

## Senior house officer grade needs reform, says report

Rhona MacDonald *BMJ*

The senior house officer grade for junior doctors in the United Kingdom should be reformed so that all senior house officers pass through basic specialist training programmes that are managed, are of limited duration, and have clearly defined end points, according to a report published by Liam Donaldson, chief medical officer for England.

The consultation report was published days before the Audit Commission report on medical staffing. (See story opposite.)

Qualified medical students move on to the senior house officer grade after spending a year as preregistration house officers after medical school. They then opt to become either a specialist registrar or GP registrar. Nearly half of all doctors in training in the United Kingdom are at the senior house officer grade (almost 20 000, a third of whom are non-UK graduates).

The report's main recommendations are that:

- Training should involve a programme and be managed by postgraduate deans
- There should be a common foundation of two years' general training in a variety of disciplines for all doctors, regardless of their final career pathway
- Doctors should then progress to basic specialist training, which should be time capped
- Individually tailored programmes should be available
- There should be a complete review of the royal college examination system, and
- The time taken to complete higher specialist training should be shortened.

The report also stresses that basic specialist training programmes should ensure that the needs of doctors who trained outside the United Kingdom are properly and fairly taken into account and that they should have equal access to high quality training programmes. □

*Unfinished Business* is available at [www.doh.gov.uk/shoconsult](http://www.doh.gov.uk/shoconsult)

## Medical staffing: report says anomalies

Reports by Mark Gould *London*

The government's pledge to achieve a high quality, consultant led NHS will not be realised unless major anomalies in the grading structure of hospital doctors and the lack of recognised training posts for doctors below consultant level are tackled, says the Audit Commission.

In a report shown to the *BMJ*, the Audit Commission, the public spending watchdog for England and Wales, examined the current state of medical staffing in the NHS.

Against a background of more medical students and a need for extra doctors to deliver the targets for reducing health inequality laid out in the NHS Plan, the Audit Commission surveyed the medical staff of 88% of all NHS acute trusts in England and Wales.

The survey, which was carried out in July last year, was a follow up to two earlier reports produced by the commission in the mid-1990s. Although it found improvements since then, this latest report highlights "significant problems to be tackled."

In particular:

- Many doctors are being asked to act as specialist registrars, without appropriate qualifications
- Many smaller trusts are failing to comply with the "new deal"
- Some hospitals are employing twice as many doctors as others

The full report, *Review of National Findings for Medical Staffing*, is available at [www.audit-commission.gov.uk](http://www.audit-commission.gov.uk) (click on acute hospital services).

## Smaller trusts face huge problems with the "new deal"

Many smaller trusts and trusts in rural areas are experiencing great difficulty in complying with the requirements of the new deal, which restricts junior doctors' hours of work. And from August 2003 trusts that issue contracts that do not comply with the new deal could be sued for breach of contract.

The Audit Commission report says these trusts will experience even more problems with the implementation in 2004 of the European working time directive, when doctors will be allowed 11 hours' rest time in every 24 hours.

Only 2% of trusts in England and Wales report that all training posts are compliant with the new deal introduced in 1991, which restricts training grade doctors to an average 56 hour week with adequate rest breaks. One per cent of trusts reported that none of their posts was compliant.

There is wide variation geographically. The North West and the West Midlands have the highest figures, with an average of 59% of training posts compliant with the new deal. In Wales the figure is 20%.

Part of the explanation is the

problem of meeting the requirements at small hospitals in remote locations.

Dr Jonathan Boyce, associate director in the public services research directorate at the commission, said: "If you are small but near other small hospitals you can combine rotas for cover. But if you are a small trust and in a rural area you have got much less chance of compliance."

Specialist and teaching trusts have the highest average com-

pliance, at 55%, while ordinary acute trusts have an average of 43% compliance.

Compliance varies markedly by specialty. Radiology, pathology, and accident and emergency show an average of around 90% compliance. All other specialties range from 39% to 45%.

The commission says that if trusts are going to comply with the current requirements—let alone the new requirements—they will have to consider changing the ways that doctors are deployed and making better use of other members of the healthcare team. □

See this week's Career Focus.

