

Leading Article

Beyond postgraduate training

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We are now looking beyond postgraduate training which ends when junior doctors attain consultant status. Medical education is open-ended. It is a continuum which extends from undergraduate through postgraduate or vocational training to continuing medical education for career, or permanent, grades.

In his 'President's Review' published last year in the Proceedings of the Royal College of Physicians of Edinburgh (RCPE), Tony Toft reminded us of the cynical views of Thornton Wilder, the US novelist and dramatist who died in 1975.

Doctors are mostly imposters. The older a doctor is and the more venerated he is, the more he must pretend to know everything. Of course they grow worse with time.

We hope that this caustic appraisal is not true but we have to accept that promotion to consultant status does not mean that a doctor is properly equipped with skills and knowledge sufficient for a professional lifetime. We have to keep learning and a recent series of well-publicized disasters have demonstrated the compelling necessity for consultants to keep abreast with medical advances and complex techniques. The profession is currently having a bad press and we have a responsibility to society to show that we take steps to remain efficient, knowledgeable and up to date.

Though there have been calls in the popular press for doctors, like airline pilots, to be subject to spot checks and regular re-examinations, these would be extremely difficult. Training medical students and postgraduates is already a heavy burden on our overstressed health service. The most practicable solution is the introduction of a formalized system of continuing medical education (CME) for hospital consultants and those in the staff grades. To this end the Joint Declaration of the Royal Medical Colleges and their faculties in Edinburgh gave support for systematic schemes of CME to be set up and implemented during 1994. If CME becomes mandatory (and indeed this is the

trend in North America and Australia) and doctors' educational activities become the subject of scrutiny by the Colleges and professional bodies, then this will ensure that all doctors will, at the very least, stay within a safety net of clinical competence.

In the UK the main problem is to free clinical time for educational activities. In a recent survey by the Royal College of Physicians of London, 96% of those replying gave 'too little time' as a reason for their inability to keep up to date with the current information overload. This is undoubtedly due to the heavy clinical case loads which clinicians are expected to undertake in the National Health Service. With 1.4 doctors per 1,000 population the UK has one of the lowest doctor/patient ratios in the Western World so we can hardly be regarded as slouches! Though there is a statutory allowance of 30 days study leave every 3 years, a third of consultants take less than 6 days a year (and Associate Specialists from the staff grades take much less). There is a suspicion in the profession that study leave is hard to get but this was not confirmed as 94% of those who applied for study leave were granted it. A number do not even apply for study leave because they find it impossible to free themselves from the treadmill of clinical work.

Some of the Royal Colleges have already published reports with detailed recommendations for formal and recorded CME programmes for their Fellows and Members. These activities will be recorded as credits for which yearly targets are set. Suitable activities which might qualify for these credits include lectures, conferences and professional society meetings. More valuable enterprises would be those in which there was personal participation such as visits to colleagues to learn new techniques or procedures.

If CME schemes are to be effective they will require the goodwill of the doctors concerned. Some will view with suspicion the imposition of further bureaucracy on their already full professional lives; nevertheless individual consultants will be able to fashion schemes to suit their own requirements and it is reassuring to know that there are already many commendable educational activities going on. These are likely to be supplemented

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further by rolling programmes of education planned by the Specialist Societies and structured courses run by individual Colleges. The reading of journals dedicated to postgraduate medicine will continue to play an essential part in the education of doctors.

The predictable riposte from health trusts and other employing authorities will be to ask where the

time and the money can be found. 'Prioritization' is the current buzz word and the trusts will argue that the education of consultants is low down in the list of essential needs. Good employers need to be reminded that hospitals cannot function without doctors who are efficient and up to date. This is just as important as providing routine day-to-day clinical care for patients.