

Four years' experience of a senior house officer rotation in general medicine including general practice

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SUMMARY

A four-month post in general practice was included as an option available to doctors applying for a year-long medical senior house officer (SHO) rotation since August 1993. This study sought the views of SHOs before and after undertaking the general practice post. SHOs gained an understanding of modern general practice and changed their views about certain aspects of general practice. They reported gaining a range of generic skills, which included communication, consultation, and clinical skills. These perceived benefits suggest that such experience merits wider adoption and further evaluation.

Keywords: senior house officers; vocational training; general practice.

Introduction

EXPERIENCE in general practice has been recommended to broaden the training of post-registration doctors who are pursuing careers in hospital specialties.¹ In 1993 the Education Committee for General Practice, Newcastle University, agreed to link an established medical senior house officer (SHO) rotation in a variety of specialties at Newcastle General Hospital and a general practice post with the Northumbria vocational training scheme. This paper documents the views of medical SHOs before and after the general practice post.

Method

A year-long medical rotation at Newcastle General Hospital was linked to a four-month post in general practice with the Northumbria vocational training scheme. Shortlisting, interviewing, and appointment to the rotation involved both consultants and general practitioners (GPs). Successful candidates were able to choose any three of the five following four-month posts: general medicine, medicine of the elderly, psychiatry of old age, neuro-rehabilitation, and general practice. Each medical SHO who undertook the general practice post was asked to complete a pre-attachment and an immediate post-attachment questionnaire to ascertain their views about the experience.

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Results

The mean age of the 12 medical SHOs at the beginning of the rotation was 25 years. Eight of the SHOs were women. All except one joined the rotation immediately after completing their pre-registration year. All returned the pre-attachment and post-attachment questionnaires.

Some respondents gave more than one answer to the question, 'What are your main reasons for applying for a SHO rotation with a general practice component?' Seven were interested in the experience as a way of testing general practice as a career choice. Six felt that the rotation enabled them to gain other general medical experience combined with experience of general practice. One felt that the experience would be useful irrespective of her ultimate career choice. One had a firm wish to be a GP. Two were actively considering general practice as a career and one cited curiosity as the main reason for applying.

Table 1 summarizes responses to the pre- and post-attachment question concerning the problems facing GPs. In response to the question, 'List the skills you have gained (or improved upon) during the past four months', 11 mentioned communication skills, 9 consultation skills, and 10 listed skills in 23 clinical areas.

In response to the question, 'What are the main differences between the GP-patient and the hospital doctor-patient relationship?', 11 commented on the long-term sustained commitment of the GP to patients over time, six on the family orientation, and three on the importance of psycho-social factors to the GP.

In response to the question, 'how do you see your career developing over the next five years?', six indicated their intention to opt for general practice and six for hospital medicine (two psychiatry, two general medicine, one palliative medicine, and one hospital medicine with research).

Discussion

The educational value of experience in general practice has been documented for pre-registration house officers.² The benefits include increased clinical activities and longer teaching times when compared with hospital-based house officers. Our study indicates that educational benefits also exist for medical SHOs in the form of greater understanding of modern general practice and the development of important generic skills which will be of value in any future career choice.³

It appears that many doctors change career, as competition for posts, over-subscription of popular specialties, and the realities of family life deflect them from their original career choice.⁴ The Calman report recommends that, during the stage of general professional training, doctors should remain pluri-potential.⁵ This study supports the idea of a broad-based training as it suggests that early exposure to general practice enables doctors to make a valid decision, based on first-hand experience, about their future career choice.

The lack of clear funding arrangements was seen by the Royal College of General Practitioners as the main obstacle to the availability of such experience.⁵ We overcame this problem in the study by treating these doctors temporarily as GP registrars.

Table 1. Responses of medical senior house officers to the pre- and post-attachment question, 'What are the main problems facing GPs?' (n = 12)

	Pre-attachment	Post-attachment
Health reforms	10	6
Increased management/administration	7	4
Increasing demands of patients	3	9
Increasing workload	3	5
Increasing out-of-hours workload	0	4
Communication difficulties with hospital	0	3
Stress/low morale	1	2
Recruitment	1	2

If such experience were to become more widespread, alternative funding would need to be arranged, for example, via the regional post-graduate dean.⁶

Conclusions derived from this study involving the perceptions of 12 doctors must be limited. However, the benefits outlined support the wider provision and more detailed evaluation of rotations which include general practice training posts to those junior doctors undertaking general professional training.

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