

# What do deans of medical schools and heads of departments of general practice think of preregistration rotations in general practice?

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## SUMMARY

**Background.** One general practice has offered preregistration rotations in general practice since 1981. Although popular with doctors who participate in the scheme, and considered a success by the associated teaching hospital, it remains the only established general practice rotation in the United Kingdom.

**Aim.** A study was undertaken to assess the degree of interest in preregistration rotations in general practice expressed by medical school deans and heads of departments of general practice.

**Method.** A questionnaire was sent to all 26 deans of medical schools and all 25 heads of departments of general practice of teaching hospitals in the UK that undertook clinical training.

**Results.** A total of 24 deans (92%) and 24 heads of departments of general practice (96%) replied to the questionnaire. The scheme was thought to be of value by 58% of deans and 79% of heads of departments of general practice. Half of the teaching hospitals thought that they might consider such a rotation in the next 3–5 years. The most frequently cited problem initiating such a scheme was financial.

**Conclusion.** Given the current interest in medical teaching in the community, preregistration rotations in general practice deserve more attention.

**Keywords:** doctors' preregistration period; general practice; doctors' attitudes; medical schools.

## Introduction

PREREGISTRATION training posts have traditionally been for six months each in medicine and surgery, based in approved hospitals. A General Medical Council booklet on recommendations for general clinical training stated a wish to 'encourage opportunities for acquiring experience in general practice during general medical training'.<sup>1</sup> Although there are over 3000 preregistration house officers each year in England,<sup>2</sup> there is still only one established general practice rotation, offering three places each year.

In 1981, St Mary's Hospital, London and Lisson Grove Health Centre, a nearby general practice, initiated a rotation which allowed preregistration house officers to rotate four months of hospital medicine, four months of hospital surgery and four months of general practice. The scheme has already been described in detail, including a questionnaire evaluation of the doctors who participated in the scheme in the first 10 years.<sup>3</sup> Respondents to the questionnaire thought that the rotation was of high educational value and relevant to a career in medicine, and only one had doubts about missing four months of hospital medicine/surgery. The scheme was popular with those who participat-

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Submitted: 6 March 1995; accepted: 5 July 1995.

© British Journal of General Practice, 1996, 46, 33-34.

ed and it was considered a success by the associated teaching hospital. All respondents thought that such rotations should be available in all medical schools.

A study was performed in United Kingdom medical schools to ascertain the level of interest in preregistration rotations in general practice by undertaking a questionnaire survey of medical school deans and heads of departments of general practice.

## Method

Every teaching hospital medical school in the UK that undertook clinical training was surveyed in October 1993. A short postal questionnaire with an introductory letter was sent to the dean of each medical school and to the head of department of general practice, asking for their views about preregistration rotations in general practice (St Mary's Hospital was excluded). These two groups were chosen as they are the most likely to initiate a new rotation. Non-respondents were followed up with one reminder letter three weeks later.

## Results

Of the 26 deans of medical schools sent a questionnaire, 24 (92%) replied. Of the 25 heads of departments of general practice sent a questionnaire, 24 (96%) replied.

Respondents' knowledge, views and past and future plans about preregistration rotations in general practice are shown in Table 1. Seven deans of medical schools (29%) were not aware that a preregistration rotation in general practice already existed.

Respondents were asked to identify (from a list) perceived problems in setting up a preregistration rotation in general practice (Table 2). The most frequently cited problems initiating such a scheme were in financing and in establishing such a scheme in a teaching hospital.

Respondents who expressed doubts about the value of such a rotation were asked for further comments. Two deans of medical

**Table 1.** Knowledge, views and past and future plans about preregistration rotations in general practice reported by 24 medical school deans and 24 heads of departments of general practice.

Preregistration rotations in general practice:	No. (%) of doctors responding positively	
	Medical school deans	Heads of general practice departments
Were you aware such a scheme existed?	17 (71)	23 (96)
Do you think such a rotation is of value?	14 (58)	19 (79)
Has your medical school ever considered such a scheme?	9 (38)	13 (54)
Over the next 3–5 years might your medical school consider such a scheme?	12 (50)	12 (50)
Would you like further details about the scheme?	20 (83)	20 (83)

**Table 2.** Perceived problems identified by 24 medical school deans and 24 heads of departments of general practice in setting up a preregistration rotation in general practice.

Perceived problems:	No. (%) of respondents	
	Medical school deans	Heads of general practice departments
Financing scheme	16 (67)	12 (50)
Initiating such a scheme in a teaching hospital	7 (29)	10 (42)
Initiating such a scheme with a medical school	4 (17)	6 (25)
Finding suitable general practices	3 (13)	4 (17)
Regarding medicolegal restrictions	3 (13)	2 (8)
With prescribing	3 (13)	6 (25)
Other reasons	4 (17)	1 (4)

schools were concerned about levels of supervision and felt that hospitals were 'safer' places for inexperienced doctors. Two deans felt that exposure to general practice was more appropriate at the senior house officer level when basic skills were more developed.

Three medical schools had had problems with funding and so had not continued with their plans to establish a preregistration scheme in general practice. Three teaching hospitals had not been able to find physicians or surgeons prepared to accept house officers for four- rather than six-month rotations. Two medical schools had not considered a preregistration rotation in general practice as there was already a shortage of preregistration house officers in their region and they were therefore not keen to create additional posts.

## Discussion

Apart from St Mary's Hospital, London three other preregistration rotations in general practice have been described, although none has become established. A scheme in Southampton allowed house officers to undertake a two-month rotation in general practice.<sup>4</sup> Everyone involved in the Southampton scheme thought it was a valuable extension of the preregistration year but concluded that a four-month rotation in general practice would be preferable. A general practice near Liverpool offered an attachment for one house officer at the end of the preregistration year.<sup>5</sup> The author concluded that the idea was practicable, safe and educationally sound. In Cambridge, one house officer was attached to a group practice for three months.<sup>6</sup> The attachment provided experience similar in some ways to hospital posts, but was broader in clinical content and emphasized the continuity between primary and secondary care. The house officer was also involved in hospital care of patients admitted from the community, ward visiting and discussing patient management with the relevant hospital medical team.

There are difficulties starting general practice house officer schemes. Funding was the most commonly perceived problem identified in the present survey. There are three parts to funding of a scheme: house officer salary, a grant for the supervising general practice and a car with running expenses to allow the house officer to perform home visits.

The second most commonly perceived problem was establishing such posts in teaching hospitals. Assuming three posts in the preregistration year (medicine, surgery and general practice), house officers would change every four months instead of the more usual six months. This would mean one additional house officer per rotation.

A need to find suitable general practices was also identified.

Many practices with an interest in teaching are committed to general practitioner vocational training. General practitioner registrars (trainees) are usually attached to a practice for the last year of a three-year scheme and are able to share the on-call rota. House officers are recently qualified, change every four months and need full cover from a general practitioner partner when on call. Given this choice, practices may prefer to take general practitioner registrars unless additional support, both educational and financial, is provided by the teaching hospital. Experience suggests, however, that house officers are keen to participate in the practice of medicine in the community and their enthusiasm makes the rotation rewarding and worthwhile for the practice.

In conclusion, the survey of medical schools in the UK revealed that the majority of respondents believed that preregistration rotations in general practice were of value and half of the respondents expected to consider such rotations in the next three to five years. Given this interest, preregistration rotations in general practice deserve more attention.

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## Acknowledgements

I thank my partners Professor Brian Jarman, Drs Andrew Elder, Sally Taylor and Neville Purcell, and also Drs Lesley Morrison and John Watson.

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