Vocational Training in General Practice

As in other branches of medicine, vocational training in general practice is now here to stay. Given good will and enthusiasm, training schemes can be set up, attract recruits of a high calibre, and run successfully, as the recent series by our special correspondents has shown. Yet these accounts have also underlined two important points. Firstly, as in the early development of any new scheme, the keynote must be flexibility—in the details of the curriculum, the types of hospitals used for the house posts, and the selection of trainees and trainers. Each centre must be encouraged to experiment to find the pattern that suits it best, and to record its findings for the benefits of others. For example, at present there are widely diverging views of the amount of training needed in obstetrics and gynaecology; a good case can be made for a shorter period of training in this specialty in areas where there is little domiciliary obstetrics and few general-practitioner maternity units.

Centres too must make full use of particular local enthusiasms or excellence, whether about practice organization, research, or psychotherapy. The older royal colleges have long allowed candidates training for the higher diplomas relatively wide choices of broadly suitable posts and it is to be hoped that in general practice a similar policy will evolve.

Secondly, the success of the vocational schemes will probably lead to two developments: the existing ones will continue, and probably expand, while new ones will be started as a result of local initiative or central pressure. Yet any large-scale development must overcome the present financial drawbacks. Because so far they have been started by local initiative—and often by the persuasion of one or two gifted enthusiasts—the schemes have been run on a shoestring, and have exploited the good will of the participants. Thus, the trainees receive £100 a year less for a teaching session than they would for a comparable period spent as a clinical assistant in hospital—no allowance is made for the time the course organizer spends in administration; and the partners in a teaching practice are asked to take on some of the routine duties normally done by the tutor, again without any reward. Another unresolved problem is the additional cost of the extra space in practice premises needed for teaching purposes. At present also the trainees lose financially by taking the course—estimates have ranged as high as £5,000, compared with what they could have earned if they had gone straight into practice. It may be argued that any doctor studying for a higher diploma has to accept some limitation of income, and this applies already to hospiital staff. Nevertheless, the shortage of recruits to general practice combined with the magnitude of this differential may tempt many able young doctors into practice soon after registration before completing or even starting vocational training, and some solution to the problem should be found.

In Europe there has been growing concern about the future of general practice and discussions on the training of doctors for it have been taking place within the European Economic Community, so far without any agreed solution. On the one hand the Permanent Committee of Doctors has adopted the two-year-old programme of postgraduate training—along similar lines to courses in Britain—proposed by the Union of European General Practitioners (U.E.M.O.). On the other hand the European Parliament considers the answer for general practice lies in a radical revision of the basic training of doctors wishing to be general practitioners.1 Probably if the U.K. joins the Common Market it will be in time for doctors in Britain to have some influence on the course of this debate, and the practical experience already gained here could well be of some assistance to our European colleagues.

Smallpox

Abandonment of routine vaccination against smallpox was recommended by the Joint Committee on Vaccination and Immunization and accepted by the Department of Health last week. The committee's reasoning was essentially the same as that put forward in the B.M.J. three weeks ago1 that the balance of risks has now tipped against routine vaccination except for those likely to come into personal contact with smallpox sufferers. Smallpox vaccination will still be a prerequisite for travel-