Keeping Paice with reforms

Elisabeth Paice takes up the helm of UK postgraduate medical education at a time of great change. **Zosia Kmietowicz** reports

Professor Elisabeth Paice credits herself with two major achievements in her 10 year tenure as a champion for the rights and welfare of junior doctors—firstly, as associate dean, and, more recently, as dean director at the London postgraduate medical deanery. But as the new chairwoman of the UK Conference of Postgraduate Medical Deans, she has much grander ambitions.

Chief among these is ensuring the successful implementation of the reforms set out in the Modernising Medical Careers programme. But Paice also has her own ideas of how the medical workforce should look in the years to come, and the things that should help shape it.

It was Paice whose inspiration launched the “point of view” surveys, in 1996, in which trainee doctors from the old North Thames region, and subsequently from the London; Kent, Surrey, and Sussex; and Eastern deaneries, could comment on their working and training environments. These surveys provided the impetus and resolve to implement changes that have improved support in education and reduced bullying in these regions, says Paice.

She feels justifiably proud that the survey has been expanded this year to cover the United Kingdom. The results will provide a national baseline; leverage for even greater enhancements to training and conditions; as well as a comparison of how different hospitals, deaneries, and specialties perform according to new training standards, believes Paice.

She is also responsible for introducing the concept of hospitals at night, whereby specialists are coordinated into multidisciplinary teams to improve patients’ care at night and to allow the training of junior doctors to continue. The scheme, which was propelled by the reduction in junior doctors’ hours because of the European Working Time Directive, has been adopted by 17 hospitals.

Her experience and success have brought her perhaps the

most unenviable tasks in medical education—“reforming the whole of the system of medical training at the same time” is the way she described it.

By 2007, the grade of senior house officer will become obsolete. The 21 000 posts at this grade will be transformed into 5000 foundation year 2 positions and 16 000 posts in run-through training programmes or fixed

trainees have been expected to queue. In plastic surgery and urology, in London at least, very few trainees enter higher specialist training less than eight years after leaving medical school. That is a shocking waste of human endeavour, with no guarantee of ultimate success. It makes little sense and has to change,” she says.

But next year junior doctors who have completed their foundation training will have to decide in which specialty they want to train, and if they don’t get their first choice they will have to compromise.

At the same time, the number of GP training posts is set to double, with

delivered and assessed. The use of technology is already ensuring that trainees can undertake some of their coursework in their own time from modules available online, which trainers can monitor and assess. But Paice would also like to see greater emphasis on observed procedures and case based discussions being part of the assessment, but trainers’ reports need greater objectivity.

Universal standards for safe prescribing need to become part of the foundation curriculum, she says. “Then [foundation year 1] doctors should only be allowed to prescribe within their demonstrated competence.”

Flexibility also needs to become mainstream, says Paice. “There shouldn’t need to be a waiting list for flexible training posts,” she says.

She also wants to encourage trainees to take career breaks “for reasons other than education,” in just the same way that other young people do. She calls these “you only live once” reasons—because they need no justification.

“People have lives to live, and they are not necessarily always about medicine,” says Paice. Junior doctors should be able to keep their trainee number but with certain conditions attached. For example, they may have to say how long they plan to be absent.

Importantly, too, doctors need to shift their desire to help people away from focusing on their own sense of gratification. “Most doctors are motivated by the desire to personally make a difference to the lives of others,” she says. “We need to learn to get our satisfaction from being part of a team managing systems that make a difference.”

If all this seems like a pipe dream then it is good to remember that Paice is someone who gets things done. Having rejected a trainee place herself at the Whittington Hospital in north London because of the sub-standard accommodation it offered—and none at all for married doctors—she made refitting doctors’ digs her first priority when she returned to the hospital some years later as a consultant in rheumatology.

She has two years to make her mark on nationwide postgraduate medical education, with an optional third year. The odds are on that she’ll be staying the extra 12 months. □

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term specialty training.

Paice sees the change as “a unique opportunity to deconstruct and rebuild differently.”

She is damning about how junior doctors have been allowed to languish at this grade in the past, usually out of their own choice, but also with false hopes about being able to enter their chosen specialty. The practice was especially popular in senior house officers seeking surgical traineeships—what Paice calls “born again surgeons” because of the evangelical patience and commitment that they have shown.

“In popular specialties,

many doctors taking this option straight after foundation, something Paice sees as a big advantage: “Instead of doing stints in specialties that may not be relevant to their future career as a GP, such as surgical modules, training will be tailored to their needs.”

She would also like to see GP training extended by at least six months, greater supervision in their first jobs, and a more resolute—or “beefed up”—GP support scheme.

Conditions are also right to modernise syllabuses and the way training for junior doctors is