

HOW ABOUT SOME COURAGE?

Sir,

I was very much stimulated by Dr Tony Toft's Editorial (*J R Coll Physicians Edinb* 2006; **36**:194–5) on the current changes in professional training and by the subsequent correspondence in the *Journal*. We will certainly require a considerable amount of courage to face the daunting challenges that lie ahead. While conspiracy theories abound, I would be more generous in suggesting that no sensible government or organisation would have chosen to implement current European Working Time Directives and the transition into Modernising Medical Careers at the same time.

I agree that apprenticeship or mentorship will be crucial to the development of future physicians and surgeons who are as good as, or even better than, those in the past. Sadly, we will have difficulty delivering outstanding all-rounders such as Dr Toft, particularly as we respond to the patients' desires to be treated by a 'specialist'. We need to ensure that the junior doctor's future training is delivered on a sound basis of applied medical science combined with good quality training and experience, in both emergency and elective surgery in the workplace. This will require us to challenge the traditional modes of learning and assessment. The Colleges have been very effective in the past in setting and maintaining standards, but just as it is inappropriate for trainees to hold training posts which provide little in the way of supervision or experience, so too we cannot expect junior doctors to present themselves for examinations unprepared, and with a high prospect of failure.

The growing influence of the specialist surgical associations on the shaping of new run-through training programmes has been apparent to many, but this has also exposed the development of cumbersome committee structures which have not responded quickly to change. I believe a similar situation could soon face medicine. Furthermore, Dr Toft is right to say that those sections of the medical professions 'governed' by several Colleges will expect a unified voice to respond to the challenge. We will need more than courage to reverse the depression that seems to have engulfed many of us in recent years. However, solutions that will benefit patients and the wider society will have to come from the profession, and not from outside.

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Sir,

I can hardly remember when I last agreed more completely with a paper or article I have read, than with the Editorial by Dr Tony Toft (*J R Coll Physicians Edinb* 2006; **36**:194–5). What you write about in the UK or Scotland applies equally well to my own personal experiences in Canada, and, a few years ago, in New Zealand.

The lack of practical competence in many young doctors, the lack of continuity of care, and the 'touchy-feely' educational methods, as opposed to the hard clinical facts, are particularly noticeable. This breeds a lack of initiative, so now we are inundated with guidelines that are bristling with medico-legal teeth, rather than the practice of the art of medicine. This is very frustrating to senior staff personnel who are supposed to lead by being role models for true clinical excellence and original thinking. Shortly after we came to Canada in 1991, my wife required minor surgery to a finger in a hospital emergency room. The young doctor had no idea how to do a digital block, so for a few minutes, my wife was subjected to the pre-anaesthetic era. Digital block is a technique I learned from a casualty officer in my first clinical year at university.

One of my early duties in Canada involved examining medical students in their oral examinations. To my complete amazement, the 'patients' upon whom I was supposed to test their skills, were actors hired for the part. Nothing could be less real or relevant than a lady who was supposed to pretend she had renal colic all afternoon as I serially examined several students on her 'case'.

I particularly liked your quotation by Robert Louis Stevenson on what a physician is supposed to be. I walked into medical school 60 years ago, so I have been privileged to practice medicine for many years like it used to be, and I am now rather glad to be getting to the end of it all. I think for most of my life I instinctively tried to run things as suggested by RL Stevenson, but now we seem to have given away the store to a number of clinicians turned bureaucrat, allied to an army of long-term career bureaucrats. I wonder if we will ever get it back. It will take all the cheerfulness and courage we can collectively muster.

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