Career grade posts: do they work?
Experience of a rheumatology rotation

ABSTRACT—I describe the design and implementation of a new rotation for career grade registrars in rheumatology, and discuss what this implies for both trainers and trainees involved in such rotations. Some problems have occurred in relation to the geography of the rotation and in the choice of research projects undertaken during the rotation. I suggest possible solutions for these problems.

Career grade posts have been created to streamline higher specialist training following the 1987 report, Hospital medical staffing: achieving a balance—plan for action [1]. In brief, the main strategies outlined in the report were an increase in the number of consultants and reforms in the medical career structure. Because it is difficult to change career direction after two or three years in a registrar post, it is helpful for the number of registrars to bear some relation to future consultant opportunities. In essence, the plan was to allocate to each region quotas for the number of UK qualified registrars in each specialty. No restriction would be placed on visiting (overseas qualified) registrars, who would return to their home countries on completion of training. Training programmes were to be rotational with total integration of career and visiting registrars.

A rotation in rheumatology was established in the West Midlands in 1991, and I was the first registrar to be appointed. The holder of this three-year appointment spends a year each at Cannock Community Hospital, Royal Shrewsbury Hospital, and Haywood Hospital, Stoke-on-Trent. The first year is spent in a department with two consultant rheumatologists and a consultant in rehabilitation, with three sessions per week of geriatric medicine. The second year provides mainly general medical training but with an interest in rheumatology. The final year is spent in a specialised three-consultant rheumatology department with extensive research facilities at the Haywood Hospital, which fulfills the role of a teaching hospital. The rotation gives an excellent training in rheumatology and associated disciplines, with additional benefit being derived from a comparison of the practices between the units.

Geographical problems

Problems are mainly related to geography and research. The Royal Shrewsbury Hospital is about 50 miles from the other two centres. Geographical isolation is a common problem with rotating posts [2]. If the centres taking part in the rotation are distant from one another, the doctor is faced with either moving house during the rotation or commuting considerable distances. If the doctor elects to commute rather than move house, the cost of travel can be claimed at the NHS public transport rate, which covers expenses such as petrol and servicing. This also involves the employing authority in considerable transport expenses, and the need to provide additional residential accommodation when the registrar is on call.

Many doctors entering a career grade post will have a family, and daily travelling times of two to three hours impose obvious problems on family life.

Research problems

The place of research in a clinical career is debatable. The benefits are undoubted [2,3], though there is doubt about the need for a higher degree [4]. The structure of the new career grade post does not allow an unbroken period of research. Most clinical studies take several months of organisation before they are under way.

When research is to take place during a rotation, particular problems need to be anticipated before investing too much time and effort, and my experience has probably been shared by others. If the research involves continuing recruitment or follow-up of patients after the initiating doctor has moved on, the next holder of the post may be happy to continue the work; but this may not be possible because of different time commitments or different interests. Unfortunately, without any guarantee of continuity, many potentially good research projects will not be possible in the time available. Hence there is a significant difference between long-term ‘rotation’ projects and those which can be completed within 12 months.

Research aiming for a higher degree must be designed to be carried from one hospital to the next, or to be completed at one site during the time allocated to research and education. Clinical studies will be harder to complete than laboratory-based research. Usually one of the centres in a rotation will be the natural hub for research. It may be wise for the rotation
to start at the main academic centre, perhaps for six months, to allow projects to be initiated. One has to set this against the advantages of the post ending in this centre when the post holder will have identified his areas of interest.

Comments on research are conspicuous by their paucity in Achieving a balance [1] and the Calman report [5]. Funding for research is not earmarked (though this is not a new problem), and I have so far relied on the support of pharmaceutical companies and the Haywood Foundation. If research is considered an important part of a career grade rotation, the implications for support and facilities need to be considered. This area is further complicated when patients from fund-holding practices are under regular outpatient clinic review for research purposes, in which case the financial implications need to be clear to both the GP and the hospital.

One whole day per week is allocated to research in this particular rotation. It can be spent at any of the centres in the rotation. This research day now works well, though it needed some effort to change clinics in one hospital so that all centres could choose the same day, to permit travel between sites and coordinate other educational activities such as case presentations and audit. One of the consultant physicians is the research coordinator, who helped to set up the studies and continues to oversee them about once a month as they evolve. Additional time needs to be allotted for these meetings.

Three times a year there is an appraisal meeting, attended by the consultants, senior registrar and career grade registrars from all three centres. These meetings not only improve the cohesion between the centres but also act as a forum for discussing the posts and research projects. All centres are invited to contribute ideas for projects and for improvements in the training programme.

Implications for the future

The rotation is young, and likely to change over the next few years. Important implications arise from the Calman report, Hospital doctors: training for the future [4], some of whose recommendations take into account the European Commission’s view that Britain was infringing EC directives on specialist recognition. The plan of Achieving a balance [1] was to match the number of UK doctors entering higher specialist training to the number of available consultant posts. In contrast, the Calman report recommends the introduction of a certificate of completion of specialist training, to be equivalent to similar status in other countries of the European Community. This certificate, however, does not guarantee appointment to a consultant post (even though the number of consultant posts might be expanded), a subtle but distinct difference from previous philosophy. For most specialties the period from Table 1. Potential problems to consider

| Geography of the rotation |
|---------------------------|
| Research                  |
|  - funding                |
|  - allocating a day to suit all centres |
|  - advice to trainee on projects |
|  - should an MD be expected? If so where in the training scheme? |

What happens at the end of the rotation?

full registration to specialist status should not exceed seven years. The report also recommends combining the registrar and senior registrar grades into one higher medical training grade. If this is the case, career registrar rotations need to be planned differently, since at the end of a three-year rotation the doctor will be seeking a further year or so of recognised higher training elsewhere. Perhaps new registrar appointments should be for four or five years to preempt changes in training arising from the recommendations of the report. How the conversion of hospitals to trust status will affect the rotation is still uncertain.

Career progression may not be limited to those attaining career registrar posts, following the encouraging report of a working party of the Royal College of Physicians prompted by current problems with the staff grade [6]. It recommends that staff grade posts be rationalised with respect to work content and job structure. By ensuring continuing education and training, the staff grade will give doctors the opportunity to progress, though the report mentions that such posts should not be seen as an alternative training ladder. The staff grade posts will achieve greater respect and importance with the inevitable fall in numbers of registrars and senior registrars over the next few years, and post holders should be integrated into the educational and research activities of the department.

Table 2. Potential solutions and recommendations

Avoid hospitals greater than 50 miles apart.

Designate a consultant as research coordinator. Allow adequate time for this role.

Be wary of long-term research studies which cannot be completed.

Standardise requirements across country for higher degrees.

Follow British Society of Rheumatology guidelines on training needs for career registrars in rheumatology.

Appoint to a four-year post, with the final year in the centre of the registrar’s choice (assuming amalgamation of registrar/senior registrar grades).
The National Health Service is going through a period of great change. Reports such as Achieving a balance [1] and Training for the future [5] are of fundamental importance when planning any training post and are directly relevant to anyone intending to embark on a specialist training scheme. Many junior and senior doctors treat any changes to the status quo with suspicion, yet the same doctors are often not conversant with the reports. My personal observation is that some consultants are still unaware of the breadth of the planned reforms in specialist training, and therefore that they cannot give constructive career advice which must take account of the recommendations of these reports. My current consultant is also a College tutor and has been able to offer a balanced view of the proposed changes in training. Before I joined this rotation I was not aware of the role of the College tutors, and some kept such a low profile that I did not know they existed.

In conclusion, this new career grade rotation is working well, now that a few teething problems have been overcome. I hope this article will provide food for thought for anyone setting up such a training programme in this rapidly changing climate.

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