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Careers

Teaching hospital versus district general

Does it matter where you do your UK foundation training?

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Boxes:

January is the month when most final year students' thoughts turn from upcoming exams to life after graduation. Of the 8000 students wanting to pursue a career in the United Kingdom, almost all will have been allocated a foundation school through the foundation programme application system in December.[1] The next step on the road to the wards before the last hurdle of final exams is for students to select a programme of six rotations within their allocated school.

Three rotations will make up the first year as a junior doctor (foundation year one, FY1) and the other three will make up the second year (FY2). Some foundation schools—for example, the Northern Deanery foundation school, allow students to pick only FY1 rotations at this stage, and they select FY2 preferences later in the programme.[2] The rotations cover different specialties across medicine and surgery, with some based at teaching hospitals, others at district general hospitals, and others split between the two. With the 25 January deadline for programme preference submission fast approaching,[3] applicants must not only decide which specialties appeal, but weigh up the pros and cons to choose between teaching and district general hospitals. But what are the differences?

Blurring the boundaries

Although there are no official definitions of teaching hospital or district general hospital, doctors often distinguish between the two.[4] A teaching hospital is generally understood as a centre of secondary or tertiary care in a major city that is affiliated with a medical school, often with a large academic department and a reputation for excellence in research. A district general hospital, although a major provider of secondary care in the local area, traditionally lacked the research focus. However, in recent years this distinction has become blurred as many district general hospitals have now become part of medical schools and are actively involved in research.

Teaching hospitals

A major advantage teaching hospitals have over district general hospitals is that students are already familiar with them through university placements. Students from outside an area may be attracted to a teaching hospital as a result of positive experiences during medical school at their own local teaching hospital. Alternatively, students familiar with the teaching hospital from medical school placements may be keen to stay in a hospital where they know the system, have links with the staff, and are familiar with the local area.

Generally, teaching hospitals work in larger teams than in a district general hospital and manage a greater variety of patients. These include more complex patients and those with rarer conditions. There is also exposure to tertiary (highly specialist) practice, which students find appealing. Anthony Choules, director of the Staffordshire Foundation School, explains how the specialist environment is beneficial to a trainee's professional development. He says, "The sub-speciality environment of a teaching hospital can be good to extend knowledge in an area of interest. The regular 'grand rounds' and other teaching sessions give an insight into rarer conditions which might otherwise pass trainees by. Teaching hospitals also provide an excellent opportunity to 'sample' a specialty, which is important in career choice."

Another key attraction to teaching hospitals is the opportunity to be involved in the many trials, audits, and research projects going on within the departments.

Lucinda Shaw, an FY1 in acute general medicine at John Radcliffe Hospital, Oxford, says some of the main advantages of teaching hospitals are the resources they can offer trainees. She says: "One of the pros of being in a teaching hospital is the opportunity for working with world experts and in cutting edge research. There is also the opportunity for getting involved in teaching medical students, which I find enjoyable. The availability of big libraries and other medical school related facilities onsite is another advantage." Dr Shaw describes some of the drawbacks of a teaching hospital job: "I have found the main downside is balancing the pressure of ward rounds with involving the students as much as possible. I constantly feel guilty for not having enough time to teach the students more on busy rounds, but I think it will become easier with experience."

Box 1 describes the experiences of FY2 doctor Jenny Macrae on her teaching hospital placement at Hillingdon Hospital, Northwest Thames.

District general hospitals

Students commonly think of district general hospitals as being inferior to teaching hospitals, with the job moving at a slower pace and being less challenging. However, the experience of current FY1s tells a different story. Neeraj Kholi, an FY1 at the Royal Berkshire Hospital, Reading, says: "Generally speaking, when I was applying, people said that as an FY1 you could get more exposure to actual medicine (rather than paperwork) in a DGH [district general hospital] versus teaching hospital, and people usually were friendlier in DGHs. Definitely for me this holds true—I've had tons of good clinical experience with an appropriate level of support, and people are very friendly. Of course, such sweeping generalisations make bad advice on their own."Yousuf Salmasi, an FY1 in medicine, adds that working in a district general hospital is more challenging in comparison to a teaching hospital. He says: "DGHs also (generally) have less senior/registrar support available for the juniors. FY1s are left alone to deal with patients, albeit with straightforward medical conditions. This provides a very steep learning curve. The advantage here is that the trainee learns very quickly about medical decision making and basic management. The disadvantage is the feeling of loneliness and lack of support, which makes the job harder."

The smaller and friendlier aspect of district general hospitals is a key advantage to trainees. Dr Choules explains the advantage from his position as clinical tutor at a district general hospital: "We have 27 FY1s and 24 FY2s, our neighbouring DGH has about 30 of each. Thus, as clinical tutor I know most of my foundation doctors fairly well, as do the education team and medical workforce. I am able to provide plenty of one to one support, with the help of my fellow tutors. Our FY1s usually form a fairly close and supportive team in the first couple of months." In response to the smaller size and lack of subspecialty training, he adds: "While we cannot always offer subspecialty experience we can offer good core training, which is what most doctors need for their day to day practice. Trainees get more hands-on experience in the DGH. There is no line of more senior people waiting to do the procedure. There is usually a fairly direct line of contact between FY1/2 and consultant. This can be daunting for new FY1s but ensures good quality training that is directly consultant led. Most of our trainees appreciate this."

Amina Siddiqui, an FY1 in vascular surgery at East Surrey Hospital, Redhill, agrees with Dr Choules. She says, "A supportive and welcoming environment is especially important for a first job. Everyone here knows your name, from the consultants to the nurses." She adds that "[a district general hospital] is especially good for any budding surgeon. You get a lot more theatre experience as there are not five surgical trainees in front of you."

Dismissing the myth that district general hospitals do not offer students the same opportunities in research as teaching hospitals, Dr Choules says: "Many of our trainees have had abstracts/posters/presentations accepted for national and even international meetings. I think this reflects the close working relationships we have with our trainees and the fact that they can actually do things which make a difference to the running of the hospital." He adds: "In the past we used to think that having a 'teaching hospital' on our CV was important. I'm not convinced this is the case any more at the junior level. Senior trainees need the teaching hospital subspecialty experience. I think all foundation doctors should work in a DGH (but would grudgingly admit that they gain other things from a placement in a teaching hospital)."

Box 2 sums up Rachel Marsh's experiences of working as an FY1 in Milton Keynes Hospital, a district general hospital in Bedfordshire.

Direct from the deanery

Speaking to *Student BMJ* on the topic of teaching hospitals versus district general hospitals, Namita Kumar, foundation school director at the Northern Deanery, says: "The key to good training is good educational and clinical supervision whilst working in a clinical environment and seeing plenty of patients. Both [types of placement] provide excellent foundation training. Both should be experienced within the entirety of a doctor's training and not all necessarily in foundation [years]. This will give an insight into the difficulties and positives of working in the different environments."

She explains: "It's important to remember most doctors do not ultimately work in a teaching hospital environment. Specialty applications often ask for evidence of commitment to specialty and if an undergraduate thinks they are certain about career choices, they need to think about where this will best be obtained. This will depend on local hospitals and consultants not just the type of hospital."

Dr Kumar also addresses opinions as to the perceived quality of training at district general hospitals. "I have heard foundation trainees state that those in teaching hospitals are at the 'top of their game.' This may be true but then again it depends on the 'game' and to assume that excellence cannot be found in DGHs is a huge loss of training opportunity. Examples of good and poor practice can be found everywhere."

Jan Welch, director of South Thames foundation school, agrees that both experiences are beneficial to trainees. He says: "The view from the South Thames foundation school—from both trainees and trainers—is that breadth of experience is invaluable during the foundation years. Excellent foundation training is provided within district general hospitals, where trainees benefit from close-knit teams, many opportunities to carry out practical procedures and an active social life centred on the doctors' mess; or within a teaching hospital, with access to tertiary specialties and many academic links."

Does it really matter?

General Medical Council guidance for deaneries on the standard of postgraduate education states: "Each programme must show how the posts within it, taken together, will meet the requirements of the approved curriculum and what must be delivered within each post."[5] Therefore with a requirement for all foundation programmes to deliver defined standards of training and the deaneries explaining both teaching and district general hospital placements are important in good training, it seems it does not matter which students opt for.

The junior doctors we spoke to share this view and add that students will get out of a placement what they put in. Dr Macrae says: "What you gain from any placement is basically dependent on what you bring to the rotation. There are often factors you can't control such as who you work with, the rota, or lack of mess facilities. However, see these as an opportunity to develop all those valuable non-clinical skills such as teamwork, time management, and organisation."

Dr Kholi sums up the situation with some practical advice for final years currently applying for jobs, "The pros and cons of teaching hospitals versus DGHs are not set in stone. Much of what you get out of it depends on your team and on how proactive you are. Whichever hospital people go for they will start off in the deep end. It's a good idea to pick a rotation which features a teaching hospital one year and DGH in the other, which one comes first is less important."

Box 1: Jenny Macrae on her experience of a teaching hospital

FY2 at Hillingdon Hospital, Northwest Thames teaching hospitals

Pros

- Teaching hospitals have diverse patient populations. This means a wide range of pathology coming through the doors especially if you work on a general medical/surgical firm, which is good for exams and teaching
- Teaching hospitals can have narrow patient groups—for example, in tertiary referral centres, which gives exposure to patients not encountered in smaller hospitals
- Specialist rotations are available—for example, plastics, cardiothoracics, or paediatric surgery, which often don't exist in the smaller district general hospitals and rural hospitals

Cons

- You are sometimes a small fish in a big pond and may feel at the bottom of the hierarchy when it comes to getting your voice heard. Wayward egos may also be a problem—this can occur anywhere but particularly in teaching hospitals
- Teaching hospital placements are often in large cities, which can drive up the cost of living but also the social life

Box 2: Rachel Marsh on her experience at a district general hospital

FY1 at Milton Keynes Hospital, Bedfordshire

Pros

- Not an enormous hospital, which means you get to know your way around quickly and soon understand the systems
- People are really friendly; consultants will remember your name and talk to you. Senior staff are approachable, which creates a nice working environment and helps your learning because you can ask questions and discuss patients and their management
- Lots of opportunity to get hands-on. Having worked in respiratory medicine for my first three month rotation, I was able to do a few pleural taps—I'm not sure that you'd get to do those as an FY1 if you were in a busy central hospital where there are always lots of more senior people desperately trying to get experience too
- Lots of chances to do audits and things and to get support with these too. I'm already involved with four having started work only four months ago
- The hospital serves a diverse ethnic patient population so you still get a variety of pathology coming through the doors—eg, HIV and tuberculosis
- Lots of support with both medical education and personal/social issues (if required). Regular opportunities to raise any issues (often we're invited to bring anything up after teaching) and consultants/staff in the postgraduate centre are approachable with an "open door" policy

Cons

- Having lived in London for six years, Milton Keynes is a rather quiet place to be. The first few months of work were so busy and everyone tired with work, however, that it really didn't matter much
- People tend to go away for the weekends, so the social scene isn't so good unless you have specifically arranged plans.
- Whether or not you have a car makes a big difference

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