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PRACTICE OBSERVED

Shortlisting Trainees

Overwhelmed in Oxford

JOHN C HASLER

The past decade has seen an explosion in the number of vocational training schemes for general practice, in the number of doctors in those schemes, and in the number of doctors and those schemes, and in the number of doctors applying to join. With the increasing output of medical schools, the fact that general practice is now a popular career and the requirement to undergo training a reality, you have what some trainees and course organisers regard as little short of a night-mare. Last October there were around 3500 trainees in post in the United Kingdom and armed Forces, most of whom were in three-year package programmes.

Size of the problem

A few years ago the course organisers in charge of our eight schemes in the Oxford region found the process of advertising the places and selecting doctors to fill them easily manageable. Not only were the numbers of applicants reasonably small, but it was usually possible to select a shortlist easily from the wide range of experience that the applicants described. Today it is very different. Our scheme at Oxford received 72 applications for four places for this August, the Wycombe scheme received 73 applications for four places in the atomic places in the described of the autumn, and the Kettering scheme had 107 applications for its three places in August, places and Window 98 applications for three places. Furthermore, nany of these applications on paper look very similar, with little to choose between them, and most of the candidates seem very suitable. What is very difficult to determine is how much overlap

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in applications there is between one scheme and another. We know this year that between 20°, and 50°, of doctors applying to schemes in the Oxford region applied to more than one. The regional and associate regional advisers in general practice in England and Wales have set up a small working party under the chairmanship of Dr Michael Varnam of the Trent region to investigate the matter further.

So how does a young doctor intent upon a career in general practice set about getting trained? It is, of course, perfectly possible to follow a do-it-yourself programme, obtaining a series of credits for various junior hospital posts and a 12-month appointment in a training practice, and doctors who decide to usually do it this way. But most doctors with to have a three-year package programme in a recognised scheme, and the places on these are usually advertised in the BMJ and other medical journals.

these are usually advertised in the BMJ and other medical journals.

The advertisements seem to vary a great deal. Some of them are ostentatious, with a large display describing the scheme in a wealth of detail, while others are contained in a few lines in one of the columns. As far as I know, no one has ever discovered whether the size of the advertisement makes any difference. But on the whole the more elaborate advertisements probably suggest on the whole the more claborate advertisements probably suggest on the whole the more claborate advertisements probably suggest on the whole the more claborate advertisements probably suggest on the whole the more claborate advertisements of the supplements of the supplemental to the supplementa

Very soon after the advertisement has appeared the applica-tions start to come in. Most doctors want to come at the end of their preregistration year: many have undergraduate prizes and have spent their student electives in far more exotic places than the course organizer and trainers are ever likely to visit. Some list a series of extracurricular interests from the conventional to the hields dubliced.

the course organiser and trainers are ever likely to visit. Some list a series of extracurricular interests from the conventional to the highly dubious.

The real difficulty of selection is producing a shortlist from these applications, since there is so little to choose between them continued to the continued of the continued

The interview

The interview

The first difficulty facing the course organiser, who normally arranges the interviews, is that several candidates on the shortlist will have fallen out before the interview because they have obtained posts schewhere. We have discussed the question of a region to get round this problem, but no one is very keen on giving up some local freedom for what would undoubtedly be a more bureaucratic process.

The traditional method of interview has been by a committee of consultants and general practitioners, each firing questions in turn at the man or woman in the hot seat. We will use this mail is possible. But we now complement it, and in one wheme have agreed to replace it, with a series of informal interviews with small groups of trainers and sometimes consultants. The candidates rotate round each group in turn, the members of which complete score cards that are added up at the end. We think that this arrangement makes the candidates more released and enables the interviews to ask many more questions and obtain more interviews with many or the interviews in many of our We.

the interviewers to ask many more questions and obtain more information.

We use senior trainees in the interviews in many of our schemes. They are often more alter to the way in which candidates will fit in to the scheme and in to individual training practices. It also helps to cereme the identity of the scheme and the organisation of training. Furthermore, they can give the candidates a consumer view of the scheme.

But what are we looking for? And are the consultants and general practitioners looking for the same thing? It is the opinion of some people, including the personnel officers in the region, that wa are not. It is fair to say that a doctor who personality together with a good curriculum vitae will soone well.

The general practitioner trainers will be looking for doctors who look as though they will fit into their practices, while the

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mential Medical Journal. Volume 293 11 Decamene 1982 consultants will probably want people who will be capable of providing a reasonable service to their department. But as the general practitioners become more confident in their ability to train they sometimes decide to deliberately choose someone who seems less competent and who may benefit more from training, and this may not necessarily be so acceptable to the consultants. However, the second of the second provided the second provided the second provided the second provided to the second provided to the second provided the second provided the second provided provided the second provided provided the second provided provided the second provided provided

Conclusions

At the moment selection of doctors for training schemes presents certain problems. One is the sheer numbers—should we continue to advertise and appoint at each scheme individually, clearing the scheme individually, clearing the scheme individually, clearing the scheme individually, clearing the scheme in the scheme in the scheme is that the time taken to advertise and select is time well spent, bearing in mind that trainers are with us for three years and should have an important influence on the scheme. It is doubtful that we yet take long enough at the process.

To the candidate I would say this. Make your application stand out. Add a sheet if necessary describing yourself and your interest in general practice. Visit the scheme beforehand, and the scheme is the scheme in the post of the scheme in the post of the scheme is the scheme in the post of the scheme in the Oxford region in the post of the post of the scheme is the process.

We that these two levels and gine the Oxford region in the post two years identifying a core curriculum for training in general practice suggests that how we select trainees may be just as important as what we teach them.

revisity or Milliod. Mill: 100V 10 EE OUT ALIVILIBOOD "One of the most certain signs," (1439 a writer in the French Medical Gazette), "of the decadence of the profession, is the necessity which many of its members experience, to seek for supplementary resources. Medicine is a most noble profession, but not be progressive, which many of its members experience, to seek for supplementary resources. Medicine is a most noble profession, but not the progression of the supplementary resources. Medicine is a most noble profession, but not the supplementary to the form of the profession of the supplementary will to talk of dignity and high feelings; let it he remembered the discribed high resourch as well as a heart to attend to. In Paris alone, there are not fewer than 2000 medical men, and it may readily be supposed that a great number of them.—by turning their talents, whatever these may be, to the best account. The other days, called on a confere, whose creammances I knew not to be in a very flourishing condition, I found him busily engaged in parising a portain, it is said that be that sold several of late. But what called, he put down his palette, doffed his blouze, slipped on his black cat, and with a grave and becomingly professional counterance went to his consulting room; no sonner was the interview over, than he read to the surface of the surface

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Sabbaticals in General Practice

Study leave in Israel

SIMON JENKINS

The academic definition of a sabbatical suggests that the fortunate beneficiary should take 12 months' leave from his department, perhaps every seven years, to widen his horizons and revitalise his approach to his own subject by working in a totally different environment. My concept of a sabbatical was not so ambitious, being constrained by a busy professional and social life, a partnership of understanding, but only human, general practitioners, and by the "Red Book" (Statemen of Feet and Alliesance), whose terms and conditions defined the financial penalties rather than the benefits that a prolonged study leave would incur.

practitioners, and by the "Red Book" (Statement of Fees and Milesauce), whose terms and conditions defined the financial penalties rather than the benefits that a prolonged study leave In 1978 the report of the New Charter Working Group stated: 3.5 "The expanding role of general practice and the rapid changes in medicine will need sweeping changes in education to develop the core of general practice knowledge and improvementods of practice. Patient care can only improve overall and keep up to date. Current postgraduate training arrangements, however, are inadequate for the present let alone the future, because they are too often hospital orientated and organised as "lesurer time" activities."

The working party report then went on to define what is expected in the future and one of the recommendations was for: separed to the future and one of the recommendations was for: training and the service of the proposed of the working party that had the "idea" of establishing asbabaticals as a regular feature of British general practice and thus felt a duty to put into practice what we preached. With this in mind I set about reorganising my life and practice to take on this missionary task.

The practice

I practice in a group of 10 doctors—my own partnership of five, a man and wife partnership of two, and a third partnership of three principles. My partnership of two and a third partnership of three principles. My partnership has just under 10 000 patients. In 1978 three of my former partners left within nine months. Two retired, one as planned at 65 years of age, and another, less predictably so, aged 69. The third unfortunately died aged 57. I therefore had the opportunity to take on new partners and introduce the idea that each of us would take an extended study leave once the practice had become stabilised. I might have managed with four partners and benefited from the high income, but only at the expense of being unable to pursue our many professional and other activities. I am also sure that patient care would have suffered with one partner short and certain that we would have been unable to adopt the "sabbatical"

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in the partnership under the present terms and conditions of

in the partnership under the present terms and conditions of service.

Service up partnership are three trainers and two trainees. The service contribution of the trainer certainly helps to lighten the work load and having an excess of "trainers" ensures that there is proper supervision in the absence of a partner who is also a trainer. But to build up a partnership in which subbaticals are a feature on the bass that the trainers should be used as locums is, apart from being contrary to the spirit of the trainer regulations, fraught with problems of insubstility. The partnership should be the costs if each partner is to be assured of a subbatical. The trainer is an incidental and variable benefit and not a prerequisite for the scheme.

We thus introduced into our partnership agreement a clause stating that each partner could take a 10-week subbatical leave in rotation, and he or she could add to that three weeks of the six-week annual holiday entitlement, should be completed in three years. Though we could probably have managed it in a shorter time, sperading it over three years would reduce the disruptive effect to patients and cnable the remaining partners to cope with the extra work load and still pursue their usual professional and social activities without too much strain.

Sabbatical

Sabbatical

Having an idea is one thing, making the arrangements is another, but actually doing it is something quite different. The first hurdle to overcome is the "indispensability syndrome." How will they manage without me? What about all the prefessional and social responsibilities that I have, for which I am constantly being called on? I can hardly manage to keep up with what I am doing now, so how can I possibly afford to take three months off and expect to catch up again? These are the ansucies of an egoisti, but I suspect that many general practitioners like. My personal cure for the syndrome had two components. Firstly, do not think about the problems that going away will create because then you will never go; and secondly, tell so many people here that you are going away for three months that you could not have the efforencity to stay around when people expect you to be away. It also helps to make a few important appointments in the country you will visit so that you cannot get out of them when the time finally comes. The longer the lead-in time the better. If arrangements are made well in advance you can limit a surface of the surfa

desk of Mr. Sam Sherwin, the director of training in the Ministry of Health in Israel. Mr. Sherwin had been a hospital secretary in southern England B years ago, and I am immensely grateful to him for organising the comprehensive yet heetic programme that I undertook. One of the characteristics of a skilled administrator is that he understands your needs better than you do, and this you only realise atterwards.

Programme

In my first week I was instructed about the internal organisation of the Ministry of Health and on their major problems. I was privileged to have been given interviews by the Minister of Health, Mr Eliezer Shostak; the director general, Professor Baruch Modan; and his deputy, Mr Moosh Hurwitz; and with many senior officials in the Health Ministry. I was apprised of the problems of the National Insurance Bill, which is before the Knesset (the parlament) and of the "plan for regionalisation of hospitals." Then I learnt about the two prophers desired in the Health Ministry. I was apprised of the Area of the Total I learnt about the dendal services from one of my old student heard about the dendal services from one of my old student learned with the problems of the Ministry of the Community's optimization. ment. I was given an overview of the communities' epidemio-logical problems and the organisation of personnel to deal with them.

the child development centre for children with retarded development. I was given an overview of the communities' epidemiological problems and the organisation of personnel to deal with the communities of the communities of the communities of the communities of the communities. The third part of the programme spread over several weeks consisted of visits to different government and sick fund hospitals. In some of these the administration was unified with the preventies services but in others it was still separate. There were teaching hospitals and district general hospitals, some new and others not so new. One interesting combination in northern Israel was a peripheral GP health centre attached to an emergency room, which was staffed by junior hospital discress and spital was direct admission rights to the nearest hospital Staffers and the communities of the communities. The next professional area I investigated was undergraduate and postgraduate training for primary care. I spent three days in Beersheva University at the now famous school of medicine, which emphasies the importance of selecting students by interview rather than by examination results only. Professor Moshe Pryses, its director and dean, gently reprinanded me for moshed profession of the communities of the freshold of force of the communities of the communi

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faces in negotiating better terms and conditions of service for the lates in regorating other terms and condution to service on the whole profession, among whom it has nearly 100°, membership. During those weeks I was given a broader view of health care a part of the overall provision of public services in discussions with political scientists who were recognised experts in the theory of public administration and the carving up of the public purse.

Future of sabbaticals

Future of subbaticals

There is no doubt that this was the most important educational experience so far in my professional life. It has quite a different dimension from attending lectures on specialist topics, updating intensive weekend or week courses, interdisciplinary or per group workshops, and the many other activities governed by the Section 65 regulations. I cannot yet be gin to assess its impact in in my approach to continuing problems and with this freshness there is greatly renewed vigour.

Undoubtedly, like the returning missionary, I must urge my fellow practitioners to follow. But few will want to make the real financial sacrifices that I have made, measured in both lost earnings because of reduced list stares and the actual costs of financing the trip (more than £2500).

The grant that I obtained from the partitioner of Health and The grant and to the start of th

Lessons learnt

Although I have learnt something about the organisation and provision of health services in Israel it would be folly to say that I fully understand the intricacies of the problems and issues surrounding "the service." Pethpas I have graped one or two of the principles, but there are always so many exceptions to every rule that even to define the rule let alone understand it is an achievement in itself. The Israelis have a word for itself the intervention of the complex structures that the properties of the problems of the complex structures that the problems of the problems of the National Health Service in the UK. General practice in Britain back and see by comparison the achievements and failures of the National Health Service in the UK. General practice in Britain is unique because of its high professional and failures of the National Health Service in the UK. General practice in Britain is unique because of its high professional and public estern; because it circumstility for patients, because the practitioners are independent and to a great extent masters of their own destiny; because it has evolved a powerful central negotiating body that is sensitive to the electorate; because "that and are not hand-outprehensive family care is actually practiced by most general practitioners and is not just an empty exhortation. Furthermore, the relationship and communication between doctors of all disciplines are healthy despite different interests and this august well for the profession and the public they serve.

There are cercuriny gaps in hospital services the are in a great and not due to a full in the structure. Given that its tructure is sound, there are problems that we need to address in earnest. It