

Vocational training

DESPITE the relatively recent introduction of vocational training for general practice, development has been rapid and the time is ripe to publish a history of how it all started. An article by Horder and Swift (p. 24), two of those most closely involved in the early development of vocational training in the UK, today sets the story in its historical perspective.

Meanwhile the number of doctors in training proceeds apace. The Central Council for Postgraduate Medical Education in England and Wales (1978; personal communication) reports a steady increase, with the latest total of over 2,500 doctors in training for general practice. It is probable that the first stage of mandatory training will be introduced in 1980 with the full three-year programme being required by 1981 or 1982. Already it can be seen that the number of posts, the number of trainers, and the number of trainees are all reasonably in balance to implement this policy.

Trainees' clinical experience

Each step forward, however, serves merely to identify new problems which in time need to be clarified. One such problem is that only one of the four years' training after qualification is spent in general practice itself. Hence tremendous responsibility rests on the trainee year. Clearly the relevance and quality of the clinical experience gained in this year are of crucial importance, but hitherto relatively little has been known about the kind of patients seen in general practice by trainees. Naturally it had been hoped that they would reflect the content of the trainer's practice. However, various doubts have been raised by O'Flanagan (1977) and there have been disturbing suggestions from others that there may be important differences in the problems usually seen by a trainee and those usually seen by a trainer.

In this issue we publish two different studies on this theme. Both Carney and Stubbings report similar findings and confirm the tendency for trainees to see proportionately more acute upper respiratory disease and, initially, for this to be at the expense of some important chronic conditions, especially psychiatric and medical.

It is encouraging that Stubbings (p. 47) found that the second three months of a six-month attachment partially redressed this balance; there may be new implications arising about the optimum length of trainee attachment in general practice. Studies like these help to clarify the content of the trainee year and may lead to new methods of monitoring what trainees see so that inappropriate gaps and deficiencies can be remedied during the year itself.

Complementary to the training practices, and of special importance in vocational training, are the half-day release courses. Here, too, relatively little is known about the content of the courses and the very different ways in which schemes are evolving in different parts of the country. Oswald's Upjohn Travelling Fellowship report (p. 33) helps to identify different patterns and will encourage all scheme organizers and trainees to review their own courses.

Stott's article (p. 53), with its amusing analogy of trainee milestones, underlines the educational significance of the trainee year and shows that educational theory is no longer confined to trainers but is being consciously and usefully assimilated by trainees themselves.

Partnership

The theme of all these papers is that of partnership. The days may soon be over when most of the work on vocational training was reported by organizers and trainers. If the trainer/trainee relationship is to be as vital and important as Stott would like it, then, like the doctor/patient relationship, it will have to develop into a form of partnership. An increasing responsibility will then fall on trainees to study and write about their learning experiences. This is just beginning to happen, as shown in this issue today, and must be a source of great encouragement for the future of British general practice.

Reference

O'Flanagan, P. (1977). One trainee's clinical experience. *Journal of the Royal College of General Practitioners*, 27, 227-230.