Compulsory vocational training

ON 16 February 1980 the National Health Service (Vocational Training) Regulations came in to operation. A substantial majority of general practitioners regard this step as an important landmark in the evolution of general practice, comparable in significance with the 1858 Medical Act.

For the first time there is public recognition of the discipline of general practice. The Regulations require that a doctor who wishes to become a principal in general practice in the National Health Service, with all the responsibilities which this appointment implies, must first master those essential subjects which cannot be learned as a medical student and in the preregistration year. For the first time the profession, through the Joint Committee on Postgraduate Training for General Practice and the trainers and consultants supervising individual trainees, will be able to insist on reasonable minimum standards of experience and competence for new entrants. In setting such standards, the profession should provide the public with tangible evidence of its intention to do its best to improve the quality of patient care.

The bones of the new Regulations are as follows. On and after 16 August 1982, a fully registered doctor who wants to become a principal in general practice will have to gain at least three years' further experience in educationally approved posts in general practice and the specialties. The pattern of experience is already familiar, comprising at least a year in a teaching general practice and up to two years in hospital specialties including community medicine. Doctors completing patterns of training described in the Regulations will qualify for a certificate of prescribed experience, to be issued by the Joint Committee. Doctors whose training broadly resembles that required for prescribed experience will receive a certificate of equivalent experience. Certificates of equivalent experience will have the same weight and validity as certificates of prescribed experience.

Doctors who are refused a certificate of prescribed or equivalent experience by the Joint Committee may appeal to the Secretary of State. The Appeal Body will have a legally qualified chairman, two general practitioner members nominated by the Royal College of General Practitioners and General Medical Services Committee respectively, and a consultant in clinical practice nominated by the Joint Consultants' Committee.

The introduction of vocational training will be phased, so that its impact can be felt as soon as possible. On and after 15 February 1981, future principals will need to have completed a minimum of one year in an approved teaching practice. All doctors who are principals in general practice on or before the appointed date will be exempt from the vocational training Regulations. Doctors who are not principals, but whose experience suggests that they could be, may also be exempt in certain well defined circumstances.

The Regulations allow for considerable flexibility, so that individuals can tailor their programmes to their own particular needs. Provided finance is available, they allow for more than a year of three-year training programmes to be undertaken in general practice. The Armed Forces are already offering training programmes based on 18 months in general practice and 18 months in hospital specialties. No doubt the Joint Committee, as it builds up its case-law on equivalent experience, will delineate other options including the recognition of suitable experience overseas.

Individual trainers and consultants will have to certify that each trainee has satisfactorily completed the period of training for which they are responsible. Satisfactory completion is described in the Regulations as follows: "In relation to a period of training in any employment, the completion of that period of training in such a manner as to have acquired the medical experience which may reasonably be expected to be acquired from training of that duration in that employment"! This may be taken to mean that, in the judgement of the supervising doctor, the trainee has done his job well and has demonstrated reasonable standards of care and competence. The medical profession thus has complete control of the standards of training. When case-law begins to emerge through the practical application of the Regulations, more specific criteria of performance may emerge. Time, patience and, above all, the exercise of reasonableness in making judgements on the work of young people will be essential in the early years.

Provided that the quality of training posts is high, vocational training for general practice should ensure that every young doctor has a chance of getting off on the right foot in his chosen career. However, vocational training lasts for only three years out of a lifetime of professional practice. So there are limits as to what can be expected of it. Fortunately, the Royal College of General Practitioners is already realistic about the potential of vocational training and in consequence is turning its attention to the ways in which established

principals can be helped and encouraged to maintain their standards. Here, rather than through further tinkering with vocational training, lies the real challenge for the 1980s. Trainers, by demonstrating their willingness to examine their own work in order to become better teachers, have got us off to a good start on the still long and difficult road towards better clinical standards.

Reference

National Health Service (Vocational Training) Regulations (1979). Statutory Instrument No. 1644. NHS Act 1977, Sections 30, 31, and 32. London: HMSO.

Patient participation in general practice

THE decade of the 1970s has marked an important interesting new development in the relationship between patients and their doctors.

The first patient participation group was probably that of Dr Peter Pritchard in Oxfordshire in 1972, with the Aberdare group led by Dr Alistair Wilson following in 1973, and the Bristol group initiated by Dr T. F. Paine at the Whiteladies Health Centre in 1974.

The first references in this *Journal* came with the editorial "Patient Power" (January, 1974), a concept which Pritchard (1979) has recently discussed. Paine (1974) and then Wilson (1975) reported the developments in their own practices, while Cull and Bird (1974) described a similar development in Birmingham. There are now at least 20 groups throughout the country, and a National Association for Patient Participation in General Practice was initiated at Oxford in 1978 and also reported in this *Journal* (1978).

There is increasing awareness of the potential of patient participation groups: Sir George Godber has accepted the Presidency of the National Association, and the Department of Health and Social Security is now making a £2,000 a year grant over a two-year period.

Although there are considerable variations in the styles and priorities of these different groups, a number of common themes have emerged, notably the wish to give patients more of a say in their own practices, a desire to promote health education, a systematic attempt to provide voluntary services in the local community, and finally an informal mechanism examining complaints and grievances.

Today in this *Journal* we publish for the first time an article by two patients involved in one such association (Dakin and Milligan, p. 133).

It remains to be seen how far and fast patient participation groups will spread. While there will always be room for variety, the general principle is most attractive. Excessive doctor power like excessive patient power can mar good relationships, and patient participation and patient associations can be seen as a rational extension of the counselling concept in general practice consultations.

Any development which aids partnership between patient and doctor is worthy of the greatest encouragement.

References

Cull, T. W. B. & Bird, A. P. (1974). Patient-doctor seminars. *Journal of the Royal College of General Practitioners,* **24**, 247-250.

Journal of the Royal College of General Practitioners (1974). Patient power. Editorial. **24**, 1-3.

Paine, T. F. (1974). Patients' Association in general practice. *Journal of the Royal College of General Practitioners,* **24**, 351.

Paine, T. F. (1978). Inaugural meeting of the National Association for Patient Participation in General Practice. *Journal of the Royal College of General Practitioners,* **28**, 377-382.

Pritchard, P. M. M. (1979). Patient participation and primary health care. *Health Trends,* **11**, 92-95.

Wilson, A. (1975). Participation by patients in primary care. *Journal of the Royal College of General Practitioners,* **25**, 906-908.

Sri Lankan Family Physician

THE appearance of *Sri Lankan Family Physician,* official publication of the College of General Practitioners of Sri Lanka, marks a further step in the development of one of our sister Colleges. Conceived exactly 10 years ago, the College was finally established in 1974 (after passage of a parliamentary private member's bill) with a constitution closely modelled on that of the Royal College of General Practitioners. In 1977 it became a member of a regional group linking the Colleges of Australia, New Zealand, Malaysia, Singapore, Hong Kong, and the Philippines Academy. In 1978 it was admitted as a full member of WONCA.

During its first years the Sri Lankan College relied on a series of newsletters to keep its members in touch and informed of current developments in their discipline. Its new *Journal* is edited by a Colombo general practitioner, Dr Dennis Aloysius, and the first issue carries news and articles on a wide range of topics, including a comparison of general practice in Sri Lanka and the UK by Dr Leela De A. Karunaratne, who trained in this country and obtained her membership of the Royal College of General Practitioners by examination.

The *Journal* also publishes a survey of the characteristics and work patterns of 132 general practitioners. This is of especial importance now because of likely developments in undergraduate medical education and postgraduate training for general practice in Sri Lanka, with which the College will be closely involved. Its *Journal* could well play a key role in stimulating further studies into the day-to-day work of Sri Lankan general practitioners that would eventually form a basis for undergraduate and postgraduate teaching programmes.