TRAINEE ATTITUDES

A survey of attitudes of general practice trainees in Devon and Cornwall

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In the spring of 1981 a questionnaire was sent to all 100 general practitioner trainees in Devon and Cornwall. It concerned attitudes towards the MRCGP examination and possible alternative approaches to membership of the College. Sixty-eight trainees replied. Of those who replied, only 14 (21 per cent) wished to be tested by examination at the end of vocational training. Nevertheless, 52 (77 per cent) intended to sit the MRCGP examination, the most common reason for this being to 'help get a job'. Forty-six (67 per cent) favoured retention of the MRCGP examination in some form. Fifty-one (75 per cent) would like to have seen an alternative means of gaining membership. Only 11 (16 per cent) thought that membership should continue to be by examination alone: 35 (51 per cent) favoured an examination plus an alternative route to membership for recently trained general practitioners; 16 (24 per cent) favoured an alternative route only, without an option of examination. Sixty-three (93 per cent) thought that entrance to general practice should not be by examination. The only proposed alternative criterion for justifying membership of the College which gained majority acceptance (60 per cent), was a commitment to a five-yearly repeated self-assessment programme.

In March 1978 an editorial in the *Journal* invited members and associates to express their opinions on the future of the College. After three years of public and private debate, another editorial asked 'What does membership of newly trained vocational trainees represent? Is it an act of faith in the College? Or is it merely a meal ticket?' The Devon and Cornwall Regional Trainee Workshop decided to contribute to the national debate on College membership and its examination in a representative way by finding out why trainees in the region sit the MRCGP examination and their views on alternative approaches to membership.

Five years of debate

Public reappraisal of the College's future role and structure began in 1977 with discussion and speeches in Council[1,2,3] and subsequent publication of four discussion documents entitled 'The Future of the College'.[4,5,6,7] The themes were: a need for change; a need for decentralization with devolution to the faculties; a questioning of autocracy and pomp at the apex of the College; a vote of confidence in local, small groups of College members for education and research.

The 1977 Annual General Meeting of the College passed two motions as a reference to Council, asking how the College intended to ensure that members 'maintain their qualifications' and 'their commitment, for life, of time and effort to maintain competence through appropriate postgraduate education and audit activities', in other words, 'uphold and promote the aims of the College'.[9]

In the ensuing debate, Lloyd and Wren[10] published a critique of the four discussion papers. Letters and articles appeared, illustrating most shades of opinion: the feeling that the College lacks humility;[11] the importance of small local groups of members;[12] a probationary period of associateship prior to membership;[13] emphatic endorsement of the present concept of the examination to maintain the respect of the rest of the profession;[14] radical changes to the concept and the gaining of membership;[15] retaking the examination as an exercise in self-reassessment;[16] and the concept of a diploma for general practice, especially for specialists.[17]

A recent milestone has been a Council discussion paper[18] on obtaining and maintaining membership, which asks 'Should the examination continue, and if so in what form?; should there be an alternative route to membership, and if so what form should it take?; should there be some kind of continuing review of membership?' It throws over Irvine's suggestion of accreditation, and Donald's view of the examination's function. It grapples with the key question 'Does the exam attempt to assess minimum competence in general practice at any stage in a doctor's career, or has it become *de facto* a test of satisfactory completion of vocational training, divorced from the commitments of continuing membership?' It stresses the importance for members of peer review, and programmes for assessment of performance, and asks for suggestions of alternative approaches to membership.

Some alternatives were suggested in our questionnaire. In addition, membership by thesis or submission of published work is theoretically admissable under the College's existing Bye Laws and Articles of Association. Alternatives based on some sort of continuing involvement and academic assessment seemed to us the most logical in achieving certain aims of the College.[19]

Repeated self-assessment now has a worldwide and modern pedigree in general practice.[20,21,22]

Method

In the spring of 1981 every general practitioner trainee in Devon and Cornwall, including those on self-constructed schemes was sent a questionnaire via the trainee group chairman of each of the five schemes in the region. The questionnaire itself (Table 1) did not need signing, thus ensuring confidentiality. A signed return slip attached to each sealed questionnaire enabled nonresponders to be identified and up to two reminders were sent, three weeks apart, to these. Completed questionnaires were sent without the return slip to the Chairman of the Regional Trainee Workshop in Plymouth, and analysed. The results were then circulated and discussed among the five trainee groups.

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This paper is the result of coordinated drafting and redrafting amongst the members of the Regional Trainee Workshop.

Results

Sixty-eight replies were received from a possible 100 trainees on the five vocational training schemes in Devon and Cornwall. Many of the trainees were on self-constructed schemes (Table 2). The questionnaire and its results are reproduced as Table 1. Some of the comments made by trainees are presented in Table 3.

Proposal 5(c) in the questionnaire had been previously introduced to trainees in Devon and Cornwall at a Regional Study Day. This suggests that a general practitioner would commit himself or herself to regular self-assessment (possibly involving clinical assessment) and that regular exposure to such self-criticism would allow him or her either to gain or to retain membership of the College.

Repeated self-assessment would utilize computer marking of test papers for the candidate's benefit, using multiple choice questions, coded according to speciality, with the overall score subdivided for each of these.

Table 1. Questionnaire results from Devon and Cornwall trainees. 68 out of 100 trainees completed and returned the questionnaire. Figures presented represent percentages.

Question	Yes	No	Don't know
Do you want to be tested by examination at the end of vocational training?	*20*	*71*	*9*
Do you think that entrance to general practice should be by examination?	*3*	*93*	*4*
Do you think that entrance to the Royal College of General Practitioners should be by examination or should some additional alternative route be available to doctors who have recently completed vocational training?			
Examination only—*16 per cent* Examination + alternative *51 per cent* Alternative only—*24 per cent* Don't know—*9 per cent*			
If a doctor meets the DHSS requirements allowing him to practice as a general practitioner should he automatically qualify as MRCGP?	*21*	*75*	*4*
If not, do you think that reasonable criteria (not mutually exclusive) to justify membership of the College would be:			
a) Once only pass/fail examination?	*21*	*66*	*13*
b) Repeated pass/fail examination?	*32*	*52*	*16*
c) Repeated self-assessment, say every 5 years (not pass/fail; results broken down by speciality and expressed as a mark relative to mean national or regional mark with standard deviation)?	*60*	*30*	*10*
d) Regular audit of one's clinical practice, for instance by practice activity analysis?	*35*	*44*	*21*
e) Continued attendance at RCGP local groups, say every 2 months at which attendance would be recorded?	*46*	*48*	*6*
For whatever reason, do you think you will sit the MRCGP examination?	*77*	*7*	*16*

Discussion

Table 3 demonstrates that all the most common reasons for sitting the MRCGP examination involved some personal benefit, to be gained either by studying for it or by adding the letters MRCGP after one's name. This finding agrees with our anecdotal observations that we seldom hear young doctors saying 'I am a member of the College', but rather 'I have got the MRCGP'.

Only two trainees said specifically, as a reason for sitting the examination, that they wanted to become members of the College. Perhaps this was due to a deficiency in the structure of the questionnaire, there being no direct question about this.

Nobody mentioned the possible benefit to patients resulting from membership.

A fifth of the respondents thought that they should qualify for membership automatically on satisfactory completion of vocational training—the 'inclusive, nonelitist, lowest common denominator view'. To them the College could reply that all the benefits of membership, other than the letters, can already be obtained through associate membership but that full membership aims to promote 'the highest possible standards' in general practice, for the benefit of patients.

93 per cent of respondents thought that entrance to general practice should not be by examination and only 20 per cent actually wanted to be tested by examination at the end of vocational training.

The reasons given for sitting the examination betray the feeling that it might become to general practice what the MRCP is to hospital medicine: not compulsory, but effectively a prerequisite to becoming a principal. The College recommends[18] that the examination should be appropriate to the experience of a general practitioner on or soon after vocational training, although it states categorically that membership of the College must not become a statutory requirement for admission to a medical list.

Fifty-one trainees (75 per cent of respondents) would have liked to see an alternative approach to membership of the College, yet forty-six (67 per cent) would like the examination to be retained. Two-thirds of those who wanted an alternative would have liked it to be an optional alternative to the examination. The most popular alternative proposed was repeated self-assessment: 60 per cent thought this was

Table 2. Breakdown of replies from the five schemes in Devon and Cornwall.

	Totals	Exeter	Plymouth	Barnstaple	Torbay	Cornwall
Number of vocational training scheme trainees	59	25	16	9	5	4
Number of self-constructed scheme trainees	41	10	14	4	5	8
Total number of trainees	100	35	30	13	10	12
Number of replies received	68	21	18	13	8	8
Number of replies as a percentage of total	*68*	*60*	*60*	*100*	*80*	*67*

'a reasonable criterion to justify membership of the College'.

So it seems that these trainees favoured a flexible system, which provides a *structure,* in addition to a *promise*[19] for a continuing demonstration of commitment to membership.

The continuing debate

Central to the debate are the following questions:
Which of the aims of the College does the examination meet?
Would members who had not taken the examination be as able to achieve and promote the aims of the College?
Can the examination play the multiple roles of:
a) the College's membership criterion?
b) a useful qualification for the individual?
c) a minimum national standard setter?
d) a longterm means of raising standards?
e) an assessment of vocational training?
f) a sort of spot-check, personal quality control?
What about the forty per cent who fail?
What, in the end, is best for patients?
Perhaps the attitudes exposed in this survey will contribute constructively to the debate.

Table 3. Reasons for sitting the MRCGP examination. (Respondents could give more than one reason.)

Reason given	Percentage of respondents who gave it
To help get a job	*28*
Stimulus to study	*24*
Fear of examination becoming compulsory or more important for conferring certain rights at present not seen	*24*
Self-assessment (self-audit)	*21*
Personal reasons—included self-interest, pride, personal challenge, masochism, reflex conditioning because it's there	*21*
To be a trainer	*12*
Pressure from course organizer or trainer	*9*
Easier to get immediately after training	*9*
To become a member of the College	*3*
Various other reasons	*28*

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AIDS TO PRACTICE

Blueprint for a psychiatric co-operation card

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It is Friday afternoon. A new patient is squeezed into your evening surgery and turns out to be recently discharged from a psychiatric hospital and suffering from a major mental illness. He needs tablets, or is not well, and does not know the names or the doses of his medication, or even his diagnosis. He can remember the hospital from which he was discharged, and several telephone calls later you may obtain the information you require if you are lucky. If your practice is in an inner city area, this scenario may be uncomfortably familiar, but is it necessary?

THE current practice of treating the greater proportion of patients suffering from major mental illness in the community rather than in hospital has led to the involvement of a considerable number of agencies in their care.