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One in four specialist trainee doctors 'very worried' about future job prospects

One in four specialist trainee doctors in England views their future job prospects as "poor" or "very worrying," as a result of changes in training and healthcare delivery, reveals a survey* published ahead of print in a special edition of Postgraduate Medical Journal.

While the government plans to shift the focus of care, particularly for long term conditions, away from hospitals into the community, almost a third of those surveyed regarded working with patients directly in these settings as a "bad" or "very bad" development, the responses reveal.

Eight out of 10 respondents felt poorly prepared to meet the challenge of working as specialist practitioners in the community, and wanted additional training to enable them to work in the new environment.

Three out of four felt that this should take the form of a university based degree. But even with appropriate training, only half felt that they would be better equipped to find work as a consultant.

The study authors point out that by 2010, the number of medical graduates will have increased by 50%.

Coupled with the shift of emphasis to healthcare provision in community based facilities, and a much greater focus on prevention, this will create new responsibilities for doctors and drastically cut the number of hospital based specialists required, they say.

"For many trainees, both the immediate and long term uncertainty generated by these changes has caused alarm," they write. While concerns over consultant posts are not new, the rapid changes in healthcare provision have now eroded hopes that trainee numbers would match the numbers of posts available, they add.

In a separate commentary, the Chief Medical Officer Professor Sir Liam Donaldson, makes no comment about job fears, but says that rigorous standards will be needed to ensure the quality and safety of patient care in this new era of blurred professional boundaries.

But he warns that the need to provide more medical training in the community, as well as an ongoing commitment to quality improvement through revalidation and recertification, "will present a significant challenge to the royal colleges and professional societies, the regulatory authorities, the universities and the postgraduate deaneries."

Community based healthcare professionals contemplating a move to specialist care provision must not lose their unique and valuable generalist skills, he advises, while specialists working in the community need to "understand the value of generalism and how it complements specialist practice."

Writing in the journal, all three political party leaders endorse the provision of more specialist care in the community.

Writing to the journal last year, the Prime Minister said: "Improving services for patients in the community is high on our list of priorities. We have included a range of proposals on this in our White Paper - Our Health, Our Care, Our Say. Patients and their families want access to more local healthcare services. To deliver this we need a more flexible workforce at all levels, one that is especially skilled in building partnerships with patients."

Conservative Party leader David Cameron, says that the policy "should not be seen as an opportunity to provide specialist care on the cheap."

And he warns: "Specialty care in the community is unlikely to flourish while postgraduate doctors have their training budgets raided to remedy NHS deficits. Disinvesting in training today means a de-skilled and demoralised workforce tomorrow."

Liberal Democrat Party leader Sir Menzies Campbell, says that the move "would reduce waiting times for hospital appointments and admissions, and free up much needed hospital beds for patients who do need to be admitted. I welcome this initiative."

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Notes to editors:

The survey is based on the online responses of 127 specialist registrars from the postgraduate deaneries of Leicestershire, Northampton and Rutland, Trent, North Western Mersey and Yorkshire in England. The responses were submitted over four weeks in September 2006.
