PRACTICE OBSERVED

Vocational Training

Multiple applications for vocational training rotations: can we improve the system?

PETER STOTT

Abstract

Questionnaires were sent to 392 doctors who had applied for 10 vocational training rotations in South West Thames Region nine months previously. These 392 doctors had made 607 such applications in south west Thames during this time. Replies were received from 260 (66%) of those circulated. These doctors together had made roughly 4000 job applications nationwide, or 15 each: two thirds had found a post that was satisfactory for vocational training within nine months, three quarters of them on organised rotations. There was no difference between men and women regarding success in finding a job. Both married and single women were more specific than men about the area in which they wanted to train and had made fewer job applications. Of those who answered the questionnaire, roughly three quarters thought that the present system of applying for training posts was unsatisfactory, and suggestions for improvements are made. It is concluded that although a regional clearing house scheme would help administration in the regions, only a national scheme would substantially help the applicants. To avoid frustration doctors might be more selective and limit their applications without harming their chances of success.

Introduction

For several years there has been concern regarding the large numbers of applicants for vocational training rotations in general practice. Roughly 3500 trainees currently hold posts in the United

Kingdom and armed forces. Though it is possible to calculate the numbers that are necessary to fill future vacancies in general practices, there are few data regarding the numbers of potential trainees whose career aims are frustrated and little information about the best way to help them.

The results of a recent postal survey of doctors who applied to one vocational training scheme showed that 86% of unsuccessful candidates who returned their questionnaires had succeeded in finding a post suitable for vocational training within one year: a quarter on a linked scheme and roughly two thirds in equivalent training (posts approved as suitable but not on an organised rotation).

The results of previous studies have shown that between a fifth and a half of doctors apply for more than one post¹ and that the number of applications for jobs is often over 100.² My colleagues and I thought that these numbers were an underestimate. In one study only one in seven applicants was resident in that region, indicating that potential trainees apply nationwide and that this is probably the case in many regions.³

To clarify the position and in particular to determine whether a regional or national clearing house system would help, our aims in sending the questionnaire were:

- To determine the numbers of doctors who make more than one application for a vocational training rotation within South West Thames Region.
- To determine the numbers of job applications that they are making nationwide.
- To determine what happens to the applicants during the succeeding nine months: what proportion succeed in finding a vocational training post on established rotations, and what proportion construct their own schemes.
- To determine whether men and women doctors differ as regards numbers of applications made, success, or area preference for the training rotation.
- To find out what doctors think about the present circumstances and how they might be improved.

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Method

Clinical tutors and college tutors in 10 postgraduate centres in the South West Thames Region were requested to supply details of all doctors who applied for vocational training posts in their hospitals between November 1983 and May 1984. All cooperated, although because they wished to respect confidentiality, the names and addresses only of applicants were supplied.

Nine months after the final dates for application on each scheme a questionnaire was sent to all applicants, together with a stamped, addressed envelope for reply, which was coded to preserve confidentiality. Non-responders were sent a second questionnaire, but this time to the address under the name and address of the respondent. A small pilot trial showed that using this address held more chance of success than using the one that appeared in the *Medical Directory*. There was still no response to the second questionnaire, but this was found to be impractical since most failed mailings were simply temporary hospital addresses.

Results

Number of doctors who made multiple applications in the region

Questionnaires were sent to 392 doctors who had applied for the 10 vocational training rotations. Because of the desire of the tutors to respect the confidences of applicants no details are known of the non-responders except their names and addresses. The numbers of applications for individual rotations ranged from 15 to 124. Cross-reference between schemes showed that 127 (32%) of the 392 respondents had applied for more than one scheme in south west Thames and 52 (13%) had applied for three or more. 126 (32%) were resident in the region at the time of their application. The 392 applicants together had made 607 applications for training rotations in south west Thames.

Characteristics of the group who returned the questionnaire

Questionnaires were returned from 260 doctors—a response rate of 66.3%. 161 (62%) were men and 99 (38%) women; nearly all were aged 40 or 40. Only eight doctors were over 55. Two fifths of the men and nearly a third of the women were married. Nearly all were UK graduates, about half from London medical schools, and nearly all 92% of the doctors considered that general practice was a definite career choice.

Numbers of applications for vocational training made nationwide

The 260 doctors who returned their questionnaires together had made roughly 4000 applications for vocational training rotations throughout the UK, an average of 15 each.

Success in finding a training rotation or job appeared at equivalent experience for vocational training

After nine months 174 (67%) of those who answered the questionnaire had found a job suitable for vocational training, three quarters were on organised rotations and a quarter in south west Thames, a tenth had found the post within three months and nearly all the others within 12 months of starting to apply. Of those who had not found suitable jobs, 55 (30%) had been looking more than six months, but only a fifth for more than one year. Most considered that they probably would not continue to look for more than two years before changing their career choice. Five (3%) men and seven (2%) women were unemployed at the time.

Sex differences in success, area preference, and numbers of applications made

There were no significant differences between men and women regarding the likelihood of obtaining an organised training rotation or any other job suitable for vocational training or in the speed with which they obtained a post. Women were significantly more specific than men concerning the area in which they wanted to train. A tenth of the men but a fifth of the women particularly wanted south west Thames ($p < 0.05$). A fifth of the men but about two thirds of the women wanted jobs in London ($p < 0.01$). Conversely, nearly three quarters of the men but just under half of the women were prepared to travel nationwide for their job ($p < 0.01$). Three quarters of married women wanted a job in the Thames region compared with a quarter of married men ($p < 0.01$). Perhaps the most surprising finding was that this

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area preference extended equally to single women, of whom just under half wanted jobs in London compared with a fifth of single men ($p < 0.01$). The women had applied for significantly fewer training rotations than men, just under half of the men had applied for more than 20 jobs compared with only a quarter of the women ($p < 0.01$), whereas just under a third of women had applied for six to 10 jobs only compared with just under a fifth of the men ($p < 0.05$), two thirds of doctors had applied for more than 10 rotations and just over a third for more than 20. One man had made over 150 applications.

Views of the consumers

Three quarters of the 244 doctors who answered this question thought that the present system of applying for rotations was inadequate (comprising 74% of those who had got jobs and 82% of those who had not). Suggestions for improvement were, in order of popularity: (i) regional clearing house scheme (similar to Universities Central Council on Admissions (UCCA) 1105 replies); (ii) national clearing house scheme (75 replies); (iii) staggered starting time for posts (69 replies); (iv) better advertising (45 replies); (v) unified starting time for posts (40 replies).

Two thirds of those who answered the questionnaire felt strongly enough to add further comments—sometimes at great length. Typical comments included the following:

"It would be helpful to have a regional list of suitable posts for those constructing their own scheme and someone local to contact for help."

"The numbers of suitable posts would be increased if one in two rotations were to be replaced by the supposedly more desirable one in three, or by reducing the duration of each post in the scheme to three months."

"Vocational training schemes are heavily biased towards the young graduate with little experience. Consequently, more mature doctors lose out."

"I get the impression that many schemes advertise out of obligation. It doesn't stop them blatantly appointing the local candidate, already known to the selection panel." This was a constant theme, and many doctors felt this to be a major frustration.

"Shortlisting is only achieved by prostituting oneself at the feet of the local course organiser and trainers."

Many replies were tinged by frustration with the system, despair at having to go through what was seen as a fruitless exercise, and resignation at being unable to influence the course of events.

Conclusions

In an incomplete survey such as this, which despite a good response still left a third of applicants unquestioned, conclusions may be drawn only with caution. The group surveyed comprised only doctors who had applied for vocational training rotations, so it may not have been representative of those who construct their own schemes. Nevertheless, it is possible to infer that in South West Thames Region most applicants for vocational training rotations are young (24 to 30); are UK graduates, and general practice is their career preference.

From their comments they seem not so much dismayed by the delay in finding a job although this is obviously a real factor as by the frustrations inherent in a system in which they think that they have to make many applications to be successful in the search for an outcome may already be a fait accompli. But is this frustration real or apparent?

Certainly it is two sided. The frustration is felt just as strongly by course organisers, who are often in a bind for or for a candidate to make 20 or 30 applications everyone must do it. Training schemes become inundated with many similar applications and choices may be made for arbitrary reasons. The cost of administration may become burdensome.

To cope with these large numbers regional clearing schemes that cater for small numbers of rotations, perhaps on a single transferable vote system, have been mooted. Undoubtedly, there would be problems matching the candidate to the post and arriving at a consensus from several chiefs regarding the qualities they sought in their Indians. A national system would provide more choice, might be more efficient, and might be attractive to both employer and potential employee—particularly to men, who are more prepared to travel nationwide for their jobs. In this study roughly a third of applicants made more than one application in the South West

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Thames Region, but just over a tenth made three or more. In comparison, each had made an average of 15 applications nationwide. If such patterns are repeated in other regions it may be inferred that, though a regional clearing house scheme might cut down administration for the region, only a national clearing house would substantially help the applicants.

The results of the study showed that though both married and single women doctors made appreciably fewer applications for rotations, they were no less successful than the men in obtaining posts. Unless hiring a woman is intrinsically more attractive to selection panels than hiring a man, which it is not impossible, this indicates that there is no disadvantage in being more selective and limiting the number of applications made and that some of the frustration at least is self generated by the applicants.

The findings confirmed the suggestion from previous work that most applicants will be successful in finding a post suitable for vocational training within a year (two thirds in this study, 87% in Ballour's—though these figures may be appreciably biased by the non-responders in both studies).

A quarter of those who had found a suitable post had done so by constructing their own schemes. In the previous study this proportion had been 60%. (One solution to the problem might be to cut down the number of rotations, thereby opening up more suitable posts for doctors who wish to construct their own training, and it is likely that regional differences in the patterns of training already exist owing to this factor. Yet they are difficult to evaluate since most doctors who construct their own schemes go unrecognised until their training year in a practice. There is an implied loss of educational opportunity, and responders felt that such self constructed schemes should include a commitment to continuing training in general practice.)

This survey has produced more questions than answers. Why do junior doctors think that it is necessary to make so many job applications? Is it true that applicants from outside a district are less likely to be appointed? If so, is this reasonable? If strict criteria are used to shortlist candidates should these not be published in the job advertisement so that no potential applicants may be more selective? What is the correct balance in numbers between organised rotations and jobs for those constructing their own schemes and should there be no continuing education in general practice for both groups? Is the career advice given to young doctors entirely appropriate, and

are applicants aware that regional advisers, course organisers, and general practitioner tutors may be approached for such help? Is there sufficient national coordination and direction in the debate? It seems that many regions have some way to go before they reach the condition of "solitude" and organisation as described in Exeter, where each applicant receives a full prospectus and career advice from one of the general practitioner lecturers and where emphasis is given to equality of opportunity for young, mature, married, or single applicants.

General practice is now a popular career option, and not all who wish to train will ultimately find a position as a principal. The number of vacancies in vocational training must be matched to the number of principals' posts that are becoming vacant and not simply increased to satisfy demand. The equation is complex and national coordination may be necessary to reconcile these conflicting demands.

Whatever the solution the results of this survey show that junior doctors are very unhappy with the present system of applying for training posts and that they would welcome innovation. Further discussion is necessary.

I thank all the clinical tutors and tutors of the Royal College of General Practitioners in South West Thames Region for their help in gathering the names and addresses of vocational training applicants for the survey; Mrs Pam Cleall and Yvonne White, research assistants, for their devoted help; the Scientific Foundation Board of the Royal College of General Practitioners for funding the project; Drs John Dymond and Eric Gumbrell for criticism of the questionnaire; Gregor Bartlett, Paul Freling, Peter Jenkins, Fred Meynen, Lyda Smythe, Philip Tomblinson, and other members of the South West Thames Faculty of the RCGP for their criticism of the original draft; and those doctors who took the time to fill in the questionnaire and send it back.

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Practice Research

Open access radiology services: availability to general practitioners in the UK

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Abstract

A postal survey was carried out among secretaries of local medical committees to ascertain the availability of open access to radiology services in the United Kingdom. The results from 126 different areas showed a wide variation of access, ranging from

virtually none to complete access. General practitioner representatives on management teams might encourage open access to radiology services, and health authorities might be encouraged to introduce complete open access.

Introduction

In several studies the workload of a radiology department produced by requests for a rare examination from general practitioners has been investigated,¹⁻⁴ and estimates of the financial implications of

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TABLE I—Response to questionnaire

	No.	%
No local medical committee contacted	115	
No reply with details	100	87%
No reply	15	
No extra details—that is, more than two replies received per 1.36*	26	
Long No of replies	126	

*No local medical committee areas the availability varied widely within that area, and more than one reply was received. The results are thus based on 126 questionnaires returned from 126 areas.

TABLE II—Access in 126 "districts"

	Complete and unrestrict-		Partial or restrict-	
	No.	%	No.	%
Chest x rays	124	98.4	2	1.6
Surveys	120	95.2	2	1.6
Roent and roent	118	93.7	2	1.6
Barium meal	103	81.7	9	7.2
Cholecystogram	102	81.0	10	7.9
Intravenous pyelogram	66	52.4	28	22.2
Barium enema	61	50.0	29	23.0
Ultrasono scan	60	47.6	28	22.2
Mammography	22	17.4	19	15.1

teaching hospitals and the degree of variation, for example, do not seem to be related to the size of the area. Some areas have widely differing availability, as do different areas within a county.

Discussion

The figures from the replies to the questionnaire confirm what has been suspected for some time, that the commitment of health authorities to open access to radiology is patchy in the extreme. Many reasons have been suggested for the failure to implement open access to radiology, financial restraints and the inability of general practitioners to discriminate between essential and non-essential investigations being the commonest. These views are held despite much evidence to the contrary. It would be interesting to discover why access varies so far from area to area, and even within an area, and how much the personal and professional relationships between general practitioners and radiologists contribute.

Given the success of vocational training and the influx of highly qualified and committed young general practitioners it is essential that a full range of diagnostic services is made available in primary care. Local medical committees and general practitioner representatives on district management teams and units must be ever vigilant and ensure that unilateral reduction of access is not imposed.

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to include the availability of other facilities such as community beds, and the results of this section will be sent separately. A further request was sent to non-responders after three months. Respondents were invited to comment on or expand their replies. Tables II and III summarise the responses to the questionnaire.

In some areas availability in districts within the area varied widely, and respondents kindly sent more than one reply. In other areas the differences within the area were slight and in table III the "open access" criterion is used where there was no total access to individual procedures and where restrictions have been put on access—for example, sigmoidoscopy preceded by a barium enema. But the wide variation in some areas made it impossible to obtain precise figures—the one area had so many variations that it was impossible to reply to the questionnaire—but the pattern of variation is clear.

Wide individual variations may be found, however. In certain areas of the UK, for instance, general practitioner access to radiology is limited to chest x-ray examinations—no study criteria are used. In other areas, in contrast, all areas there is total access to all the above investigations. The proximity of