The development of vocational training for general practice

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There can hardly be a subject more discussed, talked, or written about in the field of general practice in the last decade than vocational training. Now is a good time to take stock.

Many doctors think that training for general practice is a new development. But it was over 25 years ago, at the start of the National Health Service, that the trainee assistant scheme was conceived. Many people now regard this idea of a year's apprenticeship as merely a form of cheap labour. Yet for 1948 the concept was good, and the failure of the scheme to attract recruits by the early 1960s was due not to the concept itself, but to increasing vacancies for principals, and to the failure of a few local training committees to ensure its proper implementation. To be fair to these committees, there was little guidance for them and sometimes little support at appeals committees, if they attempted to insist on adequate training.

The one year trainee appointment still continues and in some regions, flourishes. Moreover, it is still the channel for paying the general-practice part of the linked general-practice and hospital appointments. In October 1973 the authority for appointing the general-practitioner teachers was transferred to the general-practitioner subcommittees of regional postgraduate committees thereby ensuring one body became responsible for everything connected with training.

History

The first linked hospital and general-practice appointments started in Inverness in 1952. Further appointments began in the Wessex region in 1960 administered under the auspices of the Nuffield Provincial Hospitals Trust. At that time they consisted of the linking of an obstetric senior house officer post for six months, with a supernumerary six months in hospital and 12 months as a trainee in general practice. There was little organised teaching and it was not until 1965 that the first day-release courses for the general-practice year was born in Canterbury.

These first linked schemes were of two years' duration. But the aim by the late 1960s was for a total of three vocational training, after full registration. The Royal College of General Practitioners has always wanted five years and when the Royal Commission on Medical Education reported in 1968 it was suggested that five years be divided into three years of general professional training—common to several specialties—and two years further professional training. For various reasons this has not yet been implemented. With some trepidation the first three-year schemes were mounted and within a short time were proving extremely popular.

It has been agreed by all the relevant committees that all doctors entering general practice should complete a three-year vocational training period. At present this is normally two years in hospital and one year in general practice, although it is possible that in the future more of the time may be spent in the teaching practice.

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Terms

There is some confusion over terminology. *Programme* means the series of posts and release courses an individual doctor does in the course of his training. A *scheme* is a series of similar programmes organised at local level. A *course* is the series of seminars or lectures which is provided within each scheme to supplement the training posts.

Numbers and targets

In May 1968, ten centres in the United Kingdom were operating schemes. By the end of 1969 the number was 21. Towards the end of 1973 there were 102 schemes. Of more interest, however, is the number of places available annually. At the end of 1973 there were 336 places on schemes approved for the MRCGP. Most of these are full three-year schemes but a few—mainly in Wessex—are two-year schemes. (Schemes approved for the MRCGP are three-year linked schemes which have been approved by the Royal College of General Practitioners. Doctors completing such schemes can sit the examination for the MRCGP immediately.)

There is however a large regional variation (table 1). Only two regions—Oxford and Wessex—have schemes at all their district hospitals. When the population of each region is considered, the discrepancies become more apparent.

TABLE 1
SCHEMES APPROVED FOR THE MRCGP BY REGIONS

Region	*Population in millions 1972*	*Annual places available 1973*	*Places per million population*
Oxford	2·0	27	13·50
Wessex	2·1	24	11·42
East Anglia	1·8	18	10·00
Newcastle	3·0	28	9·33
Liverpool	2·2	18	8·18
Birmingham	5·1	37	7·25
North-east Metropolitan	3·4	24	7·05
South-east Metropolitan	3·5	19	5·42
South-west England	3·2	14	4·37
Leeds	3·2	12	3·75
Wales	2·7	10	3·70
Manchester	4·6	17	3·79
Sheffield	4·7	14	2·97
South-west Metropolitan	3·2	8	2·50
North-west Metropolitan	4·1	2	0·43
Scotland		44	
Northern Ireland		20	

Thirty-six doctors are known to have failed to complete programmes between 1971 and 1973 (table 2). In 1973 for the first time, some schemes began to have difficulty in

TABLE 2
DOCTORS FAILING TO COMPLETE PROGRAMMES 1971/73

Entered general practice early	13
Entered specialist training	6
Emigrated	3
Domestic reasons	3
Dissatisfied	2
Asked to resign	1
Not known	2
Failed to start	6
Total	36

filling their places (figure 1). Indeed at the Conference of Regional Advisers in General Practice there was discussion as to whether expansion should be temporarily halted. The decision was taken to continue but it was realised that a few of the less good schemes might not be able to continue through lack of support.

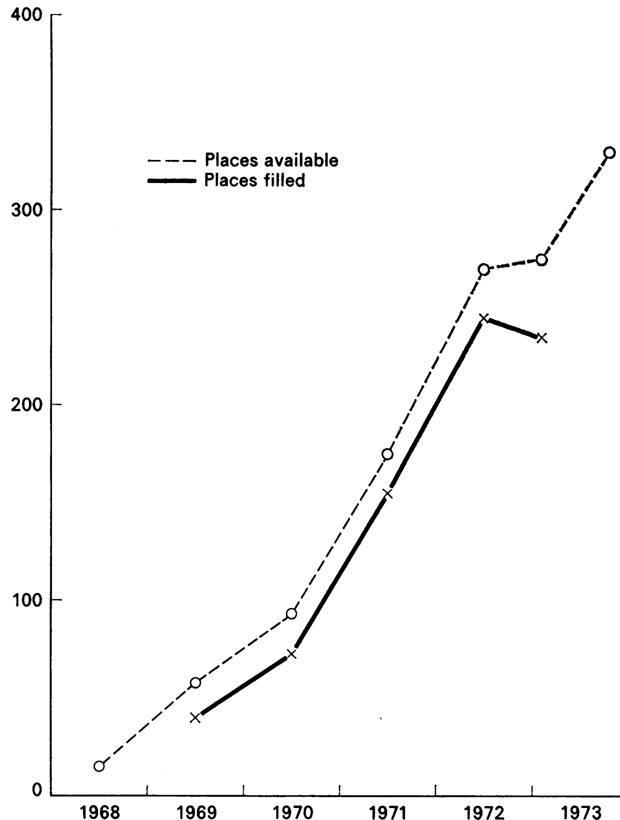

Figure 1
Places on vocational training schemes.

This creates a dilemma. We know that we need to train 1,000 doctors a year for general practice, although this is only an estimate. Before there can be universal training there must be facilities for training these 1,000 doctors, but at the same time until it becomes universal we cannot provide 1,000 places and expect them to be filled. However, even this is an oversimplification.

Self-planned programmes

What is not known is how many doctors are currently undertaking training of their own organisation—i.e. doing a variety of suitable hospital appointments for at least two years after full registration plus a year in a teaching practice. We can get some idea of these numbers retrospectively by the number of new general practitioners claiming the vocational training allowance. These doctors, of course, include those who have been on a three-year scheme (table 3). Without accurate data it is difficult to make adequate plans for the future. It is certain that many doctors, such as uncommitted graduates and married women, will want to continue to organise their own training. But until we can get some idea of these numbers we do not know how many ' package deals ' are needed. Figures even for these three-year schemes are difficult to obtain in a rapidly changing

TABLE 3
NUMBER OF GENERAL PRACTITIONERS CLAIMING THE VOCATIONAL TRAINING ALLOWANCE FOR THE FIRST TIME

England and Wales *Year ending*	
March 1968	40
March 1969	72
March 1970	42
March 1971	42
March 1972	48
March 1973	107

situation and plans are now in hand for a more sophisticated system of data collection. We shall then have to decide, either regionally or nationally, about what proportion of places to make available each year on three-year programmes and what proportion of doctors will want to make their own way. The latter will require enough hospital posts and all will need to do 12 months in a teaching practice.

The future

The progress made during the last ten years would have seemed unbelievable in 1964. How far shall we go in the next ten years? What plans do we need to make?

The need for more data is clear. The need for an increased standard of schemes has also been mentioned and is now urgently required to attract doctors into the increasing number of places. The College, mindful of its role in MRCGP approval, has already carried out experimental methods of assessing and visiting in the Newcastle and Oxford regions and in Scotland. There is no doubt that the information gained will be useful in helping schemes to raise their standards. It is also worth remembering that at present we have highly motivated trainees. When all doctors undertake vocational training, our teaching skills will be taxed more heavily.

The General Practice Advisory Committee of the Council for Postgraduate Medical Education in England and Wales has suggested 1977 as the date when all doctors might undertake training. It is not clear whether this date really means 1977 or 1980. It looks, however, as if 1977 could be the date when enough places are available for all future general practitioners, in effect making 1980 the year when all new entrants into general practice as principals would have been trained. But these dates need agreeing now so that regions can establish their targets. These targets will need co-ordinating between regions to make sure the national requirements are met.

What is not yet clear is whether every region will be able to meet its target. There may not be enough teaching practices of an adequate standard and not enough hospital posts in some places. What is also undecided is whether there must be a sudden increase in places available to coincide with the date for universal training, or whether these places will be available but unfilled immediately before such a date.

We have come a long way since 1948. Our aim must now be to establish training for all, without substituting quantity for quality. This is indeed a challenge for the 1970s.

Acknowledgements

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Addendum

The number of trainees in post in England and Wales on 30 September 1973 was 483.—*Ed.*