

The Back Pages

viewpoint

Vocational training north of the border

'The noblest prospect which a Scotsman ever sees is the high road
which leads him to England.'
(Samuel Johnson)

SINCE devolution, those of us north of the border have cultivated a certain degree of smugness as we have developed structured national solutions to appraisal, practice accreditation and now post-PGEA QA (Educational Providers Accreditation Scheme for Scotland). That smugness may soon disappear. The divergent way in which Modernising Medical Careers¹ appears to be being implemented north and south of the border worries me, as we may soon become the second class citizens in vocational training.

Currently, we have medical students applying for foundation courses not knowing what the second year of that course entails, but with one thing certain: there appears to be no place for general practice within the current scheme of things. At best, the paltry number of pre-registration house officer posts allocated to general practice in Scotland will not be increased, and at worst, they will disappear altogether. While I accept there are practical difficulties in expanding teaching and training at all levels in general practice, not least of which is physical space, we have the prospect of young doctors, at the time of making their future career decisions, having no exposure to general practice.

Equally importantly, how are all doctors to gain the generic skills expected of them at the end of their foundation years without exposure to general practice? North of the border, the primary concern of deans, severely cash restrained as they are, seems to be in producing working time directive compliant rotas for junior staff within secondary care.

This thinking seems to carry through to proposals for modernising vocational training. These proposals remain unclear, but any flexibility that would provide novel solutions is hindered by the large number of senior house officer posts currently within NHS Scotland, and upon which service delivery is reliant. We are once more in danger, as we were in 1979, of vocational training being sacrificed to financial and short-term goals. The NHS, and above all the patient, needs more well-trained GPs to improve the health care of this country.^{2,3}

I realise that there are practical difficulties in rolling the proposed system out in England, with financial cutbacks creating mayhem within deanery budgets. At least, however, pilot programmes are up and running. This still gives the hope of rolling these out more widely. This is currently being denied to us north of the border. Unless there is a clear shift of opinion in Scotland, and the resource to back it, my advice to medical graduates wishing to become general practitioners is simple. Go south.

Jim Repper

References

1. Modernising Medical Careers. www.mmc.nhs.uk/index.asp (accessed 28 Jun 2004).
2. Jarman B, Gault S, Alves B, *et al.* Explaining differences in English hospital death rates using routinely collected data. *BMJ* 1999; **318**: 1515-1520.
3. Starfield B. Is primary care essential? *Lancet* 1994; **344**: 1129-1133.

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