Vocational Training: The British Experience*

— T S Murray

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Curriculum vitae

Dr Stuart Murray is Senior Lecturer in General Practice at the University of Glasgow and is Regional Advisor in General Practice for the West of Scotland. He is heavily involved in both undergraduate and postgraduate teaching and administration and has been involved in research for many years. His PhD thesis was on the different training packages in vocational training. He studied at the University of Glasgow and after graduating MBChB in 1969, he went on to obtain an MRCP, MRCGP and FRCGP and PhD. He maintains an interest in general medicine and in cardiology. His current interest include continuing evaluation of undergraduate teaching, computer assisted learning, training techniques and assessment methods for vocational trainees and trainers. He has 62 publications to his credit.

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Summary

Vocational Training regulations for General Practice were drawn up in 1979. From February 1981, one year as a trainee in general practice was required, and from August 1982 prospective GPs needed to have completed a three year training programme. General Practice is a distinct discipline for which appropriate postgraduate training is required. In the past some doctors voluntarily undertook this training to a greater or lesser degree but legislation covering the whole of the United Kingdom now ensures that new general practitioners are appropriately trained. The regulations were reviewed in 1985 in the light of the experience of the previous years. At this time it was considered appropriate to increase the educationally desirable objectives so that the balance between the different components of the prescribed experience should be improved.

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The Joint Committee on Postgraduate Training for General Practice is an autonomous body formed in 1975. It is composed of representatives of the profession including two trainee general practitioners. The Joint Committee is the body prescribed by the regulations as responsible for issuing certificates to doctors who have satisfied it that they are entitled to them. The vocational trainee regulations for general practice were drawn up in 1979 after full consultation with the profession. Their introduction was phased. From February 1981, one year as a trainee in general practice was required and from August 1982, prospective GPs needed to have completed a three year training programme. This programme consisted of at least twelve months as a trainee and the remainder in educationally approved posts to include not less than six months in each of two of the following hospital specialties: general medicine, geriatric medicine,

paediatrics, psychiatry, accident and emergency medicine or surgery, obstetrics and gynaecology, or gynaecology.

General practice is a distinct discipline for which appropriate postgraduate training is required. In the past some doctors voluntarily undertook this training to a greater or lesser degree but legislation covering the whole of the United Kingdom now ensures that new general practitioners are appropriately trained. To apply to enter a medical list as a Principal in the National Health Service in the United Kingdom, doctors who are exempt must be suitably experienced. To prove this, a certificate of prescribed or equivalent experience issued by the Joint Committee, is required. The certificate is valid indefinitely and may be used whenever the doctor wants to apply to become a Principal in General Practice in the National Health Service.

The Joint Committee in London have developed the regulations and they ask each of the Regions to implement their recommendations. They also have a visiting system whereby they visit each Region every other year to ascertain whether their recommendations are being implemented.

The majority of doctors completing vocational training carry out four 6 month posts in hospital and a year as a trainee. However total medical experience is considered for those who do not fulfil those criteria for prescribed experience and this is deemed to be equivalent to prescribed experience. Some examples of this are experience gained abroad, electives, non-training assistantships in general practice, or locum work. However most applicants would have to have undergone a year as a trainee in general practice.

The regulations were reviewed in 1985 in the light of the experience of the previous years and at this time it was considered appropriate to increase the educationally desirable objectives so that the balance between the different components of the prescribed experience should be improved and it was decided that the experience should be gained in at least three hospital specialties, of which two should come from the list above. Twelve months would be counted as the maximum experience allowed in any one prescribed post. It was felt that surgery should be removed as a first-line post and that this should be replaced by orthopaedics. It was also felt that gynaecology should also be removed from the first-line post.

At present there is an appeal system for doctors who are refused a certificate.

The Joint Committee have produced a booklet on training for general practice and also a booklet on recommendations to Regions for the establishment of criteria for the approval and reapproval of trainers in general practice. They have a list of minimal educational criteria for training practices:

Minimum educational criteria for training practices (with implementation dates given in brackets)

1. All medical records and hospital correspondence must be filed in practice notes in date order (January 1984)
2. Appropriate medical records must contain easily discernible drug therapy lists for patients on long-term therapy (January 1986)
3. Practices should be starting to create summary problem lists where these do not exist (January 1986)

TABLE I

1986

Number of Formal Applications and Informal enquiries considered for a Certificate of Prescribed or of Equivalent Experience	3,354
Number of Certificates of Prescribed/Equivalent Experience Issued	2,183*
— Prescribed Experience Certificates	1,831
— Equivalent Experience Certificates	352
Number of enquirers formally recommended further training	169
Number of informal enquiries considered	972
Number of applicants refused a Certificate pending completion of Further Training	28
Number of applicants refused a Certificate without recommending further training	2

[8 applicants were refused a VTR/1 form by their trainers and two were refused VTR/2 forms by their consultants (hospital posts).

There were 10 appeals lodged in 1986 against the Joint Committee's decision not to issue a Certificate.]

***Breakdown**

Prescribed	Male	Female	Total
UK Graduates	1,014	663	1,677
Overseas Graduates	115	39	154
Total	1,129	702	1,831
Equivalent UK Graduates	124	104	228
Overseas Graduates	89	35	124
Total	213	139	352

TABLE II

Number of Certificates issued between 15 February 1981 and 31 December 1986

Year	Prescribed	Equivalent
1981	2,374	180
1982	2,061	361
1983	1,422	288
1984	1,415	458
1985	1,513	518
1986	1,831	352
Total	10,616	2,157

4. All training practices should be developing methods for monitoring prescribing habits as an important part of the audit process (January 1986)
5. All training practices should have a library containing a selection of books and journals relevent to general practice (January 1987).

The work carried out by the Joint Committee is shown in Table I and Table II.

From the journals

Relationship Between Respiratory Morbidity in Children and the Home Environment

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Abstract The relationships between 12 features of the home environment and respiratory morbidity as reported by parents, and as recorded in general practice records, were studied in 165 children aged seven to eight years. Parental reports of wheeze, nocturnal cough and school absence owing to chest trouble were significantly more common among children with a family history of wheeze, and those from damp or mouldy housing. There were associations between coal fires and nocturnal cough and between an open window and wheeze. Multivariate analyses confirmed these associations to be independent of each other, and of the child's sex and seven other features of the home environment, including gas appliances and parental smoking. These same environmental variables were not consistently related to general practice consultations for wheeze or lower respiratory illness. Damp and mouldy housing, coal fires and open bedroom windows should be investigated further as potentially remediable causes of respiratory diesease in childhood.