

# Postgraduate Medical Education and Training

**“Change is inevitable; growth is optional”**

At first glance the above quotation is a contradiction. The evidence that change is all around us is incontrovertible. But so is growth: greater and greater demands and expectations, from public, patients and payers; more inputs, outputs and throughputs; increased (though sometimes just a shade invisible) funding; and increasing numbers of doctors. On the other hand, organisational, and personal or professional growth cannot be assumed. The latter is, I think, what I and the many colleagues in the Trust, and within and without the Postgraduate Institute, are about – this is part of our core business and that of the Trust.

In fostering organisation, as well as personal and professional growth in doctors in training and those responsible for their training, we have worked in partnership with the Trust during the last year in a number of ways. Much of this work is ongoing.

Staff changes in the Education Centre at the Royal Victoria Infirmary have presented an opportunity to look more roundly at the resources and infrastructure arrangements in the whole Trust. This is part of the challenge facing the newly appointed RVI Clinical Tutor, Dr David Greaves, working with colleagues Dr Shona Murray and Ms Alyson Williamson, at the Freeman Hospital. This task will be greatly helped by the appointment of Dr Sheila McPhail as Assistant Medical Director with a responsibility for education matters, not least symbolically underpinning the core nature of the business of postgraduate medical education and training within the Trust.

Joint work focusing on organisational and personal growth includes clinical governance and mentoring. This has been aided by Dr Nancy Redfern, who is not only a Trust Consultant but is an Associate Postgraduate Dean, and acts as the Deanery Liaison Representative.

Two education contract monitoring visits, to the RVI and Freeman Hospitals, in July and November 2002, provided confirmatory evidence of generally sound clinical education and learning experiences for doctors in training. Not surprisingly, but no less welcome, were a number of striking examples of good practice. These included the positive impact of efforts to improve junior doctors' hours; an increasingly systematic approach and various quality aspects in a range of specialties, including anaesthetics, radiology, orthopaedics, neurosurgery, and paediatric surgery; the Freeman Hospital Education Centre Portfolio for 2002; and the clinical skills training facilities.

Also, perhaps not surprising either, there is scope for further development. Planning for the new education facilities to be built at the RVI offers opportunities, including a wider look at the facilities and infrastructure to support education and training in the Trust. There is a continuing and continuous need to develop and refine the educational process and its application. As always, the tension between service provision and the core business of clinical education and training remains a challenge.

This contribution provides me with an opportunity to recognise and acknowledge the contribution made by very many colleagues in the Trust to the education and training of the next generation of doctors on whom the NHS will depend. These contributions are not only to the core business of postgraduate medical education and training within the Trust. There are numerous other contributions to the Deanery responsibilities, such as through those doctors who are training Programme Directors, or are Chairs or members of Specialty Training Committees. Other contributions are also made nationally, for example senior roles in medical Royal Colleges. Not for nothing is the epithet of “the Northern Mafia” well and positively deserved!

**Professor Peter Hill**  
Postgraduate Dean and Director  
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