

**Table 1.** Trainees' responses to questions about training and experience in child health surveillance.

Stages of examination	Percentage of positive responses (n = 74)		
	Training adequate	Experience	Feel confident
Neonate	91	89	89
6 weeks	80	82	88
6-9 months	57	61	55
2 years	45	50	39
Pre-school	31	32	30

**Table 2.** Trainees' responses to questions about training and experience in minor surgery.

Minor surgical procedures	Percentage of positive responses (n = 74)		
	Training adequate	Experience	Feel confident
Injections:			
Joint	57	58	50
Varicose veins	10	8	7
Haemorrhoids	4	3	3
Aspirations:			
Joints and bursae	55	66	55
Ganglia	18	18	15
Removal of toenails	57	57	49
Incisions:			
Abscesses	80	80	82
Thrombosed piles	20	18	19
Cautery and cryocautery	42	46	43
Ligation of varicose veins	10	5	3

would be eligible for inclusion in minor surgery lists. Once these trainees become general practitioner principals, will they operate, and risk possible medico-legal complications, or will they refer all minor surgery to outpatient departments?

A worrying feature of our survey was that some trainees reported confidence in carrying out a number of procedures while confirming that they had not received sufficient training or experience in these. As Irvine and colleagues stated (letters, October *Journal*, p.434) it is vital that doctors completing vocational training for general practice have achieved a satisfactory standard of competence and performance as judged by external, set standards.

Additional surgical training is obviously required, but at what stage in a prospective general practitioner's career should this occur? Castle in his survey of

established general practitioners reported that 36% obtained the necessary skills in general practice and 41% cited house officer posts. Wherever it is felt such skills can be acquired it is vital, as Kearley states, that priority objectives for vocational training are clarified and that trainees have the opportunity to achieve them.

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#### References

1. Department of Health. *Terms of service for doctors in general practice*. London: Department of Health, 1989.
2. Royal College of General Practitioners and British Paediatric Association. *Guidelines for training and accreditation of general practitioners in child health surveillance*. London: RCGP and BPA, 1989.

### General practice training in the hospital

Sir,

We were interested in the editorial by Dr Styles on general practice training in the hospital (October *Journal*, p.401) as until recently we have all been intensively involved in the north Devon vocational training scheme.

Consultants have been closely linked with the scheme ever since its start, in the 1970s. They have been well represented on the vocational training scheme committee and in this committee they have proved of great help in our deliberations. Over the past three years or so, the consultants and senior house officers in the scheme have had joint meetings with the trainers. About 18 months ago we acted as facilitators for the consultants looking at video recordings of their teaching sessions with their senior house officers.

Here in north Devon consultation between the various teachers does take place and is beginning to broaden.

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Sir,

Dr Style's editorial (October *Journal*, p.401) covers most of the fundamental points related to training for general prac-

itioner trainees in the hospital years. However, some points need amplification.

Many trainees in hospital posts neglect their educational commitment owing to regard for fellow juniors who would need to work extra hours to cover the absent senior house officer. Training is not free; time and government money is needed for the teacher and the taught. Time for education is in direct conflict with service elements and government finance is not specifically 'ring-fenced' for extended educational need. I fear that as health authorities up and down the country try to balance the books, accept the changes of the new contract and cope with hospitals that have opted-out, the educational component of hospital posts will suffer even more.

New contracts need to be written which encourage all consultants to teach their juniors and all juniors to have protected teaching time. Without this safeguard we are at risk of reaping the poor rewards of inadequate investment in training.

Meanwhile, trainees need to make the best of a bad job, attempt to protect their learning time and organize it to extract the most from each post. To this end, a trainee in Gloucestershire has constructed a curriculum guide for hospital trainees (available on request from Syntex Pharmaceuticals Ltd, St Ives Road, Maidenhead, Berks SL6 1RD). The number of curriculum guides and the fact that they continue to be produced by teachers and are now produced by trainees indicates that they are highly desirable and practical organizers of teaching time.

While I share Dr Style's view that the greatest scope for progress is at a local level, I feel that trainees need authority given to them from above, by liberal interpretation of the vocational training act, to support their needs in these difficult times.

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Sir,

I would like to point out an omission in William Styles' editorial (October *Journal*, p.401) and Karen Kearley's article (October *Journal*, p.409) on the hospital component of general practice training. Greater reference should have been made to accident and emergency medicine as a six month component of vocational training schemes.

It is accepted by the royal colleges that if the Royal College of Surgeons gives educational approval to posts in accident and emergency medicine, then the Royal