
A follow-up of some North-East London trainees

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SUMMARY. General practitioner trainees from the period 1963–80 were followed up with a postal questionnaire, yielding a 62 per cent response rate. Questions were asked about their training and their current posts. Of the ex-trainees, 62 per cent were graduates from overseas medical schools, 92 per cent were now general practitioner principals in the United Kingdom and 25 per cent had experienced difficulty in finding a practice. Trainees from a three-year vocational training scheme (VTS), predominantly from UK medical schools, scored higher on an Index of Attainment than those not from a VTS. Sixty-three per cent of trainees had settled within 10 miles of training area. Only 27 per cent of trainees now worked in a health centre, compared with 61 per cent of trainers. Comments on the training programme suggested financial matters were inadequately dealt with. Twelve per cent would have preferred a longer period in the training practice and 18 per cent made negative comments about their training.

REDBRIDGE and Waltham Forest are two London boroughs whose boundaries extend from the edge of inner London into suburban Essex. Some of the trainers currently in the vocational training scheme had been receiving trainees since 1963, most of the trainees being graduates from overseas. The aims of the study were to obtain feedback on the vocational training scheme (VTS), to involve trainers in a collaborative project and to establish a baseline for future surveys.

A questionnaire was sent to all traceable trainees of the 18 present trainers. The first trainee had started general practitioner training in 1963, the last in 1980. Questionnaires were returned by 57 of the 92 trainees contacted (62 per cent).

Current posts

The first section of the questionnaire concerned the current post of the ex-trainees and the establishment of baseline data. Graduates from overseas medical schools

formed 62 per cent of the sample, compared with none of the group of 14 Glasgow trainees of Freer and Reid¹ and 41 per cent of trainees in the North West area.² The remaining 38 per cent of trainees were from UK medical schools, 23 per cent being from London medical schools, similar to the 27 per cent in the North-East Thames Regional Authority (NETHRA) study.³ Twenty-eight per cent of the trainees took part in a three-year linked VTS, compared with 69 per cent nationally in 1981.⁴

MRCGP examination success

The MRCGP examination had been passed by 28 per cent of trainees, compared with 85 per cent of Glasgow trainees¹ and 80 per cent of the North-East group.⁵ Evaluation of the performance of general practitioners is difficult. In an attempt to do this, an 'Index of Attainment' was constructed, awarding four points for passing the MRCGP, three points for being in a training practice, two points for an undergraduate practice and one point for partaking in ancillary teaching, giving a total possible score of 10. The mean score for those in general practice was 3.4; the average score for women was 4.0, for men it was 3.1. There was a marked difference in the Index score for those who had undertaken a formal VTS (5.9) and those who had not (2.4). Selection for a three-year VTS is very competitive, only 7 per cent of our sample who were selected were overseas graduates.

Type of practice entered

Thornham⁵ suggests that many trainees enter practices similar to those of their trainer, but only 37 per cent of our sample were in teaching practices. While 61 per cent of our trainers work in health centres (compared with a national average of around 20 per cent), only 27 per cent of the trainees do so. The NETHRA survey³ found a strong preference for running a group practice from purpose-built premises; 42 per cent of our sample achieved this. Eighty-five per cent of trainees settled in the south east of England, 63 per cent within 10 miles of the training area. Two thirds of the trainees had remained in conurbations (21 per cent in industrial areas). The training practices are all in the Greater London conurbation, 44 per cent being situated in an industrial area. Bolden⁶ found a similar figure for settlement

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Table 1. Problems experienced by ex-trainees in dealing with patients (55 returns). (Percentages in parentheses.)

	Extent of problem			Training helped
	Least	→	Most	
Diagnosis/recognition of physical illness	45 (80)	9 (16)	1 (4)	} (82)
Management of physical illness	44 (80)	11 (20)	—	
Diagnosis/recognition of emotional illness	26 (47)	26 (47)	3 (6)	} (86)
Management of emotional illness	17 (31)	22 (40)	16 (29)	

Table 2. Responses relating to adequacy of training for particular problems. (Percentage in parentheses.)

	Training adequate	
	Yes	No
Practice organization	36 (63)	21 (37)
Workload	36 (84)	21 (16)
Finance	24 (44)	31 (56)
Practice organization	51 (91)	6 (9)
Practice organization	30 (55)	25 (45)

within the training area. Similarly, 76 per cent of Thornham's trainees remained in the north east of England, most of them in small towns and rural practices.

Finding a practice

The problems of finding a practice after vocational training are becoming of increasing concern. One report⁷ showed that two thirds of 362 trainees from the North-West Thames Region in the previous five years had become principals and in Wales there was an 80 per cent success rate for 214 trainees over 10 years. In our group, 92 per cent are now principals, 3 per cent hospital doctors and 3 per cent locum and family planning clinic doctors. Difficulty in finding a practice had been experienced by 25 per cent of the sample. It took up to 66 months to become established, with a mean of 6.3 months.

The training programme

The second section of the questionnaire concerned the training programme itself. When asked about the problems they had in dealing with patients, the least difficulty was encountered with physical illness (Table 1). The trainees encountered more problems with emotional illness but over 86 per cent thought that training helped with diagnosis/recognition and management. As in other studies,^{4,5} the training year in general practice was found to be the part of the course most relevant to their present situation. The most inadequate part of the training was thought to be in financial matters, followed by 'personality clashes' and practice organization

(Table 2). This is in contrast to Thornham,⁵ who found 'personality clashes' were the aspect dealt with the most inadequately. Twelve per cent of the trainees would have liked an extra period in general practice (mean period of nine months). This is lower than the 75 per cent of Thornham's survey⁵ who wanted a further six months, although 23 per cent of the National Trainee Survey⁴ thought that further time was desirable.

Open-ended comments about the training course were asked for. Negative replies were received from 18 per cent of our sample, positive replies from 12 per cent. Despite the confidential nature of the questionnaire, it is difficult to criticize former trainers directly, especially during the training period when future careers depend on patronage. Lack of teaching was a particular complaint, as it was for 10 per cent of the National Training Survey.⁴

One consequence of the study was that changes were made to the training programme. In addition, the trainers enjoyed their participation in the survey and a baseline for further studies was established.

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