From the Editor

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Our postgraduate training is better than we think

'A generous spirit of passing on experience in an encouraging environment prevails in Britain'[1]

Over 350 German doctors (more than from any other European country) come to work in the UK each year because they recognise the professional benefits of working in our hospitals, despite our own widespread criticism of the NHS. In a perceptive article in this issue,[1] Dr Marcus Simmgen, a young German doctor training in this country, describes the 'supportive atmosphere' in which doctors 'strive to be memorable teachers to the next generation'. He values the freely available advice and personal bonds, which are achievable, to his surprise, even with 'very distinguished doctors' who will without hesitation engage in educational conversation.

The reforms of postgraduate training following the Calman recommendations were much criticised at the time of their introduction. Yet it is in this framework of training that Dr Simmgen has discovered some of our great strengths – in the commitment to postgraduate education accompanied by well structured curricula and supervision. He contrasts these arrangements with that of the 'helpless' German trainees who also lack the in-training assessments which help us to achieve the best opportunities without blame. The breadth of postgraduate education in the UK also receives special comment. Rotation through a broad range of specialties and hands-on clinical experience are in sharp contrast to the system in Germany where the early and very narrow specialisation, together with lack of practical bedside experience, are well-known. The availability of family-friendly flexible training, scarce in Germany, is also recognised.

These very positive comments on British medicine should boost morale in the UK at this time. Yet there are some negative observations too. Most of the reservations have a familiar ring and relate to poor equipment, disrepair of hospital buildings, and delays in hospital investigations, together with the frailty of the infrastructure, secretarial inadequacy and poor information systems. But most important are his comments on the damaging effects of adherence to a 'nine-to-five' working culture. While we all endorse the appropriate reduction of working hours, it is their premature implementation and policing following the European Working Time Directive which not only damages crucially needed continuity of care, but also conflicts with professional behaviour.

The importance of this view of British medicine is that it detects benefits derived from innovation and change, but also from professional relationships determined by more traditional values which are now under threat. It is crucial at this time of accelerating change that we should not only adopt the new, but hold fast to systems which have fostered the relationships so vividly described in this article. In an era when work pressures are tending to damage the joy of practising medicine, doctors and their managers working together must strive to preserve the professional standards which create an atmosphere of 'tolerance and humour…which make life on the whole rather bearable'.

Reference

1 Simmgen M. Why German doctors enjoy British medicine. *Clin Med* 2004;**4**:47–9.

Threats to professionalism

Lord Phillips, solicitor and life peer, writes in this issue about the pressing need 'to shore up and refurbish professional altruism'.[1] In his analysis, he describes some of the causes of its decline. This begins in the universities where philosophical and moral underpinnings are all but ignored in

vocationally driven courses. Furthermore, prevailing attitudes now tend to place business and remuneration above the obligation to serve the public good. There is, in addition, the ever-increasing dependence on 'a rising mass of codified petty regulation', which make it impossible for professionals to handle inevitable failures by their own principled judgement. Baroness O'Neill, in her 2002 Reith Lectures, described the increasing central control required by the new culture of accountability as leading to suspicion and diminishing morale.[2] These issues, together with burgeoning technical complexity, writes Lord Phillips, lead to 'ever narrower specialization … marginalising those personal qualities of character and practical wisdom which were, even in my time, the most sought after attributes of professionals'.

There are many resonances here for the practice of medicine, and Lord Phillips rightly suggests that the world of medicine also requires some reflection. Awareness of declining professionalism is actively under consideration in the UK, Europe and USA in the Medical Professionalism Project,[3,4] supported too by this College and by the Academy of Medical Royal Colleges. And perhaps the introduction of medical humanities into the curriculum in some universities is a positive sign that concepts of professional behaviour might soon find their way back into the earliest years of training.

Lord Phillips' article is timely. It deserves study not only by those in clinical practice, but also by those managers and government officers responsible for the revision of regulations in the General Medical Council, the Postgraduate Medical Education and Training Board and other regulatory bodies.

References

1 Phillips A. Are the liberal professions dead, and if so, does it matter? *Clin Med* 2004;**4**:7–9.

2 O'Neill O. *A question of trust. BBC Reith Lectures 2002*. Cambridge: Cambridge University Press, 2002.

3 Medical Professionalism Project. Medical professionalism in the new millennium: a physicians' charter. *Clin Med* 2003;**2**:116–18.

4 Alberti G. Professionalism – time for a new look. *Clin Med* 2003;**2**:91.

PETER WATKINS