Doctors culled in the killing fields

A vexed question for researchers has been the effect of junior doctors starting new jobs in August and February. The first few weeks are spent grappling with your new environment and acquiring the clinical skills for your new post. Indeed, the bureaucracy and the administration of any hospital are usually the more perplexing. August's silly season is complicated by the traditional departure of senior doctors to villas in the Mediterranean or cottages in Cornwall. Whether or not this perceived risk to patient safety is a genuine 'killing field' is open to question. The seventh year of the second millennium, however, will be remembered for an unprecedented cull of junior doctors.

Many juniors are without jobs. Some of these, apparently, are bright sparks with top-notch degrees and distinctions. Many juniors will find themselves uprooting to the wildernesses of the British Isles, leaving behind their loved ones and best mates. (Remember, being a lonely junior doctor can be a miserable experience.) Many will have tried an innovative grassroots scheme to swap jobs with their colleagues who prefer to work in the wilderness. Some will be too confused, fed up, or angry to pursue their dream of becoming the president of a Royal College or the team doctor for Manchester United.

Observant readers will notice that I have no idea how many doctors are affected by the legacy of the abandoned job application system, MTAS, and the persisting careers structure, MMC. The reason is simple: even in the final weeks leading up to the killing fields nobody knew—and even if somebody did know, they had decided to be economical with the truth. Anger amongst the medical profession is unprecedented and it is with good reason (*JRSM* 2007;100:354). People enter medicine because they imagine it to be a profession, not a cattle market. Overwhelming evidence exists that professionals require autonomy and control over their careers if they are to have job satisfaction and perform effectively. Cows might dream of autonomy and which acre of grass they would prefer to

gorge on, but they don't get it. The failure of medical leaders has been monumental, yet there is no cull in *their* ranks, no killing field of presidents, chairmen, and knights and dames of the realm; just the distress of calves being led to slaughter.

More senior doctors not in the Mediterranean or Cornwall might want to consider the findings of a unique study of doctors' views on educational supervision. Ben Lloyd and Debbie Becker questioned paediatric specialist registrars about what they thought of the educational supervision they had received—the views they heard would probably apply equally to doctors in foundation years (*JRSM* 2007;100:375–378). Doctors who supervise trainees should listen rather than talk, be encouraging, and treat the trainee as an individual with individual needs. The authors' conclusion is a sobering one: many trainees do not find their educational supervision valuable and hence supervision should only be carried out by those committed to the task.

We might just be beginning to expose the failings in traditional medical and surgical training, but the weaknesses in the evaluation of surgery are well recorded (*JRSM* 2007;100:387–390). Jonathan Meakins asks if we are better off thirty years after the publication of the surgical classic, *Costs, Risks and Benefits of Surgery*. His conclusion, cryptically, is that many of the problems remain but they are no longer exclusively surgical (*JRSM* 2007;100:357–359). A series of colloquia at Balliol College in Oxford is addressing this challenge, with a view to producing an 'experimental toolbox', and reassuringly involves clinicians, methodologists, statisticians and epidemiologists; an opportunity for some sober analysis—unlike the emotional tone of these editorial reflections.

For those tired of sobriety and seeking more emotion still, I recommend to you Ian Roberts and his horror at the road safety lobby being dominated by Formula One, motorists' organizations and car makers (*JRSM* 2007;100:360–362). Roberts is a rebel with a cause that, following on from the anger of juniors, smells like teen spirit.

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