A survey of ex-trainees

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SUMMARY. A survey of 81 trainees in the Northern Region for three consecutive years shows that trainees tend to join practices similar to their training practices, and that, although six months after the end of their course they have some criticisms of it, on the whole they find that their vocational training has been helpful and relevant.

Introduction

THERE have been previous surveys of trainees both during and after their course, but there are only a few such surveys and they deal with very small numbers (Drinkwater, 1973; Donald, 1975; Freer and Reid, 1978; Martys, 1979).

This paper describes a survey of trainees from the Newcastle and Cleveland Vocational Training Schemes, carried out in three consecutive years and made six months after the end of the course.

Aims

The aims were:

1. To survey the type of practice that the trainees had entered;
2. To assess their job satisfaction;
3. To list their recommendations for changes in the training course.

Method

A questionnaire was sent to all Newcastle and Cleveland trainees six months after the end of their courses in 1976, 1977, and 1978. It was divided into six sections dealing with the practice, practice organization, workload, finance, clinical work, and job satisfaction.

The questionnaire asked first for a description of these aspects of the practice, secondly, about any problems concerning them, and thirdly, if the course had helped to solve any of the problems which had arisen. Finally, it asked for comment and criticism on the relevance of the course to the practice.

Results

Of the 81 questionnaires sent to trainees, 69 (85 per cent) were returned after two reminders. Of the 12 trainees (15 per cent) who did not reply, three were abroad. Of the 69 respondents, five (seven per cent) were in hospital posts, two (three per cent) in North America, and eight (12 per cent) were not working full time.

1. *The practice*

Of the 62 doctors in practice (full and part time) 47 (76 per cent) had remained in the North East. Forty-seven (76 per cent) were in small towns or rural practices, 15 (24 per cent) were in large towns or conurbation practices. The types of premises are shown in Table 1.

2. *Practice organization*

Eighty per cent were working in practices with a full appointment system. The practices employed an average of 1·5 ancillary staff per doctor. Ancillary staff included receptionists, telephonists, managers, and secretaries (Table 2).

Thirty-one (50 per cent) of the practices had a manager. All the practices had health visitor and district

Table 1. Type of premises in which trainees now practise (percentages in brackets).

Premises	Number
Privately owned	30 *(48)*
Local authority health centre	26 *(42)*
Others or combination	6 *(10)*
Practices with branch surgery	24 *(39)*

Table 2. Average number of ancillary staff per doctor.

Staff per doctor	Percentage of practices
0.5	*5*
0.5-1	*24*
1.0-1.5	*41*
1.5-2	*30*

nurse attachments. Twelve (19 per cent) had liaison with a social worker. Three (five per cent) had marriage counsellors and two (three per cent) had clinical psychologists.

3. Workload

The doctors did an average of 184 surgery consultations and 32 home visits per week (Table 3). Teaching was taking place in 21 (34 per cent) of the practices. Duty rotas ranged from an alternate night rota to one night in 10. Only 13 per cent of the practices used the deputizing service, four per cent using it regularly. Eighteen per cent of the doctors felt that their workload was greater and 31 per cent felt that it was less than they had expected.

4. Finance

The average time to parity was two and a half years, ranging from three months to three years. Table 4 shows expected income at parity adjusted for inflation over the three years.

Twenty-four (39 per cent) had to take a financial share in the practice and 52 (84 per cent) were satisfied with the financial arrangements they had undertaken.

5. Clinical work

Forty-six (79 per cent) said that the clinical work in the practice was meeting or exceeding their expectations. Management of emotional problems was causing most difficulties (mentioned by 20, 32 per cent). Very few admitted to having problems with diagnosis or management of physical disease.

6. Job satisfaction

All claimed *now* to be happy in their practice. Five (eight per cent) had already changed practices; 56 (90 per cent) said that the 'camaraderie' in the practice met or exceeded their expectations; 58 (94 per cent) said that social life, that is, the local community and their involvement in it, met or exceeded their expectations. Fifty-five (89 per cent) felt that at the end of their first six months they were in control of their work.

The training course

In answer to the question of whether the training courses had adequately prepared them for problems arising in their practice, all the doctors said that the year in the training practice had been the most relevant to their work (Table 5). Seventy-five per cent thought it should be extended to 18 months.

The types of hospital jobs felt by trainees to have been most helpful and least helpful in preparation for general practice are shown in Table 6. The hospital posts were felt to be the least relevant part of the course, and specific criticisms and comments were made.

The three most useful parts of the day release course were felt to be small group discussions (62 per cent), visiting speakers (49 per cent), and case analysis (46 per cent).

Sixty-eight per cent said that day release sessions on the consultation and consultation techniques had been of least use in their first six months in practice.

Sixty-four per cent said the lunchtime and evening social events arranged by the trainees and trainers were the most memorable parts of the course!

All the trainees except one had enjoyed the course, would do it again, and would recommend it to others. Eighty-two per cent had taken the membership of the Royal College of General Practitioners, of whom 96 per cent had passed.

Table 3. Number of consultations in surgery premises and number of home visits per week.

Surgery consultations per week	Number of doctors	Percentage
<121	2	3
121-160	16	26
161-180	18	29
181-200	24	39
201-220	0	0
>220	2	3
	Total 62	
Home visits per week		
<6	3	5
6-15	10	16
16-25	11	18
26-35	8	13
36-45	13	21
>45	17	27
	Total 62	

Table 4. Gross income per annum adjusted for inflation to 1978 (after inflation, before tax).

£1,000	Number of doctors	Percentage
<8	5	8
8-11	12	19
12-14	24	39
15-20	19	31
>20	2	3
	Total 62	

Table 5. "Did the course adequately prepare you for problems arising in these areas of practice?"

	Number of doctors	Percentage yes
Practice organization	46	74
Workload	44	71
Finance	32	52
Clinical work	58	94
Personality clashes	22	35

Table 6. "Which two posts were most helpful and which two least helpful in your first six months in practice?"

	Most helpful		Least helpful	
	Number	Percentage	Number	Percentage
Paediatrics	48	77	7	11
Obstetrics and gynaecology	30	48	28	45
Psychiatry	24	39	20	32
Casualty/ orthopaedics	10	16	7	11
General medicine	6	10	24	39
Geriatrics	3	5	7 (Not completed by all)	11
ENT/eyes and skins**	3	5	—	—

**Only in Cleveland scheme.

Discussion

Several factors suggest that the North East Training Course produced many trainees who entered practices which were similar to their training practices. The characteristics of trainers in the Northern Region have been discussed in detail (Regional Postgraduate Institute for Medicine and Dentistry, 1978). The similarities are: a high degree of organization (80 per cent have appointment systems); the numbers of ancillary staff which are above the national average (an average of 1·5 per doctor compared with 1 to 1 nationally); and more nurses, health visitors, and practice managers than would be expected from national figures. The practices have a low use of commercial deputizing services (13 per cent compared with 33 per cent nationally), a high commitment to teaching (34 per cent in teaching practices compared with 10 per cent of general practitioners who are trainers), a higher than average list size (2,750), higher than average income (73 per cent earned more than the target net income of £12,327 in 1979/80), and higher than average workload (between 10,000 and 11,000 consultations per year).

The fact that most trainees remained in the Northern Region confirms the findings of Freer and Reid (1978) and of Dawes (1980). Whether trainees seek training in the area where they wish to settle, as Dawes suggests, or whether they settle in the area where they have been trained is open to question, but the future standard of general practice in an area will reflect the quality of the area's training course and its ability to attract good trainees. Amongst this group of trainees, Tudor Hart's (1971) 'inverse care law' is exemplified: only three per cent of the trainees had opted for a central conurbation practice, and only one doctor had specifically decided to accept the challenge of entering a difficult city centre practice.

Those trainees who had most problems in practice had most reservations about the relevance of the course; for example, team care was irrelevant to those who had entered practices where there was no communication with other team members.

Many trainees felt that a more practical approach was desirable and that 'the consultation' had been overemphasized and of little use in their first six months. Perhaps this is not surprising since it takes longer than six months for most trainees to settle in a practice. Many trainees mentioned a feeling of being overwhelmed by the sudden burden of responsibility on becoming a principal. They felt that the training course had not prepared them for this.

In spite of the reservations expressed, *all* the trainees felt that the year in the training practice had been the most valuable part of the course. Many felt that learning by doing was still the best way of becoming a general practitioner. One or two felt that this apprenticeship shaded into exploitation, usually because of lack of teaching commitment on the part of the trainer or indifference by his partners. The suggestion that the practice year should be increased to 18 months, supported by 75 per cent of the trainees, had previously been made by Drinkwater (1973) and has been implemented experimentally in the RAF Vocational Training Scheme.

The day release courses were enjoyable, although they were felt to be more memorable for the contact with other trainees than for academic interest. However, several speakers were mentioned as being extremely worthwhile and small group discussions as being the most valuable part of the day release course.

It is perhaps not surprising that the two years spent in hospital posts were felt to be of least relevance to general practice. Posts in medicine at senior house officer level are felt to be particularly irrelevant since all the trainees will have done a medical pre-registration post.

With certain exceptions, consultants do not seem to have thought about the relevance of their specialty to general practice. Trainees have to compete for teaching time with hospital junior staff. There is often an excessively high service commitment in junior hospital posts and routine ward work provides little teaching experience. There was a feeling that more experience in outpatient departments would have been helpful since it was most like general practice.

Paediatrics stands out from the other specialties in being thought the most helpful by 70 per cent of the trainees. This reflects first, previous lack of exposure to paediatrics, and secondly, an awareness by paediatricians of social and developmental factors which are relevant to general practice. All the Cleveland trainees who had done the ENT/skin/eye rotation had found it to be their most helpful post. There is no equivalent post in Newcastle.

The comments and criticisms should be taken in the context of the general appreciation of the course. In spite of the introduction of mandatory vocational training there is still no hard evidence that training affects

quality of practice. However, the high degree of satisfaction from the trainees after their first six months in practice must be a hopeful sign that training is heading in the right direction.

Conclusion

Trainees in the Northern Region have tended to enter practices similar to their training practices. The most valuable part of the course was felt to be the year in practice, which the trainees considered should be extended to 18 months. Hospital consultants should be more aware of the needs of general practice trainees, and the lack of satisfaction expressed about many of the hospital posts and their relevance to general practice suggests a need for considerable reappraisal of this part of the course. Finally, the day release course should centre on more practical topics.

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Food allergy in migraine

Two thirds of severe migraineurs were allergic to certain foods, shown by dietary exclusion and subsequent challenge. Radioallergosorbent test confirmed the relevance of these foods. Oral sodium cromoglycate protected these patients from food challenges. The initial specific allergic reaction in the gut may result in increased mucosal permeability which allows food antigens, complexes, or mediators to be absorbed and cause symptoms.

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