

## TARGET 1977

SO it has happened. The profession has declared its intention to make vocational training a pre-condition of entry to general practice as a principal by 1977. Such is the substance of the College's policy<sup>1</sup> recorded earlier this year (*February Journal*), and also the view of the majority of general practitioners, as expressed at the recent conference of representatives of local medical committees.

To the keen observer of general practice, the now remarkable closeness of position between these two bodies should cause no surprise for several reasons. Universal vocational training has always been in the College's mind; the only innovation is the setting of a target date. The profession at large is also becoming increasingly aware that the undergraduate curriculum is no longer capable of producing the 'safe' doctor. More telling, perhaps, is the infectious enthusiasm of vocational trainees themselves, and the comparative success of several important experimental schemes. Lastly, perceptive medical politicians have become aware that comparability in postgraduate training as between specialties and general practice may become a significant factor in future pay negotiations for all family doctors.

Speculation on the various implications and details of vocational registration would be premature and possibly unhelpful at this stage. Rather, attention should be concentrated on the far more challenging problem of expanding facilities for vocational training from the present token of 160 places to the approximately 1,300 it has been estimated are needed to provide for all potential principals. Family doctors have now to mount the largest single postgraduate exercise ever undertaken in this country.

A start has been made. Practical experience gained in experimental courses must be distilled and used in new schemes. Course organisers should find the preparation of a curriculum easier in future if they can draw on guide lines incorporated in the latest college publication—*The Future General Practitioner—Learning and Teaching*<sup>2</sup>.

From an organisational standpoint, active steps are now being taken to set up regional general practice advisory committees in all parts of the country. These committees, supported by the regional advisers in general practice now being appointed (*July Journal*) will be responsible for overall organisation within their areas. On the financial side, two important advances have just been made; the second report of the Halsbury Review Body has recommended an increase in the vocational training allowance<sup>3</sup> sufficient to remove the financial disincentive to train, while the increase in the training grant should enable teachers to find time to teach without feeling that they are imposing on their partners' goodwill.

Given the reasonably satisfactory progress made to date on several fronts, one might ask why an apparently straightforward expansion could cause difficulties. Trainees at the Newcastle conference focussed on the nub of the problem, namely, that rapid expansion will lead to such a reduction in standards that the educational advantages will be diminished or even disappear altogether.

Their fears will be shown to be groundless only if several different problems can be

overcome. For example, although general practice is rich in family doctors who are skilled at their job, there is an acute shortage of trained teachers. Experience in some schemes suggests that it takes at least two or three years before a new teacher acquires real professionalism.

There are some misgivings also about the setting of general practice; the recent survey *Teaching Practices*<sup>4</sup> has demonstrated the wide range of facilities available to trainees. Hospital appointments pose a potentially more intractable problem. Not only may there be a shortfall in the overall number of suitable appointments available in such important specialties as paediatrics; but some hospitals will be eagerly seeking opportunities to fob off unpopular jobs on general-practitioner trainees. Where this happens one can be fairly certain that in-service teaching given by consultants will be minimal if past performance is anything to go by.

Finally, general practice advisory committees will have to fight hard in regional postgraduate committees to secure the finance needed to furnish themselves with an adequate administration. General practice, unlike other specialties, has no 'natural' focus such as the hospital on which to concentrate and draw for support services.

Within the next two years responsibility for the implementation of vocational training will shift decisively to the regions. The new regional advisers' group has a key part to play in resolving difficulties in expansion if the advisers grasp the new opportunities presented for the exchange of information and of experience in practical administrative matters crucial at this stage.

Does the College still have a role? Should it now modify its educational priorities in the light of events? We think not. Encouraging though progress has been made, it would be wrong to think that the effort to establish vocational training is now over—rather the green light has only just been given to begin in earnest.

This means that the College, acting in close liaison with the General Medical Services Committee, must continue to give encouragement and practical help along the lines already established, particularly to those members of the College and other family doctors on whom the main brunt of teaching will fall.

There are other activities no less urgent. Thus, there is a need for the further development and refinement of what is considered to be the knowledge base and skills of general practice—the syllabus. Following the lead given by Professor Byrne and his colleagues in Manchester, research into the assessment of postgraduate education will have to be expanded. Where schemes are apparently running into difficulties with a resulting fall in standards, the College must be prepared to use its influence and experience to help overcome particular problems. Finally, the College has a public relations role, particularly in the dissemination of information to the profession as a whole, which it has yet to follow this thinking through.

All these activities will draw heavily on the time, energy and skill of many members of the College. Does anyone doubt that the effort is worthwhile?

#### REFERENCES

1. Royal College of General Practitioners (1972). The selection and remuneration of teachers, *Journal of the Royal College of General Practitioners*, **22**, 79–86.
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3. Report of the Review Body of Doctors' and Dentists' remuneration (1972). London: H.M.S.O.
4. Irvine, D. (1972). *Teaching Practices: Report from General Practice No. 15*. London: *Journal of the Royal College of General Practitioners*.