Middle Articles

MEDICAL EDUCATION

Need for Integrated Training Schemes*

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It is my aim today to look ahead and see how the National Health Service might evolve to prevent further disillusionment among hospital junior staff. Doctors the world over have been notorious for their lack of forward planning, a lack which is only second to their universal cries of dismay when Governments plan for them. I feel privileged to participate in this break with tradition, in what I believe is to be the start of a constructive attempt by the profession to influence the evolution of the Health Service.

I would like to examine two major grievances of the hospital junior staff and suggest some possible remedies. These are the long and uneven training, and the total uncertainty of a future in the hospital service.

Postgraduate Training

There is growing feeling that postgraduate training, with certain noteworthy exceptions, is frighteningly haphazard: its quality is uneven, its length variable, and its diplomas multitudinous and often misleading.

In view of the increasing shortage of doctors in all branches of the profession the question today must be: "What is the shortest period of training required to fit a man for a consultant post?" If this is accepted, then formal instruction inevitably follows. I believe training programmes in the specialties must come to Britain if we are to continue to produce well-trained consultants for the N.H.S.

The implications of such a change in policy are enormous and would lead to a major reorganization within the hospital sphere. Training schemes must be based on large units or departments, for it is both difficult and uneconomical to provide formal instruction for two or three people, while it is perfectly feasible for 20 to 30. Tuition must be continuous, and practical training well supervised. There are few departments which can undertake formal academic instruction of the postgraduate and at the same time provide facilities for plentiful clinical experience. Some degree of rotation is inevitable. This should be continuous throughout the training period, in and out of the academic unit, revisiting the same hospital at a higher level. Rotation should never imply need for changing residence, for virtually all conurbations large enough to support training programmes have sufficient hospitals close together to allow easy access one to another.

This sort of scheme is possible only if much closer liaison exists between teaching hospitals and regional boards, though

it seems difficult under present financing and administrative regulations to adopt a sufficiently flexible attitude to make progress. In my view it is possible to plan on a regional basis only if all parts of the team are working together, and in order to do this the boards of governors and the regional boards might well be combined as they are so successfully in Scotland and Northern Ireland. They must, so far as training is concerned, make regional estimates of needs for hospital staff and plan training posts accordingly.

It will never be possible to establish training for more than a handful of people if it has to be centred on a 30-bedded teaching hospital unit; all that seems to happen is that more and more staff are employed (indeed attracted by the kudos and genuine academic advantage) gaining less and less practical experience, while there may be regional hospitals close by cutting their work loads because of inability to obtain juniors, though they would provide ample experience. The two surely are complementary. The advantage of formal academic training allied to plentiful practical experience would quickly attract juniors.

Regional Centres

What I have said here applies in particular to the specialties: anaesthesia, psychiatry, ophthalmology, otolaryngology, dermatology, and the like, where there is already an incipient staffing crisis, but the same problem will apply to general medicine and surgery in the years to come.

Funds must be put aside for the establishment of one or more regional centres in each specialty large enough to provide the ancillary facilities which are increasingly needed. The Newcastle Region has shown a fine example in some instances, as its neurological, neurosurgical, and radiotherapy services demonstrate, but these are only faint glimmers in an otherwise Stygian gloom. It is the lack of such centres, with their allied training programmes and research facilities, just as much as financial pressures which precipitate emigration among those seeking a future in the hospital service.

The implications of such training schemes are considerable for the Health Service. They would simultaneously provide more consultants and drastically alter the peripheral scene. The most recently available figures of consultant age distribution indicate that it is uncommon for individuals to be appointed to consultant posts before the age of 35. If by swifter and more comprehensive training men were ready at 32 or even 30, the number of consultants would increase by 8 or 13% without any increase in numbers of practising doctors, and would thereby help to eliminate a growing shortage.

A word of warning to juniors is needed at this stage: if they wish this sort of scheme to be introduced, and I believe they do, then they must also realize that it means more and

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harder work, not more time off and more holidays. One thing is fundamental to training: experience must be gained and there is a limit to spoon-feeding. Any observer of the North American training scheme is immediately impressed by two things: the shorter but more organized training programmes, and the very much longer hours and harder work put in by the residents.

If training is to be centred about large institutes, then inevitably there will be no juniors in the periphery. This need not be a bad thing, and in many instances will only stabilize an already current situation.

Some services will be centralized: the large institutes will siphon off patients from the periphery, and as communications improve so the need for small isolated units will diminish. The funds thereby released will help finance the central departments. Hospitals might therefore be built where they can be manned, rather than where political pressure dictates.

Where hospitals survive without training programmes consultants and general practitioners will have to work much closer together. This is one way in which the cry from general practitioners for hospital participation may be answered: they would be employed as integral members of the team in consultant-staffed units, after suitable training. This is quite different from general-practitioner-run cottage hospitals, pleasant though they be, for it enables practitioners to participate in expert first-class units.

Here we must turn to the relations between the Government and the Royal Colleges, and to politics in relation to the social services and the profession. The nation must be persuaded that its funds are better spent in such a hospital structure than they are at present; the Royal Colleges that their examinations and training are most efficiently conducted in defined programmes.

Higher Qualifications

The Fellowship and Membership seem to be inefficient ways of sorting out future consultants. It is my opinion that, by and large, the standard of these examinations is not set too high: if so, it follows that candidates are ill prepared. Much greater note must be taken of the candidates' training before entry. This implies, firstly, sitting later, and, secondly, greater supervision of centres. I think that it is in this latter task that the Colleges can be most faulted. Approved posts for Fellowship and Membership are so variable as to imply a lack of supervision. It is noticeable that nothing so speedily improves the calibre of a training programme in North America as the threat of withdrawal of approval; for once this happens no junior will be recruited. The inspection should be of training programmes, not of posts, and they should be regularly and strictly reviewed. Surgically, I favour the submission of opera-

tive experience by candidates, which if small would not jeopardize them, but which if repeatedly small from one unit would jeopardize its programme.

The standard of the further examinations appears to put the cart before the horse. At present the Colleges are reviewing their role in postgraduate training, and, if I read it correctly, the College of Surgeons is suggesting that specialist training be given only after admission to Fellowship, for four years as a senior registrar. The combined pass rate in both parts of the English Fellowship as at present constituted is so low that it is a considerable hurdle in itself. If it is used as an entrance challenge to specialist training in its present form it will both diminish recruitment and unnecessarily lengthen the training period. Genuine confusion also exists at present about the meaning of further diplomas. The Colleges state that they indicate fitness to be trained, but appointment committees assume that they are an indication of training completed and hence of professional competence.

There is obviously a need for some sort of weeding-out examination: it is wrong to think that all those who attempt to specialize are sufficiently able or suitable for training. The selection should be made within three years of qualification, and should carry a fair pass rate. It might take the form in all the specialties of a test in appropriate basic sciences. Thereafter those who continue training should be reasonably certain that after a predetermined period of between two and at the most six years, depending on the specialty, they have a good chance to attain specialist status, possibly with dual standards similar to the Canadian certification and Fellowship, with each major subspecialty having its own examination.

Uncertainty

Already the N.H.S. somewhat grudgingly accepts that senior registrars are career hospital doctors; in the new scheme let it accept this fully. The uncertainty about the most important move in the life of a young hospital doctor, that from senior registrar to consultant, must be unequalled elsewhere in the world, and this fact alone must account for much emigration. Regional boards must know years ahead what posts are to fall vacant by retirement. These could be advertised, and indeed appointed, months or even a year before the candidate finished training and the post fell vacant: this would allow better future planning by doctors and boards alike. The situation would be eased further if retirement was not implemented on reaching the 65th birthday but at the end of the academic year. At the same time, as in North America, all junior posts could be filled on the same date. A register could be kept of all posts available at the year's end, and, with plenty of warning, juniors and hospitals could plan their future.