Modernizing Medical Careers

Dear Sir,

I read with interest the editorial on Modernizing Medical Careers (MMC) by Leckie [1] which provides
a valuable insight into the changes currently afoot in the training of specialist occupational physicians in the UK. As Leckie says, the impetus for radical change has been driven largely by wide-scale alterations in the postgraduate training of all doctors (MMC) and a new regulator to which all colleges and faculties are answerable (the Postgraduate Medical Education Board (PMETB)).

One challenge of MMC is the relentless pace of change, which is such that news ages very rapidly. In this respect, one of the concerns raised by Leckie has been recognized and addressed while his article was in press.

Leckie points out, correctly, that a focus on recruitment from Core Medical Training could close down other previously fruitful avenues of recruitment into our specialty. Earlier drafts of the training curriculum allowed for other routes of entry. However, the curriculum for Higher Specialist Training in Occupational Medicine, now officially approved by the PMETB (and which can be found on the Faculty and PMETB Web sites), gives more explicit and equal emphasis to recruitment from general practice, core surgical training, core psychiatric training and phase 1 of training in Public Health Medicine—these entry points have had to be defined in relation to the competencies of PMETB-approved curricula in these feeder specialties. The Faculty of Occupational Medicine’s specialty-specific guidance on entry to the specialist register by equivalence of experience (the so-called Article 14 route), referred to by Leckie in his article, is being revised as all applicants from 1 August 2007 must meet the standard of the new curriculum, rather than the old.

The editorial raises other issues of considerable importance to the specialty: how to raise its profile, how to introduce core occupational medicine into the curriculum of undergraduates, how to capitalize on structural change (e.g. innovative partnership arrangements such as the nascent but emerging Schools of Occupational Medicine) and how to ensure that National Health Service (NHS)-derived systems remain relevant and appropriate to training posts outwith the NHS—indeed, times of great challenge and opportunity for occupational medicine.

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Reference