EDITORIAL

VOCATIONAL TRAINING FOR THE HEALTH CARE PROFESSIONAL

In the long history of the profession, apprenticeship has been the norm, advocated and practised by generations of physicians. However, the Platt Report (1), 1961, recommended two years hospital training after registration before entry into general practise. In 1963, the Gillie Report (2) recognised that much of the training for general practice must be carried out by G.P.'s themselves, reflecting the influence of the Royal College of General Practitioners. In 1968, the Todd Report (3) went far beyond the earlier reports to a further 2 year period after vocational training, as an 'Assistant Principal' thus bringing General practice into line with specialist training. It would appear therefore that the time honoured method of vocational training by apprenticeship to a single teacher is giving way to a period of traineeship in hospital firms where trainees share their knowledge with their peers and explore new areas together in small groups through a rotation of hospital posts.

The Merrison Report (4) of 1975, proposed the replacement of the pre-registration year i.e. internship, by a period of Graduate Clinical training between graduation and the beginning of specialist training. It further recommends that all the arguments they heard in committee point in the direction of making graduate clinical training last something like two years. The integraduate course would be correspondingly reduced in length. Doctors will then receive a salary earlier than at present. But it should be seen that graduate clinical training cannot replace the three year vocational training which the doctor embarks on after mature consideration of all options, i.e., for the specialities or for primary care/general practice.

In Singapore, the traineeship scheme for the Master of Medicine examination provided a proven training structure for vocational training in internal medicine, surgery, obstetrics and gynaecology, and anaesthetics. The point is whether such a scheme should not be extended to those preparing for general practice or primary care within the health service.

If the aim of all education is to enable the learner to reach his fullest potential, the training structure for all health care professionals should of a necessity include vocational training whether as a 'packaged' scheme as it applies to present trainees in the specialities or as a series of accredidated hospital posts that fit as closely as possible to individual choice and aptitude. In U.K., the Vocational Training Act 1976, does in fact allow a choice between a 3 year 'package' and a self-constructed course, containing a year in general practice and at least two years in recognised post registration hospital posts in relevant specialities which need not be limited to U.K. At present, entrance to general practice (and Primary Care within the Health Service) in Singapore, has not so far required standards set by the profession. Lest this be imposed by non-professional bodies, the profession itself should set-up a joint committee to include the University. Academy of Medicine, the College of General Practitioners, the Singapore Medical Association and the Medical Council to decide if vocational training for general practice and Primary Care is mandatory and if so, to set up a standardised scheme of sufficient calibre. Such a training can only redound to the good of the profession, the improvement of the health service and in the final analysis the health of the nation.

With the bonding of medical graduates to serve five years in the health service, there should be no difficulty fitting in vocational training schemes which seldom exceed 3 years. If a suitable number of posts in the Health Services can be designated Primary care posts for the purpose of accreditation, then following the example of the Vocational Training Act 1976 of U.K., it is entirely feasible that the graduate who opts for four year scheme, spending one year in Primary Care (in the Health Service) and two years in hospital posts and perhaps a year of elective posting to a unit of his choice. They could elect to take the M.C.G.P. (S'pore) of the college of General Practitioner, or the M. Med. if the trainee decides to change to a speciality during the course of the training. The all-important lesson that our and other experience has taught us is that training posts should have adequate facilities and supervision and trainees

should have sufficient time for study and self assessment as well as participation in continuing education courses. This can only come when trainees are treated not merely as another pair of hands, but as members of a team — the medical or surgical firm — in which each is allotted a specific function that is interdependent rather than independent of each other. To remove the 'threat' of vocational training and make it more relevant and stimulating, an agreed form of service along the lines of the GP's Charter (4) proposed by the BMA in 1965, could give each trainee primary care practitioner fairly complete clinical freedom in the context of responsibility within the hospital 'firm' and encouragement possibly in the form of incentives — to acquire additional skills and experience in special fields. The knowledge that he is given all this as well as the diagnostic aids, social service back up and ancilliary help he needs should make vocational training an attractive deal.

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Khoo Oon Teik
Professor of Medicine (retired)
University of Singapore
Guest Editor