

## Problems of training in a changing market

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In 1969 when the Midlands Faculty sponsored a pioneer vocational training course there were less than a dozen trainees in a region of 2,500 principals who served a population of over 5 million patients. At the time of the General Practice Charter, Worcester city was a designated area and one practice vacancy failed to receive a single application from a British graduate. Now, three year vocational training is mandatory and is over-subscribed. With many well qualified applicants for practice vacancies, rumours are arising that some principals are demanding unfair partnership conditions or are relying on unwritten and dubious agreements, as happened in the early years of the NHS.

THE number of new general practitioners required for each region is not known. Requirements depend on a number of factors: the age distribution of existing principals and their health, how many family doctors will retire at the age of 60 years and how many will then return to work part-time. In addition there is a major uncertainty about average list sizes in the future and whether the Government will fund an average list of 1,700 patients or whether the DHSS working party will recommend cash limits for primary care and so prevent any expansion of the total number of general practitioners.

### Selection for schemes

Selection of doctors for vocational training schemes is also a problem, as is shown in the Working Party Report, p. 673. The working party's questionnaires indicated that many applications were made by some doctors. There were problems in selecting trainees with schemes oversubscribed by a factor of 20.

One solution for this particular problem could be for the Joint Committee on Postgraduate Training for General Practice to introduce an 'UCCA' type scheme for trainees. Initially this could be confined to a few schemes. Advertisements could be synchronized for February with applications made on a single agreed form limited to five schemes in order of preference. Interviews could be arranged in April and clearance in May, leaving June and July for a second round of interviews before the starting date of 1 August. Such a procedure would not preclude local applicants or local autonomy, but could help overcome the present chaos.

Training is changing. Some ask 'are trainees having it too easy?', while anecdotes overheard at the trainee confer-

ences in Sheffield and Cambridge suggested that some trainees are still overworked and undertaught. Research has shown the characteristics of training practices that are associated with better performance of trainees.<sup>2</sup>

### Career of first choice

A national survey of doctors who qualified in 1980<sup>3</sup> had an 84 per cent response rate and a total of 2,858 respondents. It showed that a third of the doctors put general practice as their first choice of career. A higher percentage of women doctors (40 per cent) put general practice as their first choice.

These figures should not lead to complacency. The College is fundamentally committed to trainees as its seed corn. Improvements in the standard of training practices are vigorously encouraged by regional education committees, who are themselves helpfully prodded by the Joint Committee on Postgraduate Training for General Practice. Apathy and conservatism must be vigorously combated. More trainees should be encouraged to conduct surveys in which schemes are constructively criticised. All involved must be sensitive to such criticisms and ready to make changes, however uncomfortable for the establishment this may be.

### References

1. Murray S. Are trainees having it too easy? *Scottish Medicine* 1982; 2, 19-20.
2. Freeman J, Roberts J, Metcalfe D et al. The influence of trainers on trainees in general practice. *Occasional Paper* 21.
3. Parkhouse J, Campbell MG, Hambleton BA et al. Career preferences of doctors qualifying in the United Kingdom 1980. *Health Trends* 1983; 15, no. 1:12-14.

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## PRACTICE FINANCE

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### The Additional Lump Sum Retiring Allowance

What does it provide? What does it cost? These questions are considered by Mr D. J. Shields of the Medical Insurance Agency in a follow-up to his article (February *Journal*, p. 116) on the new Added Years Scheme.

WHILST buying Added Years will have wide application, purchase of the Additional Lump Sum will relate to fewer doctors. This facility applies only to:

- Men who have been married or are still married or who marry in future provided they have pensionable service in the NHS prior to 25 March 1972.
- Women members of the scheme with pensionable service prior to 25 March 1972 who nominate their incapacitated husbands for a widower's pension.

It does not apply to men and women in the above categories who purchased, or are purchasing, their bigger lump sum in respect of pre-25 March 1972 service under the earlier (1975) arrangements. If, however, they bought or are buying only part of that service, they may now buy more or the rest of it under the new scheme.

Purchase cannot be made by a re-employed pensioner so that a doctor who has retired from the NHS and then returned to NHS practice is ineligible to purchase even