

What about vocational training?

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Dear Doctor,

Thank you for your letter enquiring about the pros and cons of vocational training for general practice. While you have most of your preregistration year ahead of you, it is not too soon to start to think about your future plans.

You are quite right in thinking that, at present, you will be perfectly entitled to seek entry into general practice as soon as you are fully registered. While there are still those who believe that this is the best way to become a family doctor, only about ten per cent of new entrants do so. Were you to join them, I am quite sure that at first, with your hospital experience fresh in your mind, you would find yourself clinically able to cope.

Value of vocational training

However, as your hospital experience receded you would need to be in ideal circumstances, and a rather exceptional person, not to find your clinical competence falling off. This would to some extent be offset by increasing confidence in handling general-practice situations, but this experience needs an adequate foundation of knowledge to be effective. You would run the risk of becoming one of those young general practitioners who come to me sometimes to say "General practice has nothing more to offer me" when, if the truth be faced, they surely mean "I have nothing more to offer general practice"?

The numbers of people applying for places on vocational schemes show in themselves that a growing body of recent graduates believes that if general practice is worth considering as a career, it is as worth being trained for as any other specialty or discipline. One needs a 'first stage' of basic medical knowledge to get launched into any medical career; a 'second stage' of specific postgraduate training in order to achieve one's chosen orbit; and a 'third stage' of continuing medical education in order to maintain a satisfactory course.

If we stick to the second stage in this letter, this is what the vocational schemes are all about. I enclose an information sheet summarising those at present in action—the list is constantly being revised as new courses are introduced. You will see that they vary in detail, but follow basically the same pattern of two years (sometimes one) in a succession of hospital posts, and one year in all as a trainee practitioner.

Hospital posts

Your question about the validity of the hospital posts is one that is often—and very properly—put. In one sense there is no satisfactory answer, because all but a handful of schemes are so new that no answer is possible. Evaluation is already well in hand, but all that one can really say is that graduate experience in hospital is needed, how much one can't be sure, and the various schemes are all honest attempts to find the answer and provide a sound basis for confident entry into practice.

While it is a fair question, it is not true that schemes have been created to help fill less sought-after house posts. Those who have pioneered the schemes have wanted to provide better training for general practice—but sometimes, to be fair, they have had to accept a compromise in the allocation of hospital posts in order to get agreement and get started. This doesn't mean a reduction in the quality of post, but less flexibility in the rotation. Of course, there is service to be given in a post, just as there is training and experience to be gained; but if you are not involved you tend not to learn, and supernumerary posts are not the answer.

Ideally, the rotation of posts will be flexible enough to cope with the varying needs of doctors with wide variations in previous experience, in personal interests, and in rate of learning. Against this must be set the staffing needs of the hospitals. Various compromises are achieved,

usually with some fixed and some elective posts. The former tend to be in the 'major' subjects of medicine and its main branches, obstetrics, and perhaps psychiatry, and the latter to be 'subsidiary' subjects where some knowledge is helpful—eyes, ears, skins—but no great skill is needed. Sometimes the electives can provide for a rotation of short spells in such units, although it can be at least as helpful, and less unsettling, to have consecutive experience in different units over a longer period. An elective element means that one can catch up on gaps in one's own knowledge, or follow up a special interest—or take more general stock, revise, and sit the D.C.H. or D.Obst.R.C.O.G., for example.

The ideal 'mix' of hospital experience has yet to be found, and it will always vary between individuals. What is being looked at now is whether the balance of two years in hospital to one year in a training practice is right; perhaps after the first postregistration year in hospital one could learn better from a longer spell as a trainee, with an increased element of hospital-based training sessions, and this is going to be tried. You can of course choose your own succession of hospital posts without joining a recognised scheme; this can give just as good experience, and a chance to move around the country more and try out your own ideas; it may still be possible as a trainee to link in with group activities in a nearby scheme.

Hospital training in recognised schemes does offer certain advantages; when you are married the continuity in one area for a full three years means more stability—and even the feasibility of entering the home-purchase stakes at an earlier stage. The pre-planning of posts, and tutorial supervision, can be helpful, and the group teaching/learning sessions which some schemes offer are (in my opinion) very valuable and worth-while experience—and worth continuing throughout your career.

The trainee year

The trainee year has, of course, existed for about as long as the National Health Service. In vocational schemes the plan is to continue to provide the valuable one-to-one apprenticeship experience of attachment to an experienced trainer, and to graft on the benefits of continuing group activity with other trainees, and of access to further experience in the hospitals one has just left; exposure to general practice can reveal gaps in knowledge or skill which can be put right in this way, before you go on to undertake the full-time commitments of a principal.

Again, there is a dilemma. One year in one practice—like learning the realities of gardening—helps to establish the continuity of approach and of patient and family contact, contrasted with the episodic contacts of hospital practice; on the other hand, shorter periods in different practices can demonstrate the variations in approach, as well as management, in 'similar' practices, as well as the different types of practice from a single-handed rural to urban polyclinic.

Where to go for training must be an individual choice. It can be influenced, but by no means dictated, by where you would like to settle afterwards. Some schemes are so booked up that it may be partly dictated by where you can get in, but I think that the most important consideration is whether the content, pattern and 'philosophy' of the course appeal to you and relate to your existing experience. To find this out means learning more about some courses (and you will find the relevant addresses on the sheet) visiting some if you can, and meeting organisers, and, especially, trainees.

At the beginning, I mentioned that vocational training is, at present, voluntary. I must add that the writing is on the wall that it will become obligatory; there is even a date on the wall . . . 1977, although there is so much to be done that this can only be a provisional target. Meanwhile the much more important inducement remains of undertaking the best preparation that you can in order to fit yourself to practise good medicine in good general practice, than which there is no more demanding (nor, if competently done, fulfilling) career.

On the financial side, the new vocational training allowance of £400 p.a. provides better compensation for the "loss of earnings" through postponing entry into practice until you are professionally ready for it.

Do let me know how you get on, and whether I can help you further,

Yours sincerely,

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