A 'general professional training' inquiry

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AN IMPORTANT recommendation of the Royal Commission on Medical Education was the institution of a 3-year period of general professional training to follow the pre-registration year. Such a scheme would have certain advantages and would follow the pattern of postgraduate education in some other countries. It would, however, pose considerable difficulties in terms of implementation, and it has met with criticism on a number of grounds, for example, the prolongation of training for general practice and the fear that some direction of labour might be implied.

No firm decisions have yet been taken about the future pattern of postgraduate education in this country. Whatever plans are made, however, it has become increasingly apparent that the feelings and opinions of junior hospital doctors themselves are important and quite properly must be taken into account. In the Sheffield Region it was felt to be desirable to assess the feasibility of introducing the changes proposed by the Royal Commission, in terms of the numbers of training posts that would be required in relation to the existing establishment and work load (Dixon *et al.*, to be published), and in terms of the reactions of the people involved in the process of acquiring postgraduate education. For this latter reason we decided to distribute a questionnaire in our region. We have attempted to frame the questions and analyse the replies in the context of the Royal Commission recommendations, while at the same time trying to provide background information which might be of value in considering alternative proposals.

Seven hundred and sixty-seven questionnaires were distributed to all the SHOs (342), Registrars

(340), and Senior Registrars (85) employed by the Sheffield Regional Hospital Board and the United Sheffield Hospitals.

The first part of the questionnaire was designed to identify the replying doctors, and provide details of their background, qualifications and experience. The next series of questions concerned the experience of the replying doctors with regard to their choice of specialty. There followed a group of questions concerning attitudes to possible general professional training and further professional training schemes as they might affect the Sheffield Region, and the reasons behind their attitudes. The final questions were addressed to women doctors, and concerned their career intentions with respect to domestic commitments.

Two months after the questionnaire had been distributed, reminders were sent out via Hospital Management Committees to all doctors who had not returned the questionnaire, and a check was carried out to estimate the number of doctors who had left their jobs during the period of the survey. It was discovered that sixty-five of the 767 doctors had moved during this time. This was 8.5% of the total number of doctors originally written to, but in different parts of the region the amount of movement varied considerably—from 22% in the Lincoln area to 3% in the United Sheffield Hospitals (Table 1). Over the region as a whole, movement to another job was commonest for Registrars (9.7%) and SHOs (8.5%), and least for Senior Registrars (3.5%).

Three months after the reminders were sent out, the total number of replies received from the survey was 408. These included one reply from outside the region and four anonymous returns.

Table 1 shows the proportion of returns from various parts of the region. The return rate was

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TABLE 1. Response to questionnaire

Area	No. of questionnaires sent out	Proportion returned (%)	Proportion unreturned	
			Changed job (%)	Other reasons (%)
Derby	72	62.5	8.3	29.2
Leicester	95	50.5	11.6	37.9
Lincoln	90	40.0	22.2	37.8
Nottingham	160	52.5	8.1	39.4
Sheffield				
Non-teaching	202	43.1	5.4	51.5
Teaching	148	69.6	2.7	27.7
Total	767	53.2	8.5	38.3

TABLE 2. Analysis of returned questionnaires by grade and country of graduation

Grade	U.K. & Eire				Overseas			
	No. of questionnaires sent out	Questionnaires returned			No. of questionnaires sent out	Questionnaires returned		
		No.	%			No.	%	
SHO	79	62	78.5		263	86	32.7	
Registrar	103	76	73.8		237	81	34.2	
Senior Registrar	66	62	93.9		19	9	47.4	
All grades	248	200	80.6		519	176	33.9	

N.B. Seven doctors did not give their grade; twenty-two did not give their country of graduation and three gave neither.

highest from the United Sheffield Hospitals (70%) and from Derby (63%), and lowest from Lincoln (40%) and the Sheffield area of the region (43%). Six letters were received, three voicing opposition to general professional training and to the questionnaire concerning it, and three from doctors who did not feel themselves qualified to reply to the questionnaire. Taking these letters into account, and excluding from the analysis those doctors who had moved, the overall return rate was 58%.

One hundred and sixteen of the 767 doctors were women (15%) and fifty-nine of the 408 replies were from women (14%). These figures give return rates (not allowing for the movement of doctors) of 54% and 51% for men and for women respectively.

Table 2 gives an analysis of doctors and returned questionnaires by grade and country of graduation. The overall return rate for Senior Registrars was 84%, compared with 46% for the Registrars and 43% for SHOs.

Two hundred and forty-eight of the 767 questionnaires were sent to graduates of the United Kingdom and Eire, and 200 of these were returned. Of the 519 questionnaires sent to overseas graduates (i.e. from countries other than Eire) only 176 were returned. In view of the excellent representation of United Kingdom and Eire graduates (81%) their replies are discussed separately and in some detail.

United Kingdom and Irish graduates

The return rate from this group was 81% (84% taking into account movement and other factors). Thirty-eight of the 200 replies were from women (19%).

Choice of Specialty (Q. 8-12)

Table 3 summarizes the replies to these questions. Only about half of those who replied had decided on their specialty by the end of the pre-registration year. Sixty-eight per cent of SHOs and 78% of Registrars claimed to have decided on their specialty at the time of answering the questionnaire, 23% and 28% respectively having changed their minds at some stage. Virtually all the Senior Registrars were decided on their career (94%) and again 29% had changed their minds. The availability of career guidance would apparently have been likely to influence only about 37% of those who replied.

Altogether, 58% of those who replied definitely did not intend to enter general practice. This percentage was lowest for SHOs (35%), intermediate for Registrars (59%) and, as might be expected, highest for Senior Registrars (87%).

Attitudes to general professional training (Q. 13-21)

There were seventy-two doctors in favour of general professional training. This was mainly because of the advantages of planned training,

TABLE 3. Replies from U.K. and Eire graduates. Choice of specialty (Q.8-12)

Q	Choice of specialty	SHO (62 replies) (%)	Registrar (76 replies) (%)	Senior Registrar (62 replies) (%)
8	Decided at time of replying	68	78	94
9	Decided at end of pre-registration year	45	54	40
10	Likely to have been influenced by availability of career guidance			
	Yes	37	37	37
	No	52	51	56
11	Changed during career	23	28	29
12	General practice:			
	As first choice	10	1	0
	If unsuccessful in hospital career	19	24	5
	Not at all	35	59	87
	Undecided	32	13	8

TABLE 4. Replies from U.K. and Eire graduates. Attitudes to general professional training (Q.13-15)

Q		SHO (62 replies) (%)	Registrar (76 replies) (%)	Senior Registrar (62 replies) (%)
13	Attitude to general professional training:			
	Would welcome it	24	39	44
	Would not welcome it	55	45	37
	No strong feelings	16	13	19
14	Would welcome general professional training because of:			
	Planned training	47	53	44
	Opportunity to 'shop around'	27	27	30
	Other reasons	20	20	26
15	Would not welcome general professional training because:			
	Present system satisfactory	21	6	9
	General professional training too long	21	24	26
	General professional training too long for women	18	3	4
	General professional training unsuitable for G.P.s	15	18	13
	'Cheap labour'	24	21	22
	'Direction of labour'	33	44	48

mentioned by 47% (Table 4). Another reason for favouring general professional training (given by 27%) was that it would give an opportunity to gain additional hospital experience before finally deciding upon a specialty. This argument is interesting in view of the fact that the great majority of all doctors who replied to the questionnaire indicated that they would want to see the whole programme for their 3 years of general professional training before accepting the first post (Table 5).

The largest body of opinion was *against* general professional training, this feeling being expressed by 55% of the SHO replies (Table 4).

The commonest argument against general professional training (given by 41%) was concern over 'direction of labour'. Other frequently expressed objections were that the length of general professional

training would be excessive (23% of replies), that general professional training was a means of staffing unpopular areas (22%), and that the scheme was unsuitable for GPs (15%). The relative importance of these objections was much the same for all grades of doctors, except that SHOs tended in addition to stress the excessive length of the proposed training scheme for women doctors (18% of replies). Many SHOs (21%) also felt that the present system of training was adequate.

Eighty per cent of doctors would have wanted to see the whole of their programme for general professional training before accepting a first appointment; this percentage was highest for SHOs (90%) and lowest for Senior Registrars (74%) (Table 5). Despite the geographical size of the Sheffield Region there was very little enthusiasm for a general

TABLE 5. Replies from U.K. and Eire graduates (Q16-21)

Q	SHO (62 replies) (%)	Registrar (76 replies) (%)	SeniorRegistrar (62 replies) (%)
16 Would wish to see entire 3 year plan for general professional training before accepting first post	90	78	74
17 Would favour general professional training system based on:			
Entire region	53	36	42
Two sectors (Sheffield & Nottingham)	29	30	34
More than two sectors	10	20	19
18 Would availability of married accommodation affect the answer to Q17?			
Yes	37	45	32
No	60	43	66
19 Would you be content to spend 3 years general professional training within the region?	16	17	17
Would you wish to spend 6-12 months outside the region?	66	53	73
No strong views	15	18	10
20 If general professional training were arranged within sectors would you wish to spend time outside the sector?			
Yes	73	54	77
No	6	14	15
Don't know	18	17	6
21 Would you think it preferable to spend time outside the region?			
During general professional training	8	4	2
During further professional training	11	41	37
During both	74	43	58
During neither	0	3	3

professional training system based on a number of separate sectors. Most of those who replied (44%) would have wanted the entire region to be embraced, while 31% would have preferred the Sheffield and Nottingham areas to be kept separate. The guarantee of married accommodation did not appear to affect these views. Sixty-three per cent of the replying doctors, irrespective of grade, would have wished a general professional training scheme to include 6-12 months spent outside the Sheffield region. If general professional training were to be followed by further professional training, 57% of doctors would have wanted to spend time outside the region during both periods of training (74% of SHOs expressed this view).

Replies from women graduates (Q. 22-24)

Of the thirty-eight women in this category who returned questionnaires, sixteen (42%) had already been married, nineteen (50%) were single and three did not indicate their status. Five (14%) had already interrupted their careers for domestic reasons.

Fifteen women of known status (43%) anticipated taking a period of some months off work for maternity and only nine (26%) anticipated taking a continuous period of several years off work to look after young children. Twenty-four (75%) envisaged ultimately seeking a full-time post, in some cases with emergency duties.

Overseas graduates

One hundred and seventy-nine questionnaires were received from overseas doctors, including one from a grade other than SHO, Registrar or Senior Registrar, and two of unknown grade. Eighteen of the replies were from women (10%). The return rate, taking account of movement and other factors, was 39%.

Compared with the United Kingdom and Eire graduates, more overseas graduates appeared to be decided on their specialty and a higher proportion (67% of replies) had decided by the end of the pre-registration year. Career guidance would again apparently have influenced only a minority.

The largest group of overseas doctors who replied welcomed general professional training (50%) and only 11% did *not* welcome it. Of the eighty-nine doctors welcoming general professional training, sixty-seven (75%) did so on account of the planned training that it would bring. Of the twenty doctors not welcoming general professional training, the two major reasons were that the present system was adequate (30% of replies). The 'direction of labour' argument was cited by 15% of the doctors.

The views expressed about the administrative division of the region, for general professional training purposes, and the desirability of spending time outside the region were substantially the same as those of United Kingdom and Irish graduates.

Of the eighteen overseas women doctors who replied, ten had already been married and six of these had already interrupted their careers for domestic reasons. Seven (41%) anticipated taking a period of months off work and four (24%) anticipated taking a period of years off for the birth and care of children. Fifteen of the eighteen (83%) intended ultimately seeking a full-time post, either with emergency duties or with fixed hours of work.

Discussion

The information derived from this inquiry is partly factual, partly speculative and partly a reflection of the opinions of the day. Although the inquiry was planned during the relatively non-committal period which immediately followed the publication of the Todd report, a considerable amount of discussion had taken place throughout the country by the time the questionnaires were returned and feeling was in some quarters running high. In some respects this may have been unfortunate from the point of view of the study, and its possible influence on the opinions expressed should be noted.

The intention of general professional training, as envisaged by the Royal Commission on Medical Education, was that it should include trainees for general practice. Our questionnaire was sent only to junior hospital staff, and no attempt was made to seek out general practitioner trainees in the Sheffield region. In one sense, therefore, the response is biased; on the other hand the bulk of the training period proposed by the Royal Commission for general practice would be spent in hospital posts, and there is no doubt that at the present time most doctors who ultimately enter general practice do take hospital appointments beyond the pre-registration stage.

The return rate from overseas doctors was only 39% in comparison with an 84% return from United Kingdom and Irish graduates. The response

from overseas graduates cannot therefore be regarded as truly representative, and great caution should be exercised in reading too much into the answers from this group. It is only possible to guess at the reasons for the low response; some overseas graduates may have felt that the Royal Commission proposals were irrelevant to them, since they did not intend to remain in this country; others may not have felt competent to pass judgment since they had only fairly recently arrived from abroad; others may have been reluctant to criticize the existing system.

The average age of overseas graduates who replied was about 3½ years higher than that of United Kingdom and Irish graduates at the SHO stage, but this age difference diminished to about 1½ years at the Senior Registrar stage. This might indicate that overseas graduates tend to enter the post-registration grades in this country later, but do not necessarily progress more slowly through them. Nevertheless, among the replies from overseas graduates there was a much stronger feeling in favour of the proposed general professional training scheme than among the United Kingdom and Irish replies.

The fact that 33% of women graduates from overseas had already interrupted their careers for domestic reasons, compared with only 14% of United Kingdom and Irish women graduates, is doubtless related to the higher average age of the women graduates from overseas. Only about a quarter of the women in both the overseas and the United Kingdom and Irish groups envisaged taking a period of several years off work in order to be at home with their children while young.

Overseas doctors were more definite in their answers concerning choice of specialty; two thirds of the overseas doctors who replied claimed to have known their intended specialty at the end of the pre-registration year, compared with half of the United Kingdom and Irish graduates. The majority in both categories agreed that they had not changed their minds about their specialty during the course of their careers. In the planning of a 3-year general professional training period it would be a matter of great importance to know the stage at which most doctors make a firm decision about their ultimate career. It is interesting to observe that although, according to the evidence submitted, almost half the people concerned would not have decided this at the end of the pre-registration year, the overwhelming majority would nonetheless have insisted upon seeing the whole programme for the ensuing 3 years before embarking upon it. This suggests that the practical implications of general professional training are difficult to envisage and that there is a real fear of the scheme being used to assign trainees

to posts of dubious training value without full agreement in advance.

United Kingdom and Irish doctors, a very high proportion of whom responded to the inquiry, were generally against general professional training (45% of replies), particularly at the SHO stage (54% of replies). This was mainly because of the fear of 'bureaucracy' and compulsion, and doubt about the amount of real training that general professional training would bring. The excessive length of the proposed training scheme was also a commonly voiced criticism.

One of the practical problems in introducing any general professional training scheme in a large area like the Sheffield region would be the possible need for repeated movement over considerable distances during the 3-year period. This difficulty could be avoided by grouping general professional training posts in sectors within the region, so that the whole 3-year period would be spent in and around Sheffield, or Leicester, or Lincoln, etc. There would clearly be disadvantages in both alternatives, and the Royal Commission Report did not dwell upon the exact mechanics of how the scheme might best be implemented. Among all the replies received to our questionnaire there was a strong feeling that a general professional training scheme based on the region as a whole would be preferable to a number of sectors. This feeling may have been

related to the prevailing suspicion about 'direction of labour' as the subterranean motive for introducing general professional training. There is little doubt that any attempt to introduce a so-called training scheme merely for the purpose of ensuring the continued staffing of all hospitals, regardless of their location and facilities, would be firmly and properly resisted.

An attempt was made through one of our questions to determine whether the availability of career guidance, which is much discussed at present, would have helped or influenced people in their choice of career. The majority of those who replied felt that it would not have influenced them. It is eminently reasonable to apprise the trainee of the career prospects in various specialties, to indicate the difficulties of the path ahead and, most of all, to help constructively in the planning of a training programme. But there is little positive evidence that it could prove possible, through the medium of a Careers Advisory Service, to 'guide' trainees into those channels which might seem most appropriate from the point of view of staffing the Health Service.

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