

14. Brettle RP, MacCallum CJ, Murdoch J, Gray JA. The adult female — a 20 year study of bacteriuria in female patients: In: Asscher AW, Brumfitt W (eds). *Microbial diseases in nephrology*. Chichester: John Wiley, 1986.
15. Brooks D, Mauder JA. Urethral syndrome in women and its diagnosis in general practice. *Lancet* 1972; 2: 893-898.
16. O'Dowd TC, Pill R, Smail JE, West RR. Clinical judgement in the management of frequency and dysuria in general practice. *Br Med J* 1984; 288: 1347-1349.
17. Brooks D, Mallick NP. *Renal medicine and urology*. Edinburgh: Churchill Livingstone, 1982.
18. O'Dowd TC. Women with urinary symptoms. In: Brooks D (ed). *Urinary tract infections*. Lancaster: MTP Press, 1987: 33.
19. Gower PE. Urinary tract infections in men. Investigate all ages. *Br Med J* 1989; 298: 1595-1596.
20. Smellie JM, Prescod N. Natural history of overt urinary tract infection in children. In: Asscher AW, Brumfitt W (eds). *Microbial diseases in nephrology*. Chichester: John Wiley, 1986.
21. Jacobson SH, Eklof O, Ericson CG. Development of hypertension and uraemia after pyelonephritis in children: 27 year follow up. *Br Med J* 1989; 299: 702-706.
22. Winberg J, Bollgren I, Kalennius S, et al. Clinical pyelonephritis and focal scarring: a selected review of pathogenesis, prevention and prognosis. *Pediatr Clin North Am* 1982; 29: 801-804.

General practice training in the hospital

SERIOUS concerns about the quality of training that is offered to junior hospital doctors continue to be expressed. Difficulties with lifestyle have been highlighted¹⁻³ and so too have inadequate arrangements for learning. Consistent findings have been lack of time for teaching and the absence of a structured programme of learning throughout each attachment. These inadequacies have been described for posts used in vocational training for general practice for many years⁴⁻⁶ as well as more generally for all senior house officer appointments.⁷

In this issue of the *Journal*, Karen Kearley presents the results of a survey of the views of general practitioner and hospital based teachers, and of current and recent trainees on the quality of hospital based training.⁸ These results confirm the findings of previous work and reinforce the lesson that the educational opportunities of working in hospital are not being exploited to the full — at least for future general practitioners. The respondents' comments provide clear evidence of the obstacles that need to be overcome if training in hospital is to be improved, and provide clues to how better provision might be developed for the future.

A common concern has been the lack of clarification about what is expected of trainees; for most hospital posts there is no clear indication of what consultant teachers want them to learn. The failure to provide adequate protected time for learning has been consistently highlighted, and any formal teaching that does take place is often unrelated to the needs of doctors whose careers lie in general practice. This, together with the lack of feedback on performance and the extent to which they have matched up to their teachers' expectations, can make the hospital years a particularly frustrating time for trainees. These features are country wide and are not restricted to obstetrics and gynaecology and to paediatrics — the disciplines studied by Kearley.⁸

Overcoming these deficiencies in hospital training presents a major challenge for all involved in postgraduate medical education, be they consultants and general practitioners working locally or advisers and deans at regional level. All must collaborate to ensure that the learning potential of each hospital post is fully developed and matched to the career intentions of the individual junior doctor who works in it.

An important difficulty that cannot be overlooked is that of balancing the time needed to fulfil the service commitments of all hospital posts, junior and consultant, with the time needed for learning and teaching. For some specialties this problem has been exacerbated by recent changes in manpower structure that have led to a decrease in the numbers of middle grade registrar

posts, and in consequence to greater pressure on the time of senior house officers and of consultants. Obstetrics and paediatrics have been particularly badly affected.

Another major contributing factor to the present inadequacies is an attitudinal one. An indefinable but significant number of hospital consultants still cling to the view that 'learning on the job' is the best way to train. They believe that if this needs to be supplemented by formal teaching, then the time required for this is minimal and that this teaching can be left to other junior doctors. The concept of protected time for teaching, which is a feature of the general practice component of training, is not one that is readily accepted by many hospital consultants. If progress is to be made in improving the standards of teaching during the hospital years, then not only will sufficient time for teaching have to be allowed, but the attitudes of hospital teachers will have to be modified so that they accept that learning has to be planned and carefully organized to cover an agreed programme. How can these changes be brought about, and could general practitioner teachers have a role in this?

One of the factors that led to improvements in the quality of the general practice component of vocational training was undoubtedly the development of local trainer workshops.⁹ Over the years, these have provided opportunities for trainers to meet together to discuss the content and organization of their teaching and the ways in which it might be improved. Workshops have become powerful instruments of change and they have been important in sensitizing trainers to the general and specific needs of learners. An important lesson for teachers has been the need for them to identify each trainee's specific learning needs and to be much more explicit in creating the opportunities for meeting these needs.

Tait has suggested¹⁰ that there should be occasions for hospital and general practitioner teachers to meet together locally in groups to consider how vocational training programmes might be planned. Such groups could consider the broad aims of the local three year integrated programme as well as the individual posts during which the more specific objectives might be achieved. Different teaching and assessment methods could be compared and evaluated, and local obstacles to progress could be defined and solutions jointly developed. The conflict between service and teaching would be high on the agenda of such a group. The views of local trainees could be incorporated into its work and their concerns taken into account as modifications to the training programme were developed.

A mixed workshop need not be defensive in its approach. Most

vocational training schemes have at least one and often more posts that trainees regard very highly indeed. What are the features that makes such posts valued and could they be incorporated into other posts? One arrangement that is commended by many trainees is an induction programme at the beginning of a hospital post, and particularly in front line specialties such as obstetrics, paediatrics and accident and emergency medicine. In addition to making clear what is expected of trainees from a training point of view, an induction programme could provide guidance on the services that they are expected to provide, and the specific practical skills that they will need to develop.

Local mixed workshops are beginning to be established in some districts, although their number is small at present. Their work needs to be supplemented at national level by discussions between the Royal College of General Practitioners and specialty organizations so that agreement can be reached about what trainees should be expected to have learnt in specific hospital posts. It is now 12 years since the RCGP, together with specialty organizations, produced a series of objectives in paediatrics, geriatrics and psychiatry¹¹ and in obstetrics and gynaecology.¹² Recently, further work has been initiated with the British Paediatric Association and with the Royal College of Obstetricians and Gynaecologists to review these objectives and the progress being made in achieving them and to make recommendations for the organization of their teaching. National agreement in these areas will be valuable to those working at local level.

Such multidisciplinary work can also be undertaken at a regional level. The north west Thames region has produced a trainee log book which highlights the content of vocational training in a range of hospital specialties, as well as in the general practice component of training. This provides guidance to trainees and their teachers of what is expected to be learned during each attachment. Log books enable trainees to monitor their own progress throughout the three year programme and they make explicit much of the content of training that for too long has been merely implied.

Undoubtedly, the greatest scope for progress is at local level. Achievements will come from general practitioner and hospital trainers working together within districts to determine what it is that they want trainees to learn and the best ways of achieving this. National and regional statements will provide useful starting points for such local discussion, and papers like Kearley's⁸ will also be valuable in this. Perhaps the best starting point for mixed trainer groups would be to hear the views of local trainees about what is being offered to them and to proceed from there. The changes needed to improve the quality of training would become obvious and changes implemented locally could benefit all junior doctors so that local standards of training could improve more generally.

WILLIAM MCN STYLES

General practitioner, London and regional adviser in general practice, North West Thames Region

References

- Allen I. *Doctors and their carers*. London: Policy Studies Institute, 1988.
- Firth-Cozens J. Emotional distress in junior house officers. *Br Med J* 1987; **295**: 284-285.
- Durnford S. Junior hospital doctors: tired and tested. *Br Med J* 1988; **297**: 931-932.
- Ronalds C, Douglas A, Gray DP, et al. *Fourth national trainee conference. Report, recommendations and questionnaire. Occasional paper 18*. London: Royal College of General Practitioners, 1981.
- Reeve H, Bowman B. Hospital training for general practice: views of trainees in the North Western region. *Br Med J* 1989; **298**: 1432-1434.
- Crawley HS, Levin JB. Training for general practice: a national survey. *Br Med J* 1990; **300**: 911-915.
- Grant J, Marsden P, King RC. Senior house officers and their training. I. Personal characteristics and professional circumstances. II. Perceptions of service and training. *Br Med J* 1989; **299**: 1263-1268.
- Kearly K. An evaluation of the hospital component of general practice vocational training. *Br J Gen Pract* 1990; **40**: 409-414.
- Marinker M. A teachers' workshop. *J R Coll Gen Pract* 1972; **22**: 551-559.
- Tait I. Agreed educational objectives for the hospital period of vocational training. *J Assoc Course Organisers* 1987; **2**: 179-182.
- Royal College of General Practitioners. *Some aims of training for general practice. Occasional paper 6*. London: RCGP, 1978.
- Joint working party of the Royal College of Obstetricians and Gynaecologists and the Royal College of General Practitioners. Report on training for obstetrics and gynaecology for general practitioners. *J R Coll Gen Pract* 1982; **32**: 116-122.

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