969	1970	1971 (half year)
Half-day release (one full session)	11	34	20
Teacher's meetings	4	3	2
Teacher-trainee meetings	—	2	2
Miscellaneous group clinical evenings	1	2	2
<b>Total</b>	<b>16</b>	<b>41</b>	<b>26</b>

Total half-days during normal working hours: 65

**TABLE II**  
EXPENDITURE BY TEACHERS OR PRACTICES

Item	Expenditure in five practices				
	A	B	C	D	E
(a) Expenses directly attributable to joining scheme—trainee bag, medical equipment and tape recorder.	£90	£110	£43	£60	£31
Telephone installations (1969/70 only)	£27	£64	£64	£64	£64
Additional clerical staff (after deduction of 70% reimbursement, but before tax allowance).	£50p.a. +	£300p.a.	£50p.a.	£190p.a.	£100p.a.
Furniture and equipment	£0	£300	£0	£0	£150
Journals and books	£4p.a.	£80p.a.	£0	£45 p.a.	£15p.a.
Hospitality for meetings, and discussion groups.	£20p.a.	£150p.a.	£50p.a.	£60p.a.	£50p.a.
Travelling	£10p.a.	£60p.a.	£60p.a.	£30p.a.	£45p.a.
(b) Expenses partly attributable to joining scheme					
Equipment: ECG	£318	£312	£0	£250	£250
Peak flow meter	£0	£0	£0	£34	£34
Projection equipment	£25	£30	£0	£0	£15
Calculator	N.A.	£190	£0	£0	£0
Communications	N.A.	£950*	£0	£0	£40

\*Mainly equipment for all-typed records. N.A.= not applicable

**TABLE III**  
EXPENDITURE AND INCOME IN TWO YEARS

	Practice				
	*A	B	C	D	E
Expenses directly attributable to scheme, to date	£201	£1654	£427	£788	£695
Expenses partly attributable to scheme.	£343	£1682	£427	£284	£299
<b>Total expenses, to date</b>	<b>£544</b>	<b>£3336</b>	<b>£427</b>	<b>£1072</b>	<b>£994</b>
Income received: Training grant for 2 years $\times \frac{1}{2}$ .	£120	£240	£240	£240	£240

\*Figures for this practice for one year only.