

## Training and service should be distinct, but intertwined, before and after specialist registration

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*I work in a busy district hospital, and am hard pressed to satisfy the teaching aspects of my job, other than by teaching by example and on an ad hoc basis as different problems arise. At the last inspection by the Royal College of Physicians I felt we had only just scraped through. It was suggested to us that we should recognise more fully the protected time of our juniors, and the supernumerary nature of the registrars' contribution to service. I put these problems to Charles.*

'So how long are these doctors in training?' he asked.

**'For about ten years after full registration, though the time is supposed to be shortening,' I replied.**

'Are they paid a reasonable salary during this time?'

**'Yes,' I said.**

'So, after university they're kept at public expense well into their thirties, solely for their own benefit, so they can be trained as high-earning specialists?'

**'That's a bit hard,' I replied.**

'I know it is,' he said. 'Nevertheless it is how hard-headed businessmen would see it. There is at least a grain of truth in it, particularly as the College and university put more pressure on providing protected time, and requiring only supernumerary work, to the detriment of the service. The College wouldn't put it quite that way, but I am sure you'd agree that there's some truth in it.'

**'Yes,' I said. 'That's precisely my point. How would you solve the problem?'**

'Well, let's go to the other end of your career. It is now necessary to demonstrate on-going medical education and increasingly you will not be able to do it on the job.'

**'Agreed,' I said.**

'This means that special registration is an entirely arbitrary point in a continuous career,' he continued.

**'Someone who's just achieved it might not quite see it that way but, as you would say, there is indeed a grain of truth in it. So where do we go from here?' I asked.**

'I thought the argument was developing so clearly that it was quite obvious,' he replied. 'I know I've done it before, but I will again use the Services as a model. Someone of the rank of captain, roughly equivalent to specialist registrar, does tours of duty that are clearly service, such as second-in-command of a company, and periods when he's clearly training, for example, while at staff college. I see no reason why the same principle should not be applied to the whole of the medical career, but with the proportion of time spent in training jobs gradually decreasing as the doctor becomes more experienced.'

**'So you're suggesting that SHOs and specialist registrars should have periods when they're doing a job that's entirely for the benefit of the service.'**

'Yes,' Charles replied, 'but that would also imply apprenticeship, and so the person in training could only work for someone who has shown himself to be competent. Furthermore, he should work in an institution that has a culture of good practice and learning with, for example, a good library, regular clinical presentations and proper audit procedures.'

**'And that would need inspection?'**

'Yes. All institutions employing doctors during the early period of their careers, whether for service or primarily for training, would have to be approved by the relevant colleges for general training, but I'm sure the standards set should be attainable by everyone.'

**'Yes, we, and I'm sure every other hospital, pride ourselves on achieving high standards in those things.'**

'It would then be possible to set far more strict criteria for those units that took on responsibility for supernumerary training and be very specific about their competence.'

**'How would you protect the interests of trainees so that they weren't exploited by always doing service jobs?'**

'I would determine a minimum proportion of service and training jobs at each stage of the career. I wouldn't restrict this to trainees – I'd also require "trained" doctors to take supernumerary training at intervals determined by the stage of their careers.'

**'You've got a point,' I agreed. 'Your solution would be honest in recognising the service commitment of young doctors, and also enable much more rigorous and realistic educational assessments of training programmes. But wouldn't training be longer, because the juniors would have less time in supernumerary jobs?'**

'No,' he replied. 'As there's service work in all supernumerary jobs at present, the honest separation of the two shouldn't mean that a smaller proportion of time is spent in either. Indeed, as everyone would know where they stood, a clear separation might allow more time to be dedicated to both aspects. There would be less need for cover and take-over on the service side, and no disturbance from service commitments whilst in a training post. Furthermore, I still believe in the great value of old-fashioned apprenticeship where learning by example is unencumbered by formal teaching.'

*I found it difficult to argue against him, but wondered what the College Education Committee would think.*

*Coemgenus*