THE CONTINUING EDUCATION OF GENERAL PRACTITIONERS

An Analysis of Replies to a Questionary from the Postgraduate Education Committee of Council.

V

POSTGRADUATE STUDY IN OBSTETRICS

This section was answered by 1,624 doctors, and 1,360 (83.5 per cent) said that they were on an obstetric list, while 264 (16.5 per cent) were not, and 235 (14.4 per cent) said that they did not wish to be. Forty-six (2.8 per cent) complained of difficulty in getting their name on a list, although 482 (29.5 per cent) had met no difficulty.

The Availability of Additional Training

Questions were asked about the availability of additional training in obstetrics. Seven-hundred and twenty-nine (60.2 per cent) were able to obtain theoretical training and 478 (39.8 per cent) were not, but with regard to practical training, only 557 (43 per cent) were able to obtain it, while 738 (57 per cent) were not. They listed the courses as follows:—

Weekend	183
Week	165
Extended	20
Special, or 2-week	16
Odd lectures and symposia	12
1 month	2
Sunday mornings	2

Training by means of hospital appointments was next considered. Ninety-five (5.8 per cent) were clinical assistants (some unpaid), 18 (1.1 per cent) did hospital clinics, eight were part-time registrars, four did holiday locums in hospital, two did local-authority clinics, and one was a S.H.M.O. Eighty-seven (5.3 per cent) were able to receive informal training in hospital by means of rounds and visits, informal study groups and meetings with consultants.

Three hundred and sixteen doctors had access to obstetric hospital beds (43 per cent) but 418 (57 per cent) had not. These beds were in the following types of hospital:—

General Practitioner	40 per cent
Maternity	20 per cent
Cottage	19 per cent
General	11 per cent
Regional Board adopted home	5 per cent
Private beds	4 per cent

Qualification for Admission to Obstetric Lists and for Sitting the D.Obst.R.C.O.G.

Few doctors complained of difficulty in qualifying for admission to an obstetric list (52 as against 1,256), but 191 (38.4 per cent)

said that they had had difficulty in qualifying for the D.Obst. R.C.O.G., as against 298 (61.6 per cent) who had had no difficulty. By far the most common difficulties were, firstly, lack of time (160 doctors), and, secondly, the impossibility of spending the required time in hospital if this had not been done before entering general practice (160). Ten doctors said that no amount of experience, even consultant work, or attendance at courses, exempted one from this requirement. Forty had enough time, but not for a prolonged continuous absence. Deputising difficulties (18), distance (14), and financial difficulty (6) were mentioned. A large group spoke of lack of opportunity; particularly of facilities for work in hospital, such as clinical assistantships (33), too few cases (15), not enough courses, particularly practical ones (16), or just lack of opportunity in general (15). Thirty thought that they were too old, or unwilling, or lacked the brains to tackle examinations now.

Access to Hospital Beds

Doctors were next asked whether they had access to obstetric beds for their own cases, and 604 (41.2 per cent) of 1,467 said that they had access to beds under the National Health Service, and 863 (58.8 per cent) had not. On the other hand, out of 1,353, 887 said that they had the use of private beds while 466 had not.

Suggestions for Improved Training

The members made many suggestions for improving training opportunities in obstetrics in their own areas, and these fell into several main groups. Most of the ideas related to improved hospital facilities for general practitioners, by far the most popular being general-practitioner hospital beds with consultant help, or special general-practitioner units, or more such beds where some already existed. One hundred and ninety members felt the need for these beds, while 59 wanted clinical assistantships, even if unpaid. Twenty-six wished to be able to see their own or other doctors' abnormal cases being treated in hospital, and to be called to see emergencies. It was said that this was already being done in some areas. Other suggestions were that general practitioners should do locums for resident obstetric-hospital staff; that clinical assistantships should be for short periods, so that more could have the opportunity for such work, and that some should be resident; and that a rota might be formed, for general practitioners to attend obstetric hospitals at night. Nineteen members would like to take hospital and local authority antenatal clinics, and 14 would like to supervise the entire antenatal care of their own hospital-booked patients. (Many, of course, already do this).

Refresher courses attracted some comments, 42 members feeling the need for more of these, and for their being more practical,

A number of areas were noted as being very poorly supplied with obstetric courses. Forty-one would like to have direct advice or informal teaching by consultants, and 30 suggested extended courses and ward rounds in the clinics and labour wards of local hospitals. Twenty-seven members wished for short residential courses, or a supernumerary or part-time registrar post, in an obstetric unit; while four felt that obstetric units, particularly in teaching hospitals, should set up a special teaching department for general practitioners.

Nineteen doctors referred to the D.Obst.R.C.O.G. Fourteen would like non-residential courses to make them eligible for the examination, or more hospital posts to be recognised for it, or shorter posts. Five, however, felt that it would be a mistake to relax the regulations about house appointments.

The remaining suggestions were of a more general nature, 24 doctors wishing for closer co-operation between hospital and general practitioner, twelve for encouragement of domiciliary midwifery, and 21 for more hospitals, especially in view of the tendency for so many to become closed to general practitioners. Several would like to have easier access to local clinics and out-patients at the obstetric hospital and to be welcomed there; while others felt that consultants should come to general-practitioner hospitals instead of transferring cases to main ones. It was suggested that more consultants should be appointed, so that they would have more time to help and teach the general practitioner.

A few doctors thought that students should see more domiciliary midwifery and perhaps attend antenatal clinics at the surgery, so that they would not grow up to think of obstetrics with a hospital bias.

Many doctors took the opportunity to level criticism at the present position of general-practitioner obstetrics. Twenty felt that there was a lack of co-operation between the hospital and the general practitioner, particularly on the part of the junior and nursing staff, who tended to run down her home doctor to the patient. Others felt that many patients were now confined in hospital for social reasons, who needed no consultant help; while others found that district nurses did not like the general practitioner to attend deliveries, and that the local authority clinics competed with and discouraged the general practitioner. Eleven members thought that the criteria for admission to the obstetric list varied so much from area to area that there must be some injustice, and six were opposed to the idea of an obstetric list altogether.

Scope for using Obstetric Training

Of 1,371 members, 900 (65.5 per cent) thought that their practices afforded scope for using improved obstetric knowledge and experi-

ence, if they could acquire it. They were asked how many deliveries they had attended during the previous twelve months. The figures are necessarily approximate, as many doctors made statements such as " about one a month " or " we have had about 100 in this practice " (which might mean that the number was the total of those seen by two or more partners). 1,288 doctors gave the following figures:—

Less than 10	274	21.3 per cent
10 — 20	313	24.3 per cent
20 — 30	235	18.2 per cent
30 — 40	143	11.1 per cent
40 — 50	111	8.5 per cent
50 — 60	85	6.5 per cent
60 — 70	42	3.2 per cent
70 — 80	30	2.3 per cent
80 — 90	13	1.1 per cent
90 — 100	11	0.8 per cent
Over 100	30	2.3 per cent
Over 200	1	0.08 per cent

Out of 799, 586 (73 per cent) said that this number was less than their average before the National Health Service, and out of 451, 397 (85.6 per cent) said that they undertook the full antenatal supervision of all the cases they had booked.

Comment

One of the most striking points, brought out by the replies to all sections of the Questionary, was the pride of place still held by obstetrics in the hearts of general practitioners. It comes easily first in all lists of subjects, whether for choice of house appointments, or for more courses, or " particular interests ". This is of great interest when one considers how the field of opportunity in obstetrics has shrunk for general practitioners in recent years. Whatever side one takes in the current controversy about obstetrics and general practice, it should be noted that a very large number of general practitioners are still very much interested in midwifery, and anxious to enlarge their experience and knowledge. The figures relating to the number of deliveries attended during the previous twelve months, must be regarded as approximate, but they show that a considerable amount of domiciliary midwifery is still being done. The groups 10—20 (deliveries), less than ten, and 20—30, in that order, account for 63.8 per cent of the members, but the 21.3 per cent in the " less than ten " group includes all those who do not undertake obstetrics at all. The remaining 36.2 per cent see a large number of cases in the course of a year, including 2.4 per cent who see more than 100. That the field is certainly diminishing, is shown by the fact that 73 per cent said that they did less midwifery than before the advent of the National Health Service, but one must remember that there are a number

of younger doctors who were not in practice before then; and that of those who were, a small number may well be doing less because of other commitments or increasing age. Sixty-five per cent, however, thought that their practice afforded scope for using increased obstetric knowledge and experience.

No great difficulty appeared to be experienced by members in getting their name on an obstetric list, and indeed most of the members who wished to be on an obstetric list were, in fact, on one. There were some criticisms of the criteria for admission to the list.

It is, perhaps, less easy to obtain practical instruction from refresher courses, than theoretical, although practical instruction was what was most desired by members. One doctor comments: "Nowadays we (rightly) send all abnormal cases into hospital, so that we never have any experience of their treatment." He, and many others, would like to be on closer terms with the local hospital, so that he could be called to come and watch the treatment of his own, or other, abnormal cases. The general feeling was that there were too few practical courses, and that those there were, were generally at the teaching centres and heavily booked in advance; and that the general practitioner should have more opportunity for learning at his own local hospital, and seeing and doing more practical work. As with other subjects for postgraduate education, the chief obstructions were lack of time, distance from courses, and deputising difficulties. It is suggested that these could be overcome if an atmosphere of willingness to teach the general practitioner prevailed at more local hospitals. One doctor writes: "It should be part of the consultant's duty to advise and teach the general practitioners in his area, and perhaps there should be more consultants, so that they could devote more time to this purpose." Some members were already able to receive training of this kind.

Only a few (5.8 per cent) members held posts as clinical assistants, and some felt that such posts should be held in rotation, so that more doctors could have the advantage of this valuable experience. Some felt the need for resident clinical assistantships, or other, short, resident appointments, as refresher courses in practical obstetrics. A larger number (43 per cent) had the use of their own beds in hospital, of which 40 per cent were in general-practitioner hospitals. The desire for such hospitals, or more general-practitioner maternity beds, was expressed by many members, particularly if consultant help was easy to get; and many wished that consultants would be more ready to come to the general-practitioner hospital to advise or help, so that cases need not be transferred to the main hospital. Antagonism between hospital and general practitioner

was felt by some members, who thought that nurses and students were not given a proper appreciation in their training of the value of domiciliary midwifery. It was pointed out that a doctor who became interested in obstetrics after entering general practice had very little hope of gaining higher qualifications in this subject, however much experience he might acquire.

The replies to this section of the Questionary show that members have a very lively interest in obstetrics, and a desire for more instruction and practical experience in the subject. Whatever may be the future of general-practitioner obstetrics, it is clear that there is a great need for closer co-operation between the hospital and the general practitioner, and for more practical instruction for the general practitioner at his local hospital, by which both parties would gain much that would be of value.

ANGLO-FRENCH EXCHANGE BURSARIES

This is an exchange scheme (inaugurated in 1952 at the instigation of the Scientific Office of the French Embassy in London) between the Institut National d'Hygiène in France and the Ciba Foundation in Great Britain, whereby doctors of not less than a year's standing who wish to obtain clinical experience or to carry out medical research may visit France for periods of between two and four months.

General Conditions

(*a*) Candidates must be British subjects and citizens of the United Kingdom.

(*b*) They must normally have had at least one year's experience after qualification.

(*c*) They must have a working knowledge of French.

(*d*) They must state precisely the nature of the study proposed and the institution where they wish to work.

Selection of candidates. Bursars will be chosen by a selection board composed of eminent British medical men and of representatives of the British Council, British Postgraduate Medical Federation, the Ciba Foundation, French Embassy in London, and the Medical Research Council. Application for the 1958 bursaries must be made before 1st February, 1958, to:

Dr G. E. W. Wolstenholme, Director, The Ciba Foundation, 41 Portland Place, London, W.1, from whom application forms may be obtained.