

## An experiment in training in child care for general practitioners

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**SUMMARY.** The educational objectives for training general practitioners are widely agreed. However, there is a shortage of paediatric posts in hospital, especially in Scotland. As there are obvious advantages in training clinicians who will work in general practice in the setting of general practice, we have initiated 10 posts in training each of six months' duration and each in addition to the trainee year. Three months will be spent in general practice itself and systematic teaching will also be provided for three months by the Edinburgh School of Community Paediatrics. Pre-course and post-course assessments will be carried out and the learning achieved will be evaluated.

*We must experiment with differing organizations of the three years now allocated to vocational training.*

Freeling, 1978.

### Framework for vocational training

**T**HE introduction of the new legislation for post-graduate training for a career in general practice carries with it the danger of conveying a spurious authority to the present pattern of postgraduate training programmes involving two years in hospital appointments and one year as a trainee general practitioner. This pattern, however, reflects neither the recommendations of the Royal Commission on Medical Education (1968) nor the policy of the College of General Practitioners (1965). It draws some of its authority from the concept of general professional training recommended by the Royal Commission which was to be followed, however, by two years of further professional training. The College's policy, in its recommendations to the

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Royal Commission as outlined in its first *Report from General Practice* (College of General Practitioners, 1965), was for a period of four years post-registration experience involving two years in hospital and two years in practice. The College later accepted the recommendations of the Royal Commission involving a five-year training programme, divided between general professional training and further professional training. By isolating the three-year period of general professional training—no doubt for excellent pragmatic reasons—the hospital period of training has been allowed to become the major component in terms of time, which neither the Royal Commission nor the College envisaged or proposed. It is a curious paradox that British general practice, historically separate from hospital inpatient care, should now allow such emphasis on training in hospital.

### Importance of child care

In Scotland, particular concern has been directed towards the training of future general practitioners in child care, stimulated by the publication of the Report of the Committee on Child Health Services (1976) under the chairmanship of Professor Court and the earlier Report of the Scottish Home and Health Department (1973) under the chairmanship of Sir John Brotherston. Since 30 per cent of the general practitioner's time (Scottish Home and Health Department, 1973) is spent in the care of children, who constitute about 25 per cent of the average practice population, the need for competence in the care of children is beyond question. The Brotherston and Court Reports both emphasize the need to integrate preventive and curative services and the College, in its comment on the Court Report (RCGP, 1978), has fully endorsed this principle which has now been accepted by Government as expressed by the then Secretary of State, Mr D. Ennals, in the Eleanor Rathbone Lecture in January 1978.

In our experience, almost every new entrant to a vocational training scheme wishes to have a hospital appointment in paediatrics, but at present in South-East Scotland only one third of the entrants to our vocational training schemes can hold a paediatric hospital post and

there is no possibility of increasing the number of these hospital appointments. A review of the experience of doctors who have held these appointments, and who have later entered general practice, has revealed some dissatisfaction with the training which the hospital post provided regarding its relevance for a career in general practice. The hospital post undoubtedly provided excellent experience in the management of acute illness and—most importantly—in the recognition of an acutely ill child, as well as giving confidence in the handling and management of these children. The hospital, as always, provides concentrated experience in relation to acute life-threatening conditions as well as in a wide range of other illnesses, with the trainee general practitioner deriving particular benefit from experience in outpatient departments.

### *Changing patterns in child care*

However, the wide educational objectives set out in the Joint Report of the British Paediatric Association and the Royal College of General Practitioners (1976) are attained only in part and the young doctor entering general practice is often less well equipped according to his needs than might have been expected from concentrated training in a specialty subject. The changing patterns of illness and disability in children, with the need for skills in identifying and managing physical, mental, and social disablement, as well as in the wide range of preventive medicine, requires greater emphasis in training in the community aspects of child care to provide a wider knowledge and understanding of normal human development and behaviour.

### **New methods of training general practitioners**

For these, and other reasons, the Regional Committee for Postgraduate Medical Education in South-East Scotland, in association with the Scottish Council for Postgraduate Medical Education, submitted proposals to the Scottish Home and Health Department for an experimental scheme to allow training in child care for future general practitioners to take place in the community as an alternative, or to be complementary, to a training period in a hospital paediatric post.

Permission has been obtained for the funding of 10 such posts based in general practice, each of six months' duration, to allow the training of 20 doctors each year. The aim of this experiment is to assess how far the training objectives in child care agreed between the British Paediatric Association and the Royal College of General Practitioners can be attained in the community and how far these posts can be regarded as an alternative to a hospital paediatric appointment.

### *Multidisciplinary co-operation*

In Scotland, there is a particular need to provide more training in child care for future general practitioners because, compared with England and Wales, there is a

relative shortage of hospital paediatric posts, a fact which in turn is related to the concentration of paediatric care in teaching centres. It is hoped, therefore, that this scheme will provide alternative, and often additional, training experience designed to raise the general standard of child care with emphasis on the integration of the preventive and curative aspects. It is interesting that these proposals anticipate closely the recent recommendations of a working party of the Central Council for Postgraduate Medical Education in England and Wales.

In planning this experiment, there has been close co-operation between the Regional Subcommittee in General Practice and the Education Committee of the South-East Scotland Faculty of the College. A joint committee has been set up to help select suitable training practices and the criteria for the appointment of selected trainers in general practice child care. These trainers will be remunerated on the same basis as other trainers, but will concentrate on providing teaching within their practices related to the learning objectives of the Joint BPA/RCGP Report. There has been little difficulty in identifying suitable trainers and practices and the doctors appointed as trainers are those who have maintained a particular interest in paediatrics as shown by the organization of their practices and by appointments related to child care within the community and in hospital.

### *Organization of each post*

Each trainee during his six months' appointment will spend approximately half of his time in the practice and half in the Edinburgh School of Community Paediatrics. This School, opened in 1978, is based at the Royal Hospital for Sick Children and is administered by academic staff of the Department of Child Life and Health, University of Edinburgh. It provides a programme based on weekly modules, designed to meet the needs of specialist paediatricians, clinical medical officers, and general practitioners for the care of children in the community and places particular emphasis on the preventive aspects of paediatrics. It also offers clinical teaching in selected hospital units as well as training appropriate to the management of all aspects of child care in the community. This programme is therefore ideally suited to meet the training objectives for the future general practitioner, particularly when supported by a programme of training in the practice itself with the same objectives. The teaching is provided by senior staff of the hospital, the University of Edinburgh Department of Child Life and Health, and general practitioners, and is also supported by members of the Regional Departments of Education and Social Work.

### *Training curriculum*

Because of the importance of using the three-month period in practice to the greatest advantage, a training

curriculum has been drawn up by the Education Committee of the Faculty of the College. It has been agreed that for the experiment each trainee will already have completed a normal trainee year and will therefore be well aware of normal practice organization. His training curriculum during the three-month period in the practice will therefore be related to those objectives he has not already attained and will place particular emphasis on the epidemiological aspects of the practice population related to preventive programmes, developmental surveillance, antenatal and post-confinement care, the school health service, the work of the health visitor, and particularly, perhaps, the care of the handicapped child in the community. It is suggested that each trainer should identify a number of handicapped children whom the trainee can study in depth. The trainee will be expected to present a full review of each case, which will bring him into contact not only with the child and his parents but also with senior clinical medical officers, health visitors, teachers, and others responsible for the care of the child. During the remainder of his time in the practice, the trainee will conduct normal surgery sessions and no attempt will be made to direct children to him, although it is hoped that children with particularly interesting problems will be drawn to his attention by the trainer and his partners.

It is obvious that an evaluation of this experiment should be undertaken and it is proposed that the College should do this in collaboration with the Regional Committee and the Scottish Council. It is hoped to assess the trainee's knowledge before and after each appointment, and to attempt to measure his degree of confidence in his management of children when he becomes a principal in general practice compared with those who have been deprived of this training.

There are many important implications of this experiment for the balance between training in hospital and in the community within a three-year training programme. There are also wider implications related to the full five-year period of training. In the first instance, however, our priority is to develop an informed opinion about the possible permutations of training based in hospital paediatric posts, in community training posts, and in the normal trainee general practitioner year which will allow adequate attainment of the agreed learning objectives.

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## Rational location of pharmacies

What is visualized in the document issued by the Pharmaceutical Society and the Pharmaceutical Services Negotiating Committee is an initial national survey in England and Wales of the pharmaceutical service surrounding group surgeries of three or more general medical practitioners, which would, in fact, cover most of the country. The survey would be carried out by a local pharmacy practices committee comprising pharmacists and lay members. (In Scotland, a separate report has been prepared by a working party which was set up by the National Pharmaceutical Consultative Committee with representatives of other professions and lay representation as well. The report is now with the Scottish Health Service Planning Council.)

Once the survey had been completed in England and Wales the proposal was that an attempt would then be made to fill gaps in the pharmaceutical service revealed by the survey, by either a full-time or part-time or collection and delivery service. If a pharmacy were seen to be required in or next to a group surgery, an NHS dispensing contract would be made available and the affected pharmacies would be given the opportunity as a consortium to provide a service. A further local assessment would be made whenever a new group surgery was planned. The intention is that the assessment would be performed by local pharmacy practices committees with a right of appeal to a national practices committee and finally to the Secretary of State.

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