Postgraduate Medical Education in Aberdeen 1972-2021

where is the life we have lost in living?

where is the wisdom we have lost in knowledge?

where is the knowledge we have lost in information?[1]

When considering whether to apply to become postgraduate medical dean in 1999 a colleague suggested I go home and read TS Eliot's *The Wasteland*. That continues to baffle me, but I did get the job, and so began a way of being. There is a vast literature in this area now, and this essay does not attempt to be comprehensive, rather Campbell Murray and I enjoyed conversation and a bit of reminiscence[2] and so here's what we have by way of a story about postgraduate medical education in Aberdeen – and more latterly the North of Scotland.

Postgraduate Deans 1972-2021

1972-1975 The first postgraduate medical dean in Aberdeen was appointed by the University in 1972 as postgraduate dean and professor of postgraduate medicine. Thomas Anderson (Tom) Ramsay studied medicine in Glasgow graduating in 1943. He held several "hospital administrator" posts in Northern Ireland and England and was a visiting professor of health services administration at the London School of Hygiene (sic) and a governor of the London Hospital prior to his appointment in Aberdeen. Little is recorded of his time in Aberdeen. In 1975 he moved back to England where he was regional medical officer for the West Midlands Regional Health Authority until 1980 when he was appointed as the first professor of postgraduate medical education with Warwick University, a post he held for 3 years until his retirement. He was described at that time as "a tall, spare man of commanding presence with a marked Scottish accent. He had a ready smile and a knack of getting conflicting parties to first compromise and then work together amicably."[3]

1975-1981 Next to be appointed was John Patrick (Jack) Sexton who held the post from 1975 – 1981. With a distinguished career in Northern Nigeria up until its independence in 1960, Jack served as medical officer and senior health officer and was awarded the OBE for his services to medicine in Northern Nigeria. In 1960 he came to Aberdeen, first as medical officer to the North-Eastern Regional Board, then assistant senior medical officer, and in 1968 group medical superintendent to Aberdeen Special Hospitals. The university of Aberdeen appointed him in 1975 as executive dean at the Faculty of Medicine and he held the role until retirement. He was described as "a man without malice who was liked and respected by all who knew him"[4].

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[1] Eliot TS. The Rock. 1934

[2] MP4 audio file [June 2021]

[3] https://history.rcplondon.ac.uk [accessed 030921]

[4] *BMJ* 2010;341:c4108

1981-1992 Campbell Murray was appointed to a joint role as postgraduate dean and executive dean of undergraduate education. He had a background in general and paediatric medicine and student health and was Regional Medical Officer to the Scottish Home & Health Department. Campbell was a founding member of the Scottish Council for Postgraduate Medical Education (later to become Scottish Council for Postgraduate Medical & Dental Education (1993), SCPMDE) and a Scottish representative on the English Council for Postgraduate Medical Education for a time. With a calm and steady hand he set about embedding sound educational principles in the locally managed training posts – a prelude to what was to come as medical education flourished as an area of studied and researched endeavour. Campbell redesigned the NE Regional Postgraduate Medical Education Committee ensuring it was representative of all specialties, the Colleges, General Practice and Dental Education. He lobbied for the funding for a Regional Dental Adviser, successfully, and Norman Duthie was appointed to the role, followed by Martyn Steed. Determined to improve the experiences of all doctors in training in the North of Scotland, with his contemporary colleagues Norman Matheson and Peter Bewsher, he established the first formal programme of visits to all the pre-registration house officer (PRHO) posts in the region. This could be an Aberdeen first: quality assurance of medical training programmes is now well-embedded in postgraduate medical education under the regulation of the General Medical Council (GMC), but this visit programme which was established in the mid-80s was almost certainly a novel initiative that will have informed and influenced what came after and is now established best practice. Another innovation was the Clinical Medical Officers' Day Release Professional Development Programme. Campbell and Muriel Barclay established the programme and Margaret Davidson was appointed as the Senior Clinical Medical Officer leading the programme.

1992-2000 Robert A (Bertie) Wood succeeded Campbell Murray in 1981. A Consultant Physician in Perth, he was well-known for his contributions to the Royal College of Physicians of Edinburgh – from founder member of the Collegiate Members' Committee in the late 60s, to College Treasurer and Trustee. Bertie's mission was to increase training opportunities in the North of Scotland and foster improved rotations and opportunities with Inverness and Elgin. During his time, and under the national leadership of David Carter and then Graham Buckley, SCPMDE guided the four Scottish Postgraduate Deaneries towards a coherent and centrally managed approach to post and programme design. Working closely with John Temple and the Conference of Postgraduate Medical Deans UK, Bertie was able to influence and lead at UK level, notably in his role as Lead Postgraduate Dean to the Royal College of Psychiatrists where his clear-sighted view allowed a congruent and more attractive set of programmes to emerge. "Getting on with people was my legacy" he says.

2000-2015 Gillian Needham led the North of Scotland-based teams in Aberdeen and Inverness from 2000 until 2015 during which time there was the creation of NHS Education for Scotland (NES) in April 2002, Modernising Medical Careers was established in 2003, Foundation Programmes were introduced in 2005, the SHO grade was closed in 2007, national (central) recruitment was introduced in 2007[5], there was completion of implementation of the European Working Time Directive for doctors in training in 2009, the Postgraduate Medical Education & Training Board was created in 2005, then merged with the GMC in 2010, and the Scotland Deanery was created from the 4 existing Scottish Deaneries in the North, East, South East and West in 2014. Graduating with Honours in Medicine from Manchester University in 1981 (and gaining a First Class BSc (Hons) in Anatomy on the way) Gillian followed the oil during her

[5] http://www.asit.org/assets/documents/MMC_FINAL_REPORT_REVD_4jan.pdf [accessed 05/09/2021]

radiology training, coming to Aberdeen in 1987. She developed an interest in postgraduate medical education from a platform of Regional Adviser to the Royal College of Radiologists and Flexible Training Adviser to the Deanery. In many ways it felt like a time of transformation for postgraduate medical education in Scotland and UK wide. During this time Gillian co-led the development of the Association for the Study of Medical Education (ASME) Developing Leaders in Healthcare Educators programme and was a Health Foundation Leadership Fellow. She designed the Scottish Clinical Leadership Fellowship programme that thrives today.

2015-2019 In 2015 Ronald MacVicar succeeded as the first postgraduate dean in the North from a General Practice (GP) background, and from Inverness.

2019-current time Then in 2019 Alan Denison was appointed to the role where he continues to this day. An Aberdeen Graduate of 1996, Alan worked and trained in Aberdeen, Glasgow and Edinburgh before returning to Aberdeen to train in radiology. He elected to undertake a Clinical Teaching Fellow post during his specialty training and the rest is history. By 2015 he was MBChB Programme Lead and highly regarded in medical education. Alan continues to practice radiology alongside his leadership role in the Scotland Deanery.

Politics

Shift in control From the early 70s, when authority for postgraduate medical education was vested with the University of Aberdeen and appointments were made by the University, much has changed. On behalf of the University and its Medical School, postgraduate deans were authorised to design and deliver to the NHS service PRHO posts and in sufficient number to ensure all Aberdeen graduates were able to complete their PRHO year to full GMC registration. By 2005 the PRHO year, usually comprising a 6 month post in surgery and a 6 month post in medicine, had been amalgamated into a 2 year Foundation Programme comprising 6 x 4 month placements. Appointments were arranged using an all-UK process of algorithmic matching and the balance of choice had shifted from the appointing post to the applying doctor. This pattern was repeated for the new Specialty & GP Training Programmes with local control being replaced by central managed arrangements. The result was considerably more geographical movement of doctors across all UK programmes.

Scotland & the UK Medical regulation including postgraduate medical education and training was a non-devolved area when the Scottish Parliament was created in 1999. As such the existing 4 Scottish Deaneries, each aligned to their respective Universities, contributed to UK arrangements and this gave us considerable influence as medical education and its structures matured. It was easier to argue the case for improvements in training opportunities when standards and policies were UK-wide. And the move to programmes of training and away from standalone posts was key. The trainees' experiences were increasingly sought, analysed and used to inform improvements and determine where training was best done. Whether it's worth reflecting on the developments in Holyrood between 1999 – 2021, and perceiving a vague mirroring of developments in postgraduate education is only conjecture. The creation of NES was a leap into multi-professional planning and working, and a high step up from SCPMDE where doctors' and dentists' postgraduate education and training was managed. Now, under an umbrella Health Board, education and training could be considered across an ever-increasing range of health and care professionals and careers. And this required increasing central control and

reciprocally ever-increasing loss of local control. The mantra "as local as possible, as central as necessary" was redressed by the cry that "one size fits all" does not always work, especially across the diverse rural, island and remote communities that we serve.

Workforce

Each successive postgraduate dean seems to have believed that the training workforce was inadequate to fulfil the twin ambitions of delivering the service and providing an excellent educational opportunity from graduation to trained doctor role (GP, Consultant, Specialty Doctor). Factors that we contended with and led to uncertainties and challenge were:

- Feminisation of the medical workforce;
- Belief, in government, that workforce planning (aka manpower planning until the millenium) was not an oxymoron;
- EU employment legislation;
- UK Working Time Regulation (as imposed by the European Working Time Directive);
- Successive efforts to resolve pinch points in career progress – notably Modernising Medical Careers (2005-7);
- Brexit (finally achieved in 2020);
- Covid-19 pandemic (2020-).

Medical School numbers are rising again, and the University of Aberdeen continues to work closely with the postgraduate dean's team to improve retention of Aberdeen graduates into North of Scotland programmes. The important rural-track opportunities that bridge undergraduate and postgraduate programmes have been long in their development and need to hold confidence as an important "grow our own" approach to retaining those who seek to stay.

In Aberdeen in the early 2000s, from an informal, individually-tailored arrangement, the hospital doctors' retainer scheme was redesigned. Grounded in assisting doctors to be retained in practice, and distinct from the formal GP doctors' retainer scheme[6], it endeavoured to match trainee-level doctors who could not or would not commit to a specialty training programme (full-time or less than full-time) to a bespoke programme within the local service and where ongoing service need was expected. This scheme was another Aberdeen innovation.

Postgraduate Medical Education

Unlike the Universities who were guided by the GMC but had considerable control over curricular design, postgraduate medical education in the late 20th century may have been perceived as being poorly managed, determined in the early-years posts (PRHO & SHO) by the exigencies of NHS service, and lacking in direction and structure from a trainee perspective. But all that was to change as the Medical (Royal) Colleges took command of not just assessment (College postgraduate examinations e.g. MRCP & FRCS) but the progressive development of programmes of education and training. At the forefront of this revolution was the Royal College of General Practitioners and the Joint Committee on Postgraduate Training for General Practice (JCPTGP), and in Aberdeen the key leaders were the directors of postgraduate general practice education (DPGPE): Denis Durno, Bill Reith, Mike Taylor and Ronald

[6] https://www.scotlanddeanery.nhs.scot/your-development/gp-retainer-scheme/ [accessed 08/09/2021]

MacVicar. Until the 2005 Inverness had their own DPGPE. Postgraduate GP educational experience really needed reforming to ensure GP trainees got the best clinical experience possible and relevant to their future practice. Training was and is time-limited, and practice-based time especially so. Aberdeen has led the way with developing both undergraduate and postgraduate rural-track programmes, designed to meet the healthcare needs of people living in rural, island and remote settings, and to inspire doctors to learn and work there.

NHS and the University

The University of Aberdeen has been crucial to the success of postgraduate medical education in the North of Scotland. Will its potency persist? That's for those who currently lead to determine, but what is without doubt is that growing great doctors is something we have always aspired to, and achieved.

Gillian Needham & Campbell Murray

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