

From the Editor

Close your eyes or look away now

Viewers of the evening news are encouraged to 'close their eyes or look away now'. This avoids them knowing the scores from the day's 'beautiful game' to enable them to enjoy the replays that follow. It is tempting to do the same and 'look away now' when training numbers in postgraduate medicine are considered. However the matter is important and must be addressed.

Let us start at the beginning. When the NHS was introduced there were only small numbers of consultants and doctors in training. With time, medicine became more complex and specialised and was accompanied by a modest increase in consultants and a huge expansion of doctors in training. The medical team was headed by a consultant, who remained in post for thirty years after some twelve years of postgraduate training, and included three doctors at various stages of their own postgraduate training. Thus the number in training greatly exceeded the number of permanent posts. In practice the system only worked if the international medical graduates filling many of the training posts eventually returned home.

Some improvement in this balance has been achieved recently by a marked expansion of the consultant workforce. The number of specialist registrars (SpRs) in training has been revised and linked to expected consultant vacancies. The real challenge lies at senior house officer (SHO) level where the numbers in post greatly exceeds all the opportunities for SpR training in preparation for both hospital and general practice. This problem has been accentuated recently by a much needed increase in UK medical graduates from around 5,000 to 7,000 per year. This brings the number of doctors per 100,000 of the population up to the European average. Unlike international graduates they quite rightly expect to stay in the UK.

Along comes Modernising Medical Careers (MMC) with many positive advantages for education and training coupled with the laudable aim of matching the number of postgraduates in training to permanent posts. The MMC programme starts with each trainee completing two foundation years (broadly equivalent to house officer posts). On completion there is a competitive application process for entry to all the specialist training programmes in hospital and general practice. The number of openings in each programme is

matched to future consultant and general practice vacancies. The number of consultant posts, however, is determined not by MMC but by the financial climate in each employing trust. Currently that climate is likely to severely limit consultant expansion. This theory has been blown off course by adding applicants from the EU, international graduates and those currently in associate specialist posts to the already swollen pool of UK graduates. Add to this a flawed and unfair application process and the prospect for a happy outcome seems remote.

Even if an appointment system is completed by August 2007, many problems remain for resolution. What opportunities are there at this stage for the UK trainees (perhaps as many as 30% of the total applicants) failing to secure a place in the training programme? They can apply for 'fixed-term specialist training appointments' and contribute to the clinical service with some limited prospects of joining the main training scheme at a later date. From these posts there will be openings for permanent posts at specialist or career post level (equivalent to, but never called, a sub-consultant grade). These posts could be attractive in an era where some wish to modify their work-life balance. With the introduction of multiple providers of healthcare there may be more permanent posts in the private sector. Perhaps the most positive feature is that patients will always need doctors to look after them in whatever guise of employment those doctors may be found.

This huge experiment is being played out in 2007. Proposed pilot studies seem to be unfashionable and were rejected. Our young, talented medical graduates need our support, encouragement and guidance in this most challenging and uncertain of times.

ROBERT ALLAN

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Sir Raymond Hoffenberg

We are sorry to report the passing of Sir Raymond 'Bill' Hoffenberg on 22 April 2007 aged 84 years. He excelled clinically, academically and scientifically and had enormous drive, energy, commitment and immense charm. His determined opposition to apartheid drove him out of South Africa in 1968 to a glittering career in the UK. He was appointed to the William Withering Chair of Medicine at Birmingham University in 1972. He served as President of the Royal College of Physicians from 1983–89 and as President of Wolfson College Oxford from 1985–93. Michael Sheppard, Michael Tibbs and David London pen personal appreciations in the current issue of the *Commentary*.