Training general practitioners for obstetrics

Report of the joint working party of representatives of the Royal College of Obstetricians and Gynaecologists and the Royal College of General Practitioners

Royal College of Obstetricians and Gynaecologists

Professor S. G. Clayton	President (from September 1972)
Professor Sir Norman Jeffcoate	President (from September 1969)
Mr E. A. J. Alment	Honorary Secretary
Mr R. M. Feroze	Chairman of the Examination Committee
Mr Howard John	

Royal College of General Practitioners

Dr E. V. Kuenssberg	Chairman of Council (until November 1973)
Dr John Horder	Chairman of Education Committee (until November 1973)
Dr P. O'Brien	
Dr Gareth Lloyd	

Co-opted

Dr S. N. Cole	Diplomates' representative on the Council of the Royal College of Obstetricians and Gynaecologists

The working party met on six occasions to discuss the training requirements in obstetrics for general practitioners and reports as follows:

(1) General

1. The working party agreed, before it was possible to decide on the training requirements for general-practitioner obstetricians it was necessary to anticipate what role they would play in the maternity services of the future. We are only able to form a judgment based on present conditions.

2. The progressive rise in the rate of institutional confinement was noted. Figures received from the Chief Medical Officer showed that in 1971 there were only 15 out of 168 Health Authority Areas in which the percentage of deliveries in institutions was less than 80 per cent of all deliveries. The working party agreed that nearly every confinement would be in an institution in the future, and that the institution should ideally be a fully-equipped maternity department, but that in a few isolated areas it might still be necessary to retain some smaller units or homes.

3. The modern concept of a fully-equipped maternity department is that there shall always be in residence throughout 24 hours an obstetrician of a degree of training which is sufficient to enable him to deal immediately with such emergencies as prolapsed cord, fetal distress and haemorrhage.

4. It was generally agreed that general-practitioner obstetricians should have access to these maternity hospitals and contribute to their work. General practitioners working in hospital units should be adequately trained; not all members of a group of general practitioners would necessarily participate. It was emphasised that general-practitioner obstetricians working in hospital would always need to be covered for absence on leave or from illness. This might mean co-operation between general-practitioner obstetricians working in more than one group practice in order to provide a 24-hour service for intranatal care. If general-practitioner obstetricians are to be regarded as effective members of the hospital team, it is essential that they should attend their patients during labour and be ready to deal with any emergency. Their relationship to the hospital team need not conflict with their contractual arrangements with individual patients.

5. When local arrangements are made for general practitioners to provide antenatal care, this should be agreed between the doctor and the staff of the hospital.

6. It was agreed that general practitioners working in such maternity departments would accept the general clinical policy of the hospital division of obstetrics and the overall responsibility of the consultant in charge, but that the consultant would not interfere in the routine management of the general-practitioner case. In these maternity departments, beds (including general-practitioner beds) would be under the supervision of the responsible consultant.

7. So far as the Cogwheel structure is concerned, general-practitioner obstetricians should be represented in the obstetrics division.

(2) Categories of staff

8. *Doctors who propose to offer full obstetric care to their patients in a general-practitione obstetric unit, or in their homes*

For these it is our opinion that the minimum necessary training shall be a six months' resident appointment in obstetrics (or in a combined obstetric and gynaecological post) in a hospital at present recognised by the Royal College of Obstetricians and Gynaecologists for training. In the future it is hoped that the Joint Training Committee for General Practice will also inspect and recognise hospitals for the purposes of vocational training in colaboration with the Royal College of Gynaecologists. Except for practitioners working in maternity hospitals, subsequent special periodic refresher courses would be required.

There are at present some doctors who undertake routine antenatal and postnatal supervision of their patients, but not intranatal care. If such supervision were to be practised without previous training in intranatal care, the working party would not be in favour of such practice. Doctors engaged in practice of this type should have a comparable basic training to that of those who undertake full obstetric care.

9. *The hospital practitioner grade*

The Departments have stated that the purpose of the new grade is to provide appropriate conditions of employment for general practitioners wishing to work as part of a hospital team in hospitals providing specialist consultant services. Eligibility will be limited to principals in general practice who meet specified criteria of experience in a hospital specialty. Employment in the grade will be limited to a maximum of five sessions a week.

The Department of Health and Social Security recommends that the criteria for this grade shall be:

(a) Four years' experience since full registration (not necessarily all in the hospital service), including two years' whole-time specialty training appropriate to the appointment, or a period of similar part-time training equivalent to two years' whole time.

OR

(b) Experience in a part-time appointment or appointments in the hospital service over a total period of five years (not necessarily continuous) and a specialist diploma appropriate to the appointment.

OR

(c) Such experience in a part-time appointment or appointments as is deemed equivalent to two years' whole time specialty training appropriate to the appointment.

10. Although the Royal College of Obstetricians and Gynaecologists has already pointed out that these criteria are unnecessarily severe, and that it is therefore unlikely that many doctors will wish to enter this grade, these criteria have been agreed by the Joint Consultants Committee because of the necessities of training in other specialties.

11. Both Royal Colleges have also agreed that, if practitioners in this grade are to be of real assistance to the hospital obstetric service, they must be willing to accept duties in the labour wards, which will imply residence or immediate availability when on call.

12. *Doctors who do not intend to engage in obstetric work of any type but who, as part of general practice, may be faced with emergency obstetric problems or medical problems arising in any of their patients who happen to be pregnant.*

The representatives of the Royal College of General Practitioners did not consider that the experience gained by undergraduates in medical schools was enough even for this group. The Royal College of General Practitioners advises that the basic postgraduate vocational training scheme for general practice shall include at least two months' training in obstetrics and gynaecology. This might include one month's attachment to a hospital and one month's attachment to a general-practitioner obstetrician. Developments on these lines are still under discussion. In addition during this time there will be a course of lectures and seminars. The arrangements for such attachments need to be worked out with the hospitals for either resident or 'on call' attachment. The trainees would be supernumerary to the hospital establishment. It was accepted that many hospitals would find it difficult to provide systematic teaching such as lectures and seminars and these might then be provided and financed by area postgraduate centres.

(3) The present obstetric list in England and Wales

13. It is agreed that the minimum requirement for admission to this list should be a six months' resident obstetric appointment in a post approved by the Royal College of Obstetricians and Gynaecologists for training, as set out in section 8.

14. If the proposals of the Royal College of General Practitioners for three years' vocational training, including at least two months' obstetrics and gynaecology, are accepted nationally, there would be no need for further training of general-practitioner obstetricians in the community aspects of obstetric care, but if these proposals are not accepted nationally we consider that some training in the community aspects of obstetric work should be given to all general-practitioner obstetricians.

(4) The D.Obst.RCOG examination

15. This Diploma is intended for those who wish to practise as general-practitioner obstetricians and may have relevance to doctors in the hospital-practitioner grade, but it is not our opinion that all general-practitioner obstetricians must hold this diploma.

Future review

16. The developments of obstetric services and of community care are at present so much in flux that the two Colleges recommend a review of this report in not more than three years' time.

DOUBLE-BLIND TRIAL OF LINOLEATE SUPPLEMENTATION OF THE DIET IN MULTIPLE SCLEROSIS

Seventy-five patients in London and Belfast with multiple sclerosis were given daily supplements of a vegetable oil mixture containing either linoleate or oleate for two years in a double-blind control trial. Relapses tended to be less frequent and were significantly less severe and of shorter duration in the linoleate-supplemented group than in those receiving the oleate mixture, but clear evidence that treatment affected the overall rate of clinical deterioration was not obtained.

REFERENCE

Millar, J. H. D. *et al.* (1973). *British Medical Journal*, **1**, 765–768.