

## ONE THOUSAND UP !

**T**HE latest returns show that both the number of trainees in general practice and the number of approved general-practitioner trainers have now each passed the thousand mark. On 1 October 1975 there were 1,158 trainees in England and Wales and 1,265 recognised general-practitioner trainers in over 1,000 practices.

As these numbers increase so it is becoming possible to analyse regional variations and some interesting comparisons appear. The greatest number of trainees in any region at the end of 1975 was in the West Midlands (135). The Northern region and Trent both had more than 100 and these were followed by the North-western region (94), while both the South-western and Wessex regions had 83.

The number of trainees in London remains remarkably low. Not only does the North-east Thames region have only 38 trainees, but the four Thames regions form four of the five regions with the fewest trainees in the country.

There must also be some very different policies operating in trainer selection, because the same four London regions have 374 trainers appointed for only 193 trainees between them, while the Northern region, which normally requires all its new trainers to pass the membership examination of the Royal College of General Practitioners, has 56 trainers for its 115 trainees.

Such striking variations in quantity suggest corresponding differences in quality. Consumer pressure is already making its presence felt and it is hardly surprising that some vocational training schemes which do not yet have a strong general-practitioner teachers' organisation and an academic general-practice course are beginning to notice a fall in applications.

### *The future*

Despite the recent rapid increase in numbers the national target has not yet been met. Allowing for about 1,200 vacancies in general practice each year to replace existing principals (Godber, 1976) and in view of the need to replace the bulge of older general practitioners now in practice, a round figure of about 1,500 new entrants a year is going to be necessary.

It is increasingly clear that in future many career specialists will want to spend part of their training in teaching general practices, provided that the quality of clinical care and teaching compares favourably with other branches of medicine. This is especially important for doctors specialising in community medicine, geriatrics, paediatrics, and psychiatry.

These figures, however, represent a landmark and indicate the scale to which education for the biggest branch of the British medical profession has now advanced. They provide some of the evidence on which the educational authorities responsible for vocational training have now recommended to the Government that mandatory training should be introduced.

An interim period, when one year of traineeship in general practice will be required, may come soon, but looking further ahead the original plan of a compulsory three-year training starting in 1980 remains the target.

### REFERENCE

Godber, Sir George (1976). *British Medical Journal*, **1**, 277.

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