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# Vocational training for general practice: attendance rates for release courses

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## Introduction

Almost all pre-registration medical education, and two-thirds of vocational training for general practice, takes place in hospital (Styles, 1991). Byrne drew attention to this anomaly (Byrne, 1975) and questioned the appropriateness of long periods of training in one setting for eventual practice in a totally different one. He described it as a hangover of traditional medical education that had failed to take account of changes in medical practice. His criticism still holds for today's framework for vocational training. The establishment of day or half-day release courses as part of vocational training was an attempt to provide a general practice perspective to the learning that takes place during the hospital years. How successful are they in achieving this?

A major difficulty for release courses has been the poor attendance of trainees during the hospital phase of their training. Low levels have been reported consistently over many years. Ronalds, in a national survey in 1981, showed that less than half the hospital based trainees were able to attend more than three-quarters of the release meetings that had been organized for them (Ronalds *et al.*, 1981). Reeve, in 1989, reported that meetings were not available to 62% of trainees in their final hospital posts in the North Western region. It is obvious that the value of these sessions, no matter how high their quality, is totally negated for individual trainees if they are unable to attend them.

This national study describes the current attendance rates of trainees at release courses during the hospital phase of vocational training and it identifies some of the reasons for poor attendance.

## Method

A questionnaire was designed to collect data from trainees about their experiences during the hospital component of vocational training and the arrangements for day/half-day release courses. This was developed following semi-structured interviews with trainees in different regions in the UK. It was piloted with trainees from the General Medical Services Trainee Subcommittee, after which the final version was constructed and distributed.

A 63% random sample of vocational training schemes in the UK were selected for inclusion in the study and questionnaires were sent to one course organizer on each of these schemes for distribution to the trainees.

## Response rate

A total of 1368 questionnaires were sent for completion in January 1992. There was some attrition during this distribution process, and an estimated 738 questionnaires reached trainees. Responses were received from 507 trainees which represents a response rate of 69% of those who were estimated to have received them. Responses were received from 107 schemes, representing a scheme response rate of 82%. The questionnaires

completed by trainees who were not in a hospital placement were discarded. Data has been analysed from a sample of 466 trainees, comprising 225 men and 241 women who were working in hospital posts in January 1992.

## Results

### Attendance rates

Sixty-three per cent (293) of the 466 trainees in this sample had access to a day/half-day release course during the hospital phase of training; 37% (173) had no such access (see Figure 1).

Figure 2 compares the actual attendance rates with the expected attendance rates for the 63% of trainees who were offered a release course. There is a considerable disparity between expected and actual attendance – only half of those who expected to be able to attend at least 75% of release sessions were actually able to do so.

The actual attendance rates for the 293 trainees who had access to day release meetings, together with the overall attendance rate for the 466 hospital based trainees in the study (ie including the 173 who reported no access to release meetings), have been compared with the attendance rates reported for a population of 858 hospital based trainees at the National Trainee Conference in Exeter in 1981 (Ronalds *et al.*, 1981). Whereas 28% of trainees were unable to attend release meetings during the hospital phase of their training in 1981, by 1992 this figure had risen to 53%.

Respondents were asked for their reasons for non-attendance at release courses (Table 1). The most frequently quoted reason was pressure of work (70%); 47% mentioned difficulty in finding or asking for cover; 20% said that they became too immersed in their hospital work to attend; and 9% quoted lack of support from their consultant. The hospital specialties in which trainees worked did not appear to affect their attendance rates at release meetings.

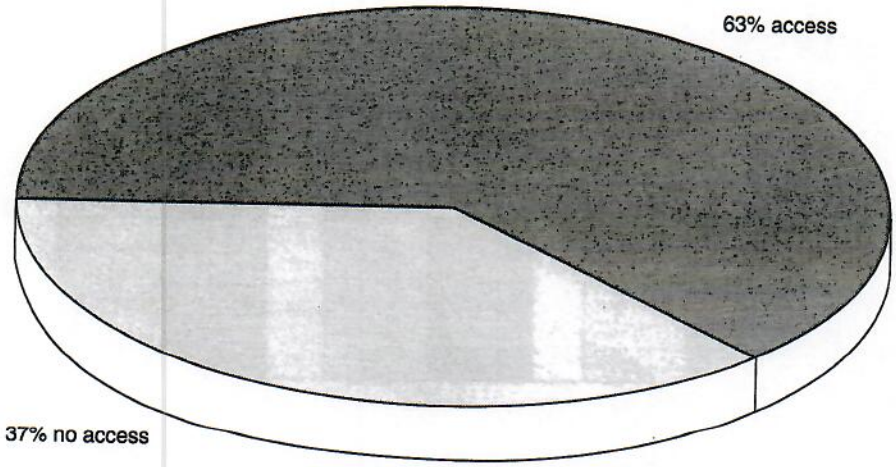


**Figure 1** Percentage access to release courses from a sample of 466 hospital trainees

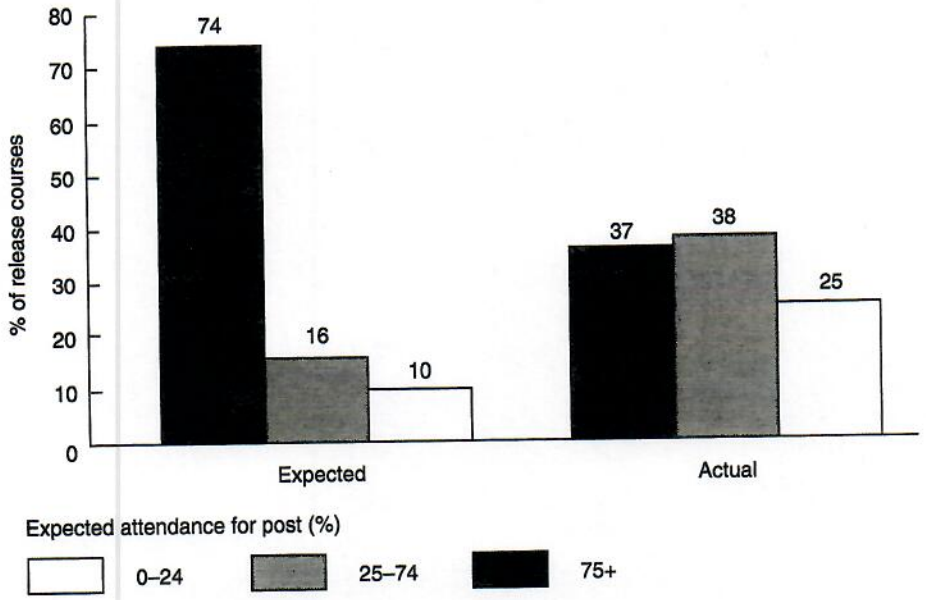


**Figure 2** Comparison between percentages of expected and actual attendances from a sample of 293 trainees

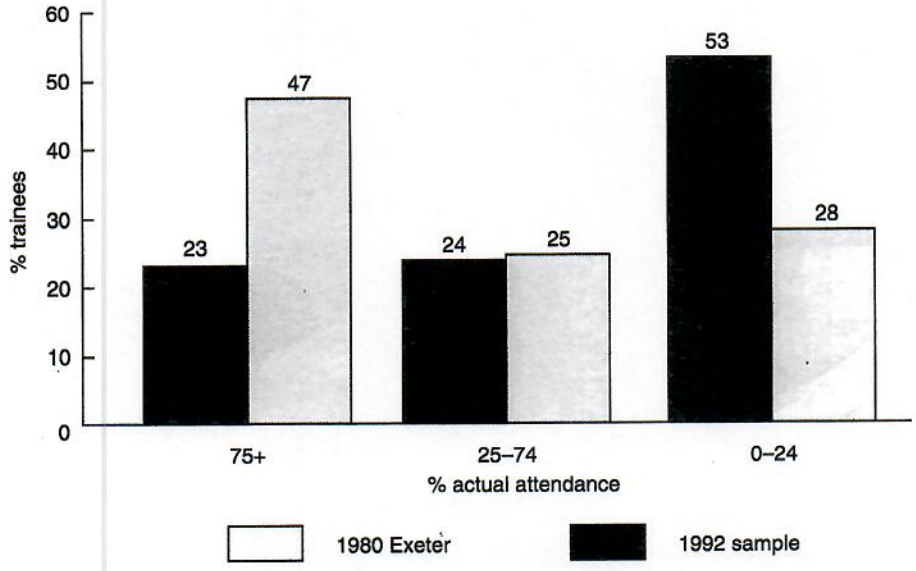


**Figure 3** Comparison with percentage attendance in Exeter survey, 1980

## Discussion

Release courses are an important element of vocational training for general practice. They are important for helping future GPs to maintain contact with their chosen career discipline during the hospital phase of their training. In addition, they provide opportunities to cover aspects of the curriculum that are better suited to the extended course format where participative working in small groups is likely to promote learning most effectively.

The fact that more than a third of trainees do not have access to such programmes during the hospital phase of training (Figure 1) and that, of those who do, only a third are able to attend more than 75% of meetings (Figure 2) is a matter of the greatest concern. These figures are comparable with those reported previously by Ronalds (1981) and Reeve (1989). They show that there has been no progress in improving attendance rates at release courses during the hospital phase over the last 12 years. Indeed, the rates of attendance reported in this study indicate considerable deterioration during this period.

That the proportion of hospital based trainees who attend less than 25% of release meetings should have risen from 28% in 1981 to 53% in 1992 (Figure 3) raises serious questions. The findings reported here for trainee attendance relate to a population of trainees of whom 94% were on three-year integrated programmes, and would therefore have been *more* able to attend release courses during the hospital years than trainees who were organizing their own series of hospital posts. The overall figures are thus likely to be even more unsatisfactory than reported here.

**Table 1** Reasons for non-attendance at release courses

| Reason | % Included in top three reasons |
|---|---|
| Work pressure | 70 |
| No cover | 47 |
| Immersed in work | 20 |
| Lack of support | 9 |

The reasons for non-attendance (Table 1) relate principally to the pressures that arise when attempts are made to balance the service commitment of junior hospital posts with the educational needs of junior doctors. Pressure from work, difficulty in finding cover and immersion in the tasks in hand were the main reasons why trainees did not attend release programmes. Obstruction from senior staff was not a major reason in itself, although unequivocal support from senior staff would be helpful in finding cover and relieving work pressure to enable trainees to attend release programmes.

Whilst few consultants seem to be actively opposed to their SHOs attending release course meetings, very few actively encouraged such attendance by modifying arrangements to make this possible. Their reasons for this may relate to the fact that vocational training SHOs are not working in supernumerary posts and are treated in the same way as junior doctors who are preparing for careers in the hospital setting. Consultants who work with vocational trainees need to understand the particular educational needs of future GPs during the hospital phase of training. Local course organizers have a responsibility to inform them of these and to work with consultants to ensure that adequate educational provision is made for trainees. The statements published by the Royal College of General Practitioners in association with specialist organizations, on hospital posts for general practice trainees, should be of help in this (RCGP, 1993).

Consultants need to be given support that will enable them to encourage trainees to attend courses, and to ensure that hospital managers appreciate the importance of this so that they will provide the resources needed to maintain patient services in the absence of junior staff. Most managers are likely to respond positively to such approaches, especially when made jointly by consultants and course organizers. Many

recognize the investment potential of vocational training schemes in securing the future settlement of well trained and loyal GPs in the locality. Such joint co-operative approaches are more likely to lead to success than confrontational and combative tactics and threats of the withdrawal of posts from training.

This study has shown how the main element of vocational training, that was intended to relate hospital based learning to the delivery of medical services in general practice, is failing because of unacceptably low levels of trainee attendance during the hospital years. Those responsible for GP training at local and regional levels will need to work more closely with consultants and health service managers to ensure that the integrating aims of release courses can be achieved through proper levels of trainee participation. Alternatively, consideration will have to be given to other ways of obtaining such integration, for example by bringing GPs into hospitals to teach on wards and in out-patient clinics, or by a series of week long courses as has been developed in some regions.

There are ways of integrating the hospital component into training schemes other than release courses. The results of this study would suggest that the time has come for experimentation and innovation in this area.

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