

REPORT

Policy on Vocational Training

FROM THE COUNCIL OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

At its meeting in March 1972 the Council of the Royal College of General Practitioners approved the following statement on vocational training.

A universal requirement for postgraduate vocational training

The present position is that most specialties, except general practice, have a *de facto* requirement to undertake vocational training, arising from the excess of applicants over career posts. This ensures that only those who have taken suitable training are successful in obtaining posts.

For general practitioners, there is at present neither a *de jure* nor a *de facto* requirement to undertake vocational training. It is still possible to become a principal in general practice on registration, though relatively few doctors fail to take at least one or two post-registration hospital appointments.

It is the policy of this College that all future general practitioners should receive special training for their role after registration.

This policy is actually becoming inevitable as medical schools change their undergraduate curriculum to the more basic pattern recommended by the General Medical Council (1967) and the Royal Commission on Medical Education (1968). The unrealistic aim of producing general practitioners at registration is being abandoned.

It is college policy that this training should eventually last for five years, although a length of three years is accepted for the time being.

The educational content of general practice is becoming more clearly defined. A major statement by the College on this subject will be published this year. This will show why a three-year period is even now only the minimum required.

The College intends that the future general practitioner should be more comprehensively educated than his predecessors. It also believes that it is essential for recruitment to general practice that the educational gap which has existed in the recent past between the general practitioner and the specialist must be narrowed and later closed.

The College is the only body which has responsibility and expertise for setting standards of professional competence in general practice.

It should continue to do this through its members' involvement in training programmes and through its membership examination.

Mandatory vocational training

It is college policy that training for general practice should become mandatory when universal facilities for training are available.

Incentives to train at present being tried are:

- (1) *Enthusiasm.* Trainees' enthusiasm has now filled about 160 places;
- (2) *Additional allowance for vocational training.* There is no evidence that this has so far been an effective incentive; rather its level has been far too low. The College has urged consistently that the allowance be increased as soon as possible.

- (3) *Competition.* Greater competition for practices will act as an incentive if the numbers now entering this branch of medicine continue to increase at the present or greater rate.
- (4) *Force of example.* This can act as an incentive through young doctors following the example of others.

It seems improbable that these four incentives will ever achieve 100 per cent entry to vocational training schemes. Thus, Council holds that 'mandatory' training will prove necessary.

Council understands 'mandatory' to mean that no-one may become a principal in the National Health Service unless he or she has completed three years in an approved course of training. This general statement must include special arrangements for groups such as young married women.

There is urgency:

- (a) because of intrinsic educational needs
- (b) because the requirement to train will, in the college's view, make general practice more attractive to young doctors and will stimulate recruitment.
- (c) because of the entry of the United Kingdom into the European Community. This is the most pressing reason. It is vital that our three-year programme should be clearly established as a national policy before January 1973, the proposed date of entry, if we are to avoid reduction to the two-year minimum training which is the best objective at present envisaged by the other countries in the Community.

The immediate need is a clear statement of intention by the profession and Government that by a certain date no-one will become a principal in the National Health Service unless he or she has completed three years' training in an approved course.

Council believes that 1977 will be a realistic date.

The implications if universal vocational training is to become mandatory

(1) Opinion within general practice, as expressed through the General Medical Services Committee and the Conference of Representatives of Local Medical Committees, will have to change. At present this conference seems unlikely to accept compulsory training until it is convinced that:

- (i) other incentives are insufficient
- (ii) there are enough hospital posts and teaching practices
- (iii) the relative shortage of general practitioners has been relieved
- (iv) there is adequate finance.

Now that the inevitability and value of vocational training for general practice is becoming apparent, there is a better basis for change. The pressing need for a declaration of intent by profession and Government before entering the Common Market should help achieve it.

(2) Specialists in other branches whose junior hospital posts contribute to training for general practice will also need to change their views. It is still true in some areas that preference in appointments to, for example, a post in general medicine, is given to doctors who state that they intend to specialise in a hospital career.

If the profession were to embrace the Todd concept of general professional training with its common pathways, the problem would disappear. However, this looks most unlikely at present. We therefore have to plan vocational training programmes for general practice. Since, for example, only one new consultant physician will enter a

region annually for every ten new entrants to general practice, the need for fair competition for junior training posts is obvious. A small number of posts may need to be allocated.

(3) There is an urgent need to approve more teachers in general practice and for a uniform and higher standard to be set by the existing local trainer selection committees of medical committees. The university representatives on these committees could do much to help here. Nominees should be carefully selected by postgraduate deans and should where possible be general practitioners holding university appointments.

At the same time it is important to complete the formation of general practice advisory committees of regional postgraduate committees as quickly as possible. These committees, once fully established, must assume responsibility for the selection and appointment of general-practitioner teachers.

(4) The requirements for appointment as a principal in the National Health Service will have to be re-examined. Thus, there is a need for further discussion with representatives of the profession, the Department of Health and Social Security, and other interested bodies on various facets of accreditation, including the principle of vocational or specialist registration.

Doctors who have not completed a full course of vocational training satisfactorily must be able to practise as assistant principals. Such a provision may be of great importance to married women, for example, if they choose not to complete a three-year programme or fulfil the special arrangements designed to give equivalent experience.

Addendum

Since Council approved the statement, the Second Report of the Halsbury Review Body has recommended substantial increases in the vocational training allowance and the trainer's grant.

Furthermore, the Annual Conference of Representatives of Local Medical Committees has passed the following motion: "That this conference recommends that the G.M.S.C. makes strenuous efforts to have sufficient schemes of vocational training for general practice introduced in order to ensure that, by a definite date, not later than 1977, vocational registration for general practice can be implemented."

REFERENCES

Report of the Review Body on Doctors' and Dentists' remuneration (1972). London: H.M.S.O.
Royal Commission on Medical Education (1968). London: H.M.S.O.
(*See Editorial*).

CONTRACEPTION IN CHINA

China's population is estimated at over 700 million, 200 million more than it was just two decades ago. . . . Oral contraceptives are the most popular method, at least in urban areas. Two types of combined pill are made available and a 22-day regime is followed. One pill contains norethindrone and ethinyloestradiol and the other megestrol acetate and ethinyloestradiol. The first combination is used for women with heavy menstrual flow and the second recommended to those with more scanty periods. . . . Condoms are widely distributed free and are on sale in drug stores and other shops. . . . This is the third most popular method.

. . . Female sterilization is more common than vasectomy and is carried out . . . by using the Chinese practice of acupuncture. Abortion is thought to be declining although it is available on request.

International Planned Parenthood Federation (1972). May.