

Adequacy of senior registrar training in accident and emergency medicine over the last 5 years

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SUMMARY

This study investigated the limitations of the present Senior Registrar training programmes in A&E Medicine. A completed questionnaire was returned from 46 of the 48 Consultants who had taken up post in the last 5 years and had themselves studied one of the established training programmes.

The positive views of the clinical training contrast sharply with the administrative and managerial components. Around 80% of the new Consultants had no training in clinical budgeting or ordering equipment and only half had experience of appointing staff and organizing locums. This is worrying as over 63% had or are currently facing staffing problems and 69% have financial or equipment difficulties.

A more active training programme in A&E administration and management is recommended.

INTRODUCTION

The history of A&E medicine, in the UK, is a short one. It was only 27 years ago that the deficiencies of the then 'Casualty Departments' were investigated for the first time (Sir Osmond-Clark, 1961). One year later, the Platt Report (1962) made several recommendations, including a change of name. Unfortunately, by 1970, there had been little in the way of improvement (Sir Osmond-Clark, 1970). In 1972, the decision was taken to create 32 full-time consultant appointments in A&E Medicine (Bruce Report, 1971). A review of the situation 3 years later found that considerable improvements had been made.

With this success came a rapid expansion in the number of consultant posts available

in A&E. Consequently, to fill these positions, a few special Senior Registrar A&E training programmes were set up in 1976/77. Each of these programmes was reviewed by a Specialist Advisory Committee (SAC) to prevent the creation of any inappropriate training schemes (Wilson, 1980). Since then 28 training programmes have been developed—each one monitored by the SAC.

Further progress in the organization of the speciality occurred in 1986 when most of the trainers met in Edinburgh to discuss their respective training programmes. More recently, in September 1987, the A&E Section of the Royal Society of Medicine held a meeting on training.

It is therefore an opportune time to investigate the success and failure of the established programmes.

MATERIALS AND METHOD

A questionnaire was devised to look at the adequacy of Senior Registrar training. It concentrated on the clinical and administrative components of the training schemes as well as the problems that the new Consultants are facing.

The form was sent to each of the 48 Consultants who had taken up post in the period between September 1982 and July 1987 and who had themselves trained on one of the established programmes in A&E Medicine.

There were 46 replies, a response rate of 96%.

The same form was sent to a further 10 Consultants in A&E, who had been appointed in the last five years, but who had not been Senior Registrars in this speciality. Unfortunately there were only two replies and so no comment can be made about the adequacy of their training.

RESULTS

Time spent in the training programme

The time spent in post is gradually increasing with most Senior Registrars spending over two years on the training programme before taking up their Consultant posts. Ten Consultants had spent at least 3.5 years at the Senior Registrar grade.

Adequacy of the clinical training

Most newly appointed Consultants were satisfied with the clinical content of their training programme. This included both shop-floor A&E clinical problems as well as all types of resuscitation. The only exception to this was the resuscitation of the pregnant patient.

Table 1 Time spent in the training programme

Year of appointment	No. of trainees	Average duration of training (years)	Range (years)
1982*	2	2.75	2.5-3.0
1983	2	3.1	**
1984	11	2.9	1.5-4.25
1985	10	2.5	0.8-4.0
1986	12	3.25	2.0-5.0
1987*	9	3.03	2.0-4.25

*Only part of the year.

**Incomplete data.

Table 2 The adequacy of clinical training

	Training adequate		
	Yes (%)	No (%)	Fair (%)
General A&E clinical problems	98	2	0
Resuscitation:			
Trauma	91	4.5	4.5
Cardiac	85	7	8
Paediatric	72	17	11
Obstetric	19	74	7

Adequacy of training in initial diagnosis and treatment

This is dependent on both previous training as well as on the skills acquired during secondments. Over 90% were satisfied with their training in general medicine, general surgery, soft tissue injuries, burns, orthopaedic problems, hand injuries and paediatrics. Only 55% of the whole group considered they had had adequate training in acute ophthalmic and ENT conditions. In managing acute gynaecological problems, 61% had little or no formal training.

The 10 Consultants who had spent greater than 3.5 years at Senior Registrar level considered themselves to be adequately trained in all clinical aspects of A&E work—except gynaecology. Five of the 10 had received little or no formal training in this speciality.

Adequacy of training in administration and management

In contrast to the clinical aspects of the training programme, the newly appointed Consultants were more critical about the inadequate training they received in the administration and management of an A&E Department.

Four of the 10 consultants who had spent greater than 3.5 years at Senior Registrar level considered themselves adequately trained in administration and management. One

Table 3 Adequacy of training in administration and management

	Training adequate		
	Yes (%)	No (%)	Fair (%)
Clinical budgeting	13	80	7
Ordering equipment	22	78	0
Project planning	30	68	2
Organizing locums	48	52	0
Committee work	30	50	20
Complaints procedures	57	43	0
Medical reports	57	41	2
Appointing staff	59	41	0
Organizing time tables	74	21	5

Table 4 The most relevant part of the training

	Positive replies (%)
Shop-floor clinical work	35
A&E administration/management	24
The entire SR notation	6
Resuscitation	6
Anaesthetics	3
Neurosurgery	3
Paediatrics	3
Plastic surgery	3
Orthopaedics	3
Others	14
Total	100

had received no training at all. The remaining five had experience in appointing staff, organizing staff time tables and locums, complaint procedures and medical report writing. They had little or no training in other aspects of administration and management.

The most relevant part of the training

This was in the light of their experiences in their new positions. Many of the replies in this category and in G below had more than one answer, therefore a simple percentage is given to indicate the number of positive replies per category.

Other suggestions included research, teaching and medical secondment.

All of the Consultants, who had spent greater than 3.5 years at the Senior Registrar grade, considered working in the A&E Department the most relevant part of their training.

The least relevant part of the training

Fifty-two per cent of the replies considered all aspects of their training were relevant. Seventeen per cent said that their secondment in general were least relevant with a further 8% specifically naming their paediatric attachment and 4% their ward attachments. No other particular aspect of the training was mentioned by more than one person.

What should be included into the training programme

Over a third of the replies said that training in A&E administration and management should be included in the Senior Registrar programme.

Other suggestions included neurosurgery, psychiatry, orthopaedics, general practice and a more active involvement in the secondments.

Five of the 10 Consultants who had spent greater than 3.5 years at Senior Registrar grade would not add anything to their training programme. Four would include a sabbatical and one would add more management and administration training.

Table 5 Requests for inclusions in the training programme

	% requested
Administration and management	35
Sabbatical	12
Anaesthetics	10
Paediatrics	9
Research/computing	4
No additions	4
Others	26
Total	100

Table 6 Problems which have occurred since consultant appointment

Problems	Yes (%)	No (%)	Fair (%)
SHO numbers	72	23	5
Equipment	69	26	5
Financial	69	26	5
Secretarial	65	35	0
Nurses (No. + attitude)	63	35	2
Management/admin.	56	35	9
Other specialities	37	61	2
Consultant cover	33	65	2
Clinical assistant	30	70	0
Clinical	24	76	0

Problems which have occurred since appointment

The test of any training programme is the degree to which it prepares the trainee for the realities of Consultant life. It is important to define the problems which are subsequently encountered so that the training scheme can be made more relevant.

The Consultants who had spent greater than 3.5 years at Senior Registrar grade were similar to the whole group in having problems with equipment shortages (8), financial constraints (7) and SHO numbers (6). They were having fewer problems with administration and management (5), nursing staff (3), secretaries (2), clinical assistants (2), Consultant cover and dealing with other specialities (1). None were having any clinical problems.

DISCUSSION

This study investigated the views of 46 (out of 48) Consultants in A&E who had taken up their appointment in the last 5 years. Each had trained on an established Senior Registrar Training Scheme in A&E Medicine.

Ninety-eight per cent considered their training adequate with respect to clinical A&E problems and over 70% with respect to most types of resuscitation. The one exception to this was resuscitation of the pregnant patient with only 19% considering themselves adequately trained. Although this may indicate a limitation in the training scheme it is probably unnecessary for these rarely used skills to be acquired by the aspiring Consultant. No reply indicated there was a disadvantage in not having them.

The satisfaction with the clinical training was further reflected with over 90% being confident in being able to diagnose and begin the initial management of most general medical and surgical conditions. Only about a half thought the same about ophthalmic, ENT, and psychiatric problems and 61% considered they had inadequate training in gynaecology. However no respondents felt that more gynaecology was necessary but 10% expressed a wish to have done more anaesthetics and 9% for more paediatrics in their SR training.

The positive views on clinical aspects of training contrast sharply with the administrative and managerial components. Of the new Consultants 80% and 78% respectively had no training in clinical budgeting or ordering equipment. Only half had experience of appointing staff and organizing locums. This is worrying as over 63% are experiencing staffing problems and 69% have financial or equipment difficulties. In complaint procedures, medical report writing and committee work 43% had no training.

The majority of replies stated that the shop-floor clinical work was the most relevant part of their training. This was closely followed by A&E administrative training by those who were fortunate to receive it. It is not surprising therefore that training in administration and management, relevant to A&E, was the most frequently requested addition to the programme.

There are two causes for this lack of training. First, the majority of trainees had not completed their Senior Registrar training before taking up their Consultant post. Those remaining in post for greater than 3.5 years had fewer problems in being a Consultant including dealing with management and administration issues. Second, the majority of

trainers appear to be reluctant to have their trainee involved in this aspect of the A&E Department.

There are grounds for future optimism. With the planned restructuring of the Registrar and Senior Registrar grade in A&E, clinical secondments will have been done prior to the SR appointment. Therefore the SR will be able to spend more time doing shop-floor A&E clinical work as well as learning how to deal with the administrative and managerial aspects of the job. Furthermore, the Senior Registrar is gradually spending longer in post so allowing more opportunities for training. This type of shop-floor training is probably the ideal solution because the management courses which are currently available are not adequate. The consensus is that such courses give general information without addressing specific A&E problems. An immediate solution is to develop both a course specifically orientated to A&E Medicine; in addition, a list of managerial and administrative tasks which the SR should perform during the course of his training should be provided. The latter is currently being developed on the NETHRA rotation.

It is 10 years since the first SR training programmes were developed. During that time the number of A&E departments as well as the number of patients they see have increased (Wilson, 1980). It is not surprising therefore that newly appointed Consultants are finding some deficiencies with their training programmes. In particular, this study suggests that the programme should expose the trainee to a more active training in A&E administration and management. This should be done without losing any of the highly beneficial clinical training.

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