Letters to a Young Doctor

Finding a preregistration post

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When you make an appointment with a consultant to discuss a preregistration house officer post it is preferable to write a letter and type it, unless your writing is neat and legible. State what you want to see the consultant about, and ask if you may go to see him. Do not normally suggest dates and times, unless the distance is far and you may be in the vicinity for a day or two. The consultant probably has a busier schedule than you; you are asking him the favour of a job; he may have decided to fill it with someone else; he may tell you that it is not necessary for you to go to see him and give you a date and time when interviews of several applicants will be held. He may send you a formal application form, or hand your letter to the personnel officer of the district health authority to deal with. This officer is a lay person concerned with staffing in the district. It is not discourteous for the consultant to use the personnel officer, who is often the person to whom all administrative arrangements are delegated. This usually makes the whole process much more efficient. The word of a consultant about a job may not be sufficient, unless he puts the appropriate administrative machinery into action by notifying the authority's officers. If he fails to do this—and some do forget—it may cause disappointment and frustration.

That is another reason for writing. A letter is a reminder. Telephone conversations may be quickly forgotten and be unrecorded so that no action may be taken on them. If you do telephone to fix up an appointment to see the consultant speak to his secretary. He may be in the operating theatre or seeing a patient, and being called to the telephone when he is busy will not endear you to him. Moreover, he may not have his diary with him and be unable to decide on a suitable day and time to meet you. His secretary will probably be beside the telephone, will keep his diary, and will know more about his activities, likes, and dislikes than anyone else whom you could contact. She is even likely to be helpful, and so is the personnel officer if you should need to speak to him or her.

Apply for an interview in good time. All preregistration house officer posts fall throughout the National Health Service on 1 February and 1 August in each year. It is not too early to apply eight or nine months before you wish to take up the job. You will then be able to find out how the post is filled. Some consultants fill the post almost without selection, giving it to a person they like or whom they have known as a student working on their firms. Some see several applicants and then decide whom to appoint. Others prefer more or less formal interviews when they see five or six applicants whom they have put on a shortlist. This is especially likely when several consultants share the post. Some regions run a computer matching scheme, which is more impersonal, though even when this

scheme is used it is wise to see any consultant whose post you would wish to have to express your interest in it.

Computer matching schemes

The computer matching scheme is really only a rapid filing system designed to match the expressed preferences of applicants with those of the consultants concerned. All the posts in all the hospitals in the region are listed. From this list each applicant puts in rank order the—usually—eight posts he or she would like to have. On another list are all the applicants. From this list each consultant in charge of a preregistration post selects eight names in rank order of those he would like to have in his job. The list of the applicants is compiled from a list of students at the local medical school who are likely to qualify just before August and February and from any others who have stated that they wish to work as house officers in that region.

Where computer matching schemes are run there is at each regional headquarters or in the local medical school one person in charge, whose name can be found by asking the personnel officer at the regional health authority or asking at the appropriate dean's office. From the expressed preferences of applicants and consultants all the applicants on the list are allotted a place, which may not be the first choice of either, but everyone on the list gets a job. The scheme demands a certain amount of faith on the part of student applicants and consultants. It demands particularly that all parties to the transactions must honour their choices. If after being chosen for a job an applicant does not take it up then it may be impossible to fill the job later, and the service may suffer. If a consultant withdraws his offer then an applicant may be without a job and have difficulty in finding another.

The computer matching scheme tends to work well when a consultant puts a particular applicant as his first choice and that applicant puts the consultant's post as his first choice. The computer then throws them together as they would wish. Further down the lists problems occur, and both consultants and graduates may be dissatisfied with the way the apparent lottery has worked. Nevertheless, it is probably the fairest system that has yet been devised. But all systems tend to be bucked, since some know how to manipulate them to their advantage and some do not. The clever applicants see the consultant whose posts they want and arrange for the consultant to put them first in their rank orderings. Thus they have fixed themselves up as they desire. Alternatively, some consultants give the post to one particular applicant, notify the person in charge of the scheme, and for that time round withdraw the post from it. This effectively restricts the choices of those remaining in the scheme. And occasionally the consultant and the applicant may fail to get the post out of the matching scheme, which then proceeds to appoint a second person to the post—greatly upsetting all concerned.

Because the computer matching scheme is often seen purely as a lottery many consultants would like to see it scrapped so

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that they may make their own selection of house officers. When most consultants do this, so that perhaps only one-third of the available posts in the region remain on the scheme, there is little point in carrying it on. It does demand trust and a willingness to accept its matches, and many people—including students—find this unacceptable. Some matching schemes have therefore been abandoned.

At some point in seeking a preregistration post it is wise to put in a formal application whether this is specifically asked for or not. It should go to the consultant concerned unless some other system is in force which you have been told of, perhaps by the personnel officer. The formal application should have a brief covering letter saying that you enclose an application for the particular job. It is best to type both letter and application. Do not try to go one better and have it printed, for this looks pretentious. It may be different when applying for consultant posts later on! The lay-out is important. The intention is to make it easy to pick out information about you. Applications are so important that they will be dealt with separately.

Just under 4000 people graduate in medicine in the United Kingdom every year. By national agreement there are about 4250 preregistration house officer posts available for them, so that no one will be denied the necessary experience to become fully registered with the General Medical Council. Registration is of course necessary to be allowed the full privileges of a fully registered medical practitioner: the right to prescribe dangerous and other restricted drugs, to sign death certificates and cremation forms, and to have one's name in the *Medical Register*, which distinguishes qualified medical practitioners from others who may practise other forms of medicine. In return the doctor is expected to conform to the ethics of generally accepted practice, which are largely unwritten and uncodified, and failure to observe them may result in the doctor being arraigned before the General Medical Council. Given that there are about 115 000 names on the *Medical Register*, the handful of cases dealt with by the General Medical Council and its Professional Conduct Committee is remarkable.

The roughly 4250 posts are distributed by agreement between the various regions of the NHS. Some regions—for example, the northern—provide more posts than the university associated with the region provides graduates. They are therefore “acceptor” regions. On the other hand, some regions, especially

those associated with the medical schools in London, which produce about one-third of all new medical graduates each year, cannot provide all the jobs their graduates need. They are “donor” regions. Such donor medical schools often have formal or informal arrangements with acceptor regions, and information about these must be obtained from the dean's office.

If you act in sufficient time, decide where you want to go for your preregistration post, and find out about the machinery for filling the post and put it into action you will have few difficulties in finding a job. For the 10 to 20 people each year who cannot obtain a post, the Council for Postgraduate Medical Education in England and Wales operates what is called a safety net scheme. Their address is 7 Marylebone Road, London NW1 5HA. Regions with posts that are not filled by a certain agreed date notify the council. Graduates who have difficulties should contact the council so that they may be told of these spare posts. The council does not fill the posts but provides only an information service. The graduate may contact the council direct or through the dean's office or postgraduate dean's office of the local medical school.

Often—and regrettably—the difficulty in getting a post as house officer must be laid at the door of the new graduate, who may expect too much help from other people. Sometimes he may go on holiday at a crucial time and leave no address or telephone number where he may be contacted. Sometimes he cannot even be contacted at addresses he does leave with various authorities. This is simply careless and shows lack of insight into the ways in which organisations work. They may be imperfect, but they cannot function without adequate information, which must be accurate and up to date. And as for relying on friends, however kind and thoughtful they may be they cannot have your interests as fully at heart as yourself. If they are also looking for a job they have their own problems, and if they get fixed up they too may disappear from mail or telephone contact, so that inadvertently they may fail to look after your affairs. Administrators also have much to occupy them, and you must not expect them to be able to concentrate entirely on your affairs to the exclusion of all else. Most of them will honestly try their best for you, but only you can bring all negotiations for a job to final fruition.

In the next article I shall discuss finding a post in another region and going abroad.

What investigations and treatment are advised for a teenage boy who has suffered from migraine attacks since a head injury three years ago?

I would not recommend investigations if I really was certain that the attacks were due to migraine, with a positive family history of typical attacks with the headaches coming on either side of the head. Investigations are obviously indicated where there is doubt about the diagnosis, and particularly if the headaches are always unilateral. Although an isotope scan of the brain may show a subdural haematoma, I think I would recommend an examination of the brain by computed tomography to be sure in excluding this possibility. I find that many teenage boys have migraine associated with a dietary trigger, the commonest trigger factors being oranges, orange juice, chocolate, and milk products.—K J ZILKHA, consultant neurologist, London.

A patient, aged 20, wishes to take a form of the contraceptive pill. She has a family history of breast carcinoma. Her mother suffered from this disease and also her mother's two sisters. Are there any screening procedures that you would advise her to undergo before starting to take the pill?

A woman whose mother or sisters had breast cancer has two or three times the normal risk of developing the disease. If the family history includes two or more first-degree relatives, bilateral disease, or premenopausal disease the risk may be substantially higher,¹ and

some women at very high risk may choose prophylactic mastectomy.² For this patient the available methods of screening are self-examination, clinical examination, and mammography. The usefulness of self-examination remains controversial,³ but it seems likely to reduce rather than increase this patient's anxiety. Its possible benefits and those of clinical examination and mammography are currently being assessed in a multicentre trial.⁴ Though mammography carries a very small risk of inducing cancer,⁵ it can show clinically undetectable tumours.³ There remains the question of whether or not the patient should use the combined oral contraceptive at all. While the pill in general does not appear to affect the risk of breast cancer, it is not yet possible to be totally reassuring about its effects on someone who has not yet had a child,⁶ and it is well known that delaying the first pregnancy increases the risk of breast cancer.⁶ These points ought to be discussed with this patient, and I suggest she should be instructed in self-examination and offered annual clinical examination and single-film mammography⁵ whether or not she decides to take the oral contraceptive.—JAMES OWEN DRIFF, lecturer in obstetrics and gynaecology, Bristol.

¹ Petrakis NL. Genetic factors in the etiology of breast cancer. *Cancer* 1977;39:2709-15.

² Segaloff A. Breast cancer—a tour with camera and gun. In: Bulbrook RD, Taylor DJ, eds. *Commentaries on research in breast disease*. Vol 1. New York: Alan R Liss, 1979:165-76.

³ Baum M. Will breast self-examination save lives? *Br Med J* 1982;284:142-3.

⁴ UK Trial of Early Detection of Breast Cancer Group. Trial of early detection of breast cancer: description of method. *Br J Cancer* 1981;44:618-27.

⁵ Chamberlain J. Screening for cancer. *Br J Hosp Med* 1982;27:583-91.

⁶ Anonymous. Breast cancer and the pill—a muted reassurance. *Br Med J* 1981;282:2075-6.