British paediatrics

Joint planning of training grade numbers

The Department of Health and Social Security (DHSS) has issued a consultation document which proposes an approach to the joint planning of training, between universities and health authorities, of numbers in the senior registrar grade. This document is based on the premise that it is wasteful and invidious to train doctors in specialties in excess of the numbers for which there are likely to be permanent career outlets. The total number of senior registrar posts, both NHS paid and honorary, should therefore be related to the expected number of career vacancies in the specialty concerned. It is intended to review the position in the registrar grade at a later date.

The DHSS proposes a system of joint planning based on national targets and regional quotas to be determined several years in advance by a Joint Planning Advisory Committee. Within each region the distribution of honorary and NHS paid posts within the regional quota would be discussed by the regional health authority and the appropriate university or medical school. The regional quotas would be set for each main specialty.

Special consideration will need to be given to the Thames regions with their several medical schools, to the Special Health Authorities which administer the postgraduate teaching hospitals, and to the Medical Research Council (MRC) which employs clinical staff with honorary senior registrar contracts.

Although the British Paediatric Association (BPA) was not included in the consultation list for the DHSS document the Association was able to express its views directly to the Department and through the Joint Paediatric Committee of the Royal College of Physicians and the BPA, which was consulted and has made the following comments:

(1) The need for an appropriate relation between the number of doctors in training and the opportunities for a permanent career is accepted.

(2) Paediatric training posts must be considered separately from those in adult medicine and its specialities.

(3) The review of paediatric training posts should include registrar as well as senior registrar posts to take into account service needs, duty rotas, and the fact that registrar posts in paediatrics provide training for general practice and community child health.

(4) The number of senior registrar posts must take into account the need to increase the number of consultants with a special interest in community child health and in other paediatric specialties.

(5) Quotas for paediatric posts would be more appropriately calculated on a national rather than a regional basis.

(6) Special arrangements for research posts should apply not only to those funded by the MRC but also to those funded by other non-NHS sources.

(7) The rigidity of quotas may prove damaging to academic paediatrics and research by restricting the ability of academic departments to respond quickly to research opportunities. Furthermore, fixed quotas would not allow for the possibility of providing senior registrar posts for overseas doctors wishing to return to their own countries and might create difficulties for senior registrars seconded from this country for a period of overseas training. It would be more appropriate, therefore, to regulate training grade numbers with some degree of flexibility rather than to determine them by fixed quotas.

(8) Academic medicine and the Royal Colleges should have greater representation on the Joint Planning Advisory Committee.