

Late entry into general practice

ALAN GILMOUR, M.R.C.G.P.
Medical Director, B.M.A. Career Service

Dear Doctor,

Thank you for your very interesting letter; I am sorry to learn that circumstances have caused you to change career at this stage, and I appreciate your need to assess the realism of your views, and to know how best to retrain yourself. Much of what you say about limited prospects in the hospital field is true, but there are exceptions, and we can discuss these further if you wish.

You obviously have considerable interest in general practice, and much of your past experience is relevant, although obviously to a varying extent. However, it is important to be sure that it is the right choice, and before you settle down to serious preparation, it may be worth while doing a locum or two, or visiting some practices (for example on the list enclosed) because it will be no good to you, or to anybody else, to go further without being sure that you want to be a general practitioner, and a good one.

While general practice can offer a good income, security, and above all great job satisfaction, the latter can only be achieved if family doctoring is right for you, and if you are adequately prepared for it; and you will need to maintain (and be receptive to) continuing education both formal and informal, if you are to have that long term job fulfilment which is so much more important than the ephemeral enthusiasm of setting out on a new career.

I think you already appreciate that there are a number of practice vacancies open to you straight away. The financial inducements may be strong, yet I sense you are reluctant to hazard your future without more preparation, and in this I think that you are right. Your difficulty lies in finding the right course between meeting all the 'ideal' criteria for general practice training (with attendant insecurity, domestic instability and restricted income) on the one hand, and rushing perhaps prematurely into practice on the other, with the risk, once your initial enthusiasm has worn off of finding yourself inadequate for the job—and rationalising this as disgruntlement with the job, your patients, your colleagues, and even the BMA!

Vocational training

The difficulty is that you fall between two stools. Vocational training schemes are intended for recently qualified doctors who have completed their preregistration year. With your greater maturity and experience (almost regardless of its relevance to general practice) you just do not need to spend two years in junior hospital posts in order to be able to isolate and learn what will be helpful to you as a general practitioner, and I doubt if you and your family will tolerate it. At the same time it would undoubtedly be helpful to you, if you could undertake a rather limited but specially planned period of hospital training, and there are one or two schemes which can arrange for you to spend say six months as a senior house officer in general medicine with arrangements to sit in on the work of other departments.

The need for further obstetric experience as a hospital resident is rather more debatable; whether or not you wish to qualify for the obstetric list (see enclosure) I think that you should consider doing at least a residential course in obstetrics, but apart from this I would concentrate on the other part of vocational training, namely the trainee year.

There are hundreds more traineeships than those linked with vocational training schemes, and most of them can provide you with excellent experience; traineeships differ from assistantships in that they are supernumerary to the service needs of the practice, and so give an opportunity for you to work up at your own pace into an increasing involvement in the work of the practice, but with opportunities to take stock of what you are doing, to learn about the work of statutory and voluntary welfare organisations, to acquire or develop particular skills by informal or other attachments to hospital units, and to take a look at other types of practice within or outside the area. However, if you can get a traineeship where you can join in with the group training activities of a formal scheme it can offer added advantages in the programme of teach-

ing on particular aspects of care in general practice and in practice organisation, and perhaps most of all in the informal and free-ranging discussion groups.

Late entry into practice

The other extreme from formal vocational training or such modifications of it as I have suggested, is to look at the provision for re-entry into practice under ECN 544 (enclosure three). This was mainly conceived for the married woman doctor who has been out of clinical medicine altogether while raising her family, but a number of men as well as women in other circumstances have been able to make use of its provisions.

Briefly these are to be able to attend general-practitioner refresher courses at the expense of the National Health Service, to be able to arrange *ad hoc* attachments (which, for example in obstetrics, may sometimes be resident) to specialist hospital units, and to be able to undertake a 'mature traineeship' on the same lines as mentioned above, but only for as many weeks or months as individual circumstances may suggest. A number of trainers are less keen on providing short-term traineeships, although they can engage a mature trainee as well as an ordinary one.

Which course you follow must depend partly on what experience you have had already, and partly on the kind of person you are, and the ease with which you can revise and relearn. I would feel that your choice should lie between one six-month hospital appointment if you can find a post which will enable you to participate concurrently in the work of some of the special departments, and follow this with at least six months as a trainee; alternatively you could undertake a full year's traineeship with extra provision for linking with a rotation of attachments to hospital units. You will need to contact the Regional Adviser in General Practice about these arrangements, and locally the tutors appointed by the Royal College of General Practitioners.

If you wish to enter single-handed practice you will certainly need to have shown that you have had adequate experience in NHS general practice in this country before you are an acceptable candidate for an executive council vacancy; the usual rule of thumb is two years of such experience, but with your general background of experience and your greater maturity, it might be that a trainee year would suffice.

The chances are that you would be more interested in partnership practice, and it can be very helpful for you to undertake training in an area in which you think you would be interested so as to establish informal contacts before you are looking for a partnership. I enclose some printed notes on *Contracts and Agreements* which may be helpful to you, and Mr Moore of the Medical Practices Advisory Bureau is always very willing to advise on partnership agreements—an essential and very important item which should never be treated perfunctorily.

Income

It can be very misleading to quote income levels, which vary so much according to particular practice circumstances, and to local supply and demand, but as a very rough generalisation you might expect £3,850 per annum gross as an assistant, and as a partner an initial share of between £4,000 and £4,500 net, rising to somewhere between £5,500 and £6,500 net at parity, which again, on average, takes about three years at present.

You will, of course, see a number of vacancies advertised at figures outside this range, but getting into the right kind of practice with your kind of people can be more important than the initial terms of entry. (By 'net' I mean taxable, after deduction of practice but not personal expenses.) If you wish to qualify for the vocational training allowance, which is now worth £400 a year, you will need to have done a full traineeship after an acceptable pattern of hospital posts for two years after full registration.

MRCGP examination

As requested, I enclose details about the requirements for the MRCGP examination. I know of no correspondence course of preparation for it as yet. As you say, this is not an essential qualification, although it can be very gratifying to achieve it, and the number of examinees mounts every time it is held.

Finally, the situation is changing, and I suggest that you keep in touch with me about your plans. I hope that we will be able to develop better and more flexible arrangements for mature entrants into practice, and certainly if you have further enquiries or meet any problems I will do all that I can to help.

Yours sincerely,
ALAN GILMOUR