

Improving senior house officer training in accident and emergency medicine: the benefits of a diploma

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Accident and emergency is a fascinating specialty providing exposure to a wide range of acute and chronic conditions from all branches of medicine. To ensure a minimal standard of training nationally we propose the introduction of a diploma for junior doctors.

The speciality of accident and emergency (A&E) medicine continues to be popular among junior doctors and is commonly chosen as a first post registration job (Guly, 1997). An average A&E department will see between 40 000 to 60 000 patients a year, presenting with conditions drawn from all branches of medicine and often associated with complex social problems. This speciality therefore offers an unique opportunity for training.

Training may be divided into clinical and formal teaching sessions. Research from educationalists suggests that supervised patient management is the most effective learning strategy for changing clinical practice, but this needs to be supplemented with formal clinical teaching to be effective. This is borne out by the fact that the majority of junior doctors working in A&E misdiagnosed significant trauma abnormalities on radiographs (McLauchlan et al, 1997). This also highlights the need for adequate supervision of junior doctors working in the A&E department.

A&E departments could even develop skill laboratories readily accessible to all junior doctors so that they may be able to practice the skills they have been taught on a regular basis. Where junior doctors work in A&E as part of a surgical or other

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training scheme their training needs to be modified with regard to their particular career aspirations.

CLINICAL WORKLOAD

While it is important for A&E senior house officers to see the full variety of cases presenting to the A&E department, the increased use of nurse practitioners in the A&E department to see more minor injuries may allow A&E senior house officers more flexibility in directing their time. Furthermore this may also help reduce the intensity of the workload in A&E, which has been cited as a major cause of stress (Williams et al, 1997). Senior house officers in A&E should be facilitated to attend recognized life support courses during their tenure whatever their chosen career path as these skills are needed in everyday work and will make for more confident senior house officers and a more effective department.

Auditing the case mix as seen in the Worthing district general hospital A&E department over a 2-week period produced the results shown in *Table 1*.

The faculty of A&E does recommend a core of essential knowledge and practical skills that needs to be mastered by A&E senior house officers in training to reflect this type of experience.

MONITORING TRAINING AND EXPERIENCE

A logbook is available from the faculty and can be used to record and monitor the clinical experience gained by senior house officers. Any deficits in training can then be identified and addressed. Once these monitoring systems are in place some form of formal assessment of training could be conducted. This could be in the style of the diploma examination as conducted by the Royal College of Obstetricians and

TABLE 1.
The case mix seen in an accident and emergency department over a 2-week period

Speciality	Number of cases (percentage)
Accident	1341 (60)
Medical	244 (11)
Surgical	53 (2)
Orthopaedics	52 (2)
Obstetrics and gynaecology	15 (0.6)
Paediatric	36 (1.6)
Ear, nose and throat surgery	47 (2)
Psychiatry	45 (2)
Others	406 (18)
Total	2239

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Gynaecologists (DRCOG) examination, with a multiple choice question paper and objective structured clinical examination.

Such a diploma would help focus the minds of both trainees and trainers alike and be a good way to ensure that high quality postgraduate education and training are implemented nationally. It could form the basis of a unified national training programme, supervised by the Faculty of Accident and Emergency which, together with regular appraisals of A&E senior house officers, would address the needs of junior doctors working in this complex and demanding speciality.

Furthermore while we strongly commend the present moves to broaden pre-registration house officer training by incorporating general practice, we would also like to stimulate debate as to the possible incorporation of a mandatory training period in A&E in addition to or instead of general practice.

RESOURCES

Implementing this type of training will require considerable input from A&E consultants, who already have heavy service, administrative, managerial and other commitments. As recently stated by the Chief Medical Officer, Sir Kenneth Calman with regard to senior house officer training in general, certain recommendations have resource implications but he hoped that the General Medical Council and the NHS would work closely together to over-

come these resource implications (Beecham, 1998). **HM**

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KEY POINTS

- The quality of training in accident and emergency medicine varies across the country.
- A diploma could be introduced to formally assess a core of essential knowledge and practical skills.
- A mandatory period in accident and emergency should become a part of preregistration house officer training.