

REPORT

The conference of postgraduate advisers in general practice in the United Kingdom

DOUGLAS J. PRICE, M.R.C.G.P.

Farnborough, Hampshire

The meeting of December 1972 was reported in the *Journal of the Royal College of General Practitioners* in May 1973. Since that meeting more advisers have been appointed and three out of five Scottish regions, Northern Ireland, and all English regions except Newcastle have now appointed postgraduate advisers in general practice. The twice yearly conference acts as a forum for discussion of the problems faced by postgraduate deans and their regional advisers in implementing the educational plans for trainees and established general practitioners.

The third meeting was held on 24 May 1973, and was attended by 17 advisers with representatives from the postgraduate deans, the Royal College of General Practitioners, the General Medical Services Committee, the National Association of Clinical Tutors, and the Department of Health and Social Security.

Dr George Swift (Wessex) had earlier produced a document arguing the case for a different mixture of general practice and hospital experience in vocational training schemes, namely 18 months of each instead of the present 12 months in a practice and two years in hospital. Dr Swift's document had been discussed at length by the vocational training sub-committee of the College. It was concluded that it was not practicable at present to pursue this possibility, though it might be possible to submit schemes to regional boards after considering the problems of evaluation; nevertheless Dr Swift's document had again drawn attention to the deficiencies of some hospital posts and the lack of time for formal course-work during many of them.

It was agreed however, that priority needed to be given to the improvement in both quality and quantity of schemes of the present type.

The College has, by its system of recognition of schemes of vocational training for its membership examination, been able to establish a register of schemes. By a fairly simple extension of this register, it is hoped to be able to direct failed applicants from one scheme to another scheme with vacancies; it is also hoped to be able to assess the reasons for dropping out from vocational training schemes. This will be one of many ways in which the College may continue to exert an influence on the progress of vocational training.

The conference went on to discuss the problems of women doctors, and Dr Joan Sutherland, on behalf of the Medical Women's Federation, made a plea for more flexibility in vocational training schemes. It was also noted that a trainee's contract with her principal was sometimes unnecessarily restrictive about the area of subsequent practice of the trainee when she became a principal. More important, there should be hospital posts available on a part-time basis, and schemes should be adaptable enough to allow women to move sometimes in the course of their vocational training. It was agreed that there should be liaison regionally between the advisers and the regional liaison officers of the Medical Women's Federation, and this should help towards an awareness of each other's problems.

It was recognised that earlier estimates of the need for medical manpower in organising general-practitioner training had been underestimated, and it was agreed that all regional advisers should be projecting their future manpower needs for organisation of training, especially of courses. This was also to be one of the problems to be discussed at the recently convened tripartite group, consisting of members of the College, General Medical Services Committee and the Department of Health and Social Security. This group was set up to attempt to resolve the problems arising from vocational training for general practice. Certain problems such as expense payments for trainees had been resolved by this mechanism, which also acts as a forum for discussion of future policies, such as teaching accommodation in health centres.

Among items of interest reported from a meeting of the conference of National Deans, were

two publications which are available in medical centres: a *National Directory of Medical Centres* prepared by the National Association of Clinical Tutors with the support of the Nuffield Provincials Hospital Trust, and, secondly, a code of conduct drawn up between the National Association of Clinical Tutors and the Association of British Pharmaceutical Industry. This document would be of value to those assisting in medical-centre programmes and concerned about the relationships with drug firms at centres.

Some time was given by the conference to discussion of the assessment of trainees. Work on this currently is variable and generally limited. Hopefully this is another field where the conference and the College may gain from co-operation.

It was noted that the functions of the existing training schemes committees were to be transferred to the Regional Postgraduate Committees and their General Practice Sub-Committees from October 1973.

REFERENCE

Price, D. J. (1973). *Journal of the Royal College of General Practitioners*, 23, 370.

Opinions expressed in *The Journal of the Royal College of General Practitioners* and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.

CLASSIFIED ADVERTISEMENTS

Classified advertisements are welcomed and should be sent to: *The Journal of the Royal College of General Practitioners*, Classified Advertisement Department, Longman Journals Division, Longman House, Burnt Mill, Harlow, Essex.

The charge for this service is 50p per line, plus 25p if a box number is required. Fellows, members and associates of the Royal College of General Practitioners may claim a ten per cent reduction.

The inclusion of an advertisement in this *Journal* does not imply any recommendation and the editor of the *Journal of the Royal College of General Practitioners* reserves the right to refuse or stop the insertion of any advertisement.