Leading Article

The plight of senior house officers – some facts

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The plight of junior doctors is now, if not for the first time, a current media issue. What is perhaps new in the present situation is the interest recently shown within the profession on this topic. Several reports within the last year or so have drawn attention to the conditions and experiences of junior doctors and have made important recommendations for change in both their training and the service which they help to provide.^{1–4} There is then some movement towards change which is a good thing, but any concrete plan for change must rest on more than goodwill. We felt there was not in existence a sufficient body of comprehensive reliable and valid data about the actual training conditions and experiences of junior doctors, in particular senior house officers (SHOs). Our study,⁵ the main findings of which are summarized below, was designed to fulfil that need.

SHOs have little time available for study either within or outside official working hours.

In the SE Thames area 16% of SHOs are working at least a 1-in-2 rota, while 44% are working at least 1-in-3. The free evenings could, theoretically, be used for study, but this would leave no time for recovery, social or family life. Yet 46% of SHOs in the study are married and 16% have children. Study leave does not provide the answer. SHOs hold a bleak view of study leave provision; they are made to feel that it is inconvenient and a favour rather than a right; the method of application is cumbersome; they do not know what their rights to study leave are; they are put off by negative attitudes of consultants; and study leave is rarely taken for private study.

Recommendation Rota commitments should be kept to a target minimum which allows planned time for study and personal life. Acceptable uses of study leave should be formally stated and agreed.

Service cannot be regarded as synonymous with training.

Unfortunately, such an assumption was found to be common in practice, that service was a linear index of training. It is the case that much learning occurs during service, though how much of it is bad or unnecessary we do not know. Neither is it clear whether unsupervised learning is correctly regarded as training. The central paradox of our findings, however, is quite clear. Unsupervised clinical practice is one of the commonest quoted learning methods of SHOs but is regarded by all groups (including consultants) as one of the least effective learning methods. Unless we grasp the nettle of a definition of training with its implication that non-training-related service exists then we will be left to defend the indefensible position that whatever an SHO does is automatically 'training'.

Recommendation A definition of SHO training and specification of facilitatory organizational arrangements should be recognized as the first necessary step in a process of change.

SHOs are sometimes taught by other doctors at all levels from SHOs to consultant, yet no-one sees teaching as a defined part of their job.

Eighty two per cent of SHOs are sometimes taught by Consultants, 53% by senior registrars/registrar, and 15% by other SHOs. Only 53% of SHOs cited the consultants as their main teacher, while 39% cited the senior registrar/registrar. These groups have different strong points as teachers. Consultants are seen as able to pass on clinical experience, as having most teaching experience, as providing continuity, and often as being the only person available anyway. Senior registrars/registrar were valued for having up-to-date knowledge, better rapport and an examination orientation, for being involved in daily patient care, as understanding SHOs' training needs and as being keenest to teach. Despite these accolades, all groups agreed that

no-one saw teaching as part of their job, that there is a lack of good teachers and that consultants need a greater commitment to teaching.

Recommendation Time, reward and training should be given for teaching to both senior registrars/registrar and consultants.

There is no systematic and effective approach to training or learning at SHO level.

The survey questionnaire asked SHOs which learning methods they relied on most. The figures show that 45% of SHOs do not learn from ward rounds with the consultant and 50% do not read about cases seen. Overall opinions about the effectiveness of SHO training are highly variable but always low, in all cases being below the midpoint score. SHOs themselves have the lowest opinion of all. The effectiveness of SHO training is seen as being dependent upon the unit involved and the effort put in by the SHOs themselves.

Recommendation Methods of raising the baseline level of SHO training should be explored to decrease variability and inadequacy of educational provision.

Postgraduate medical education suffers from a lack of a cohesive and effective organizational structure.

While individual bodies such as the Regional Dean/Clinical Tutor network, or a Royal College may carry out their currently perceived roles perfectly satisfactorily, the system as a whole suffers from what might best be described as disarticulation. The need for a supraordinate body of some kind has been raised on many previous occasions but much could be gained from improved working relationships for instance between the Colleges and the Regions.

Recommendation Such an improved working partnership should be pursued as an essential element in a process of change and improvement in SHO training.

Consultants' views of effectiveness, organization, teaching provision and personal effects of SHO training tend to be significantly more positive than the views of other groups.

In many instances a linear progression of mean view by status group away from SHOs towards consultants can be clearly seen. This constitutes a great problem if the need for change is to be generally recognized in that the opinions of those able to implement change motivate them less strongly to do so. Consultant

opinion does not necessarily reflect the reality of the SHO's experience. It is important for those planning change to acquaint themselves with as wide a range of competent views as possible and to respond to the needs of different groups.

Recommendation Consultant views should be recognized as stemming from their own priorities and needs within the service and in relation to training and should be responded to appropriately.

Although there is some support for the idea of general professional training, there is also a balance of factors militating against it.

There is marginally positive support for the idea of general professional training. It is also felt that junior doctors do not have a proper chance to consider their career choice. They are pushed too quickly to specialise. Consultants agree that juniors should acquire competence in a wide range of specialties and all groups tend to feel that specialist training should occur later after qualification than it currently does. It seems incongruous, therefore, that all groups are undecided about whether patient care suffers because of an overly narrow bias of specialists. More significantly, perhaps, consultants and senior registrars agree that it would be better for SHOs' career prospects to demonstrate an early commitment to a specialty. So for general professional training to be a successful policy, consultants would have to change their attitudes towards specializing.

Recommendation The overall weak support for a period of general professional training and the view that early specialization is advantageous for career development, should be considered seriously in relation to changes in postgraduate training.

The importance of postgraduate examinations is not reflected in opportunities for study. Training for examinations and training to be a good doctor are not the same thing.

In relation to the role of postgraduate examinations, respondents generally feel that postgraduate training is aimed at passing examinations but that this should not be so, since training to pass exams and training to be a good doctor are not the same thing. The study shows that there is an inconsistency between the importance attributed to the examinations and the paucity of opportunity to study for them. The modal view is that there are not adequate study facilities for SHOs and neither is there a defined training programme.

Recommendation There should be a greater compatibility between formal postgraduate examinations and the learning opportunities which SHOs have.

References

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