

Interview with Professor Elisabeth Paice



Professor Elisabeth Paice is currently on secondment to NHS London having been appointed to the new post of Acting Director of Medical and Dental Education from her role as Dean Director at London Deanery. The new role will ensure that the right number of doctors and dentists have the right training to deliver the service ambitions outlined in Healthcare for London. Elisabeth will be leading on the Medical and Dental Education Commissioning System (MDECS). This is the name of the programme of work that will manage the changes to postgraduate medical and dental training.

She was born in Washington DC, brought up in Canada, and studied medicine first at Trinity College Dublin and later at Westminster Medical School. She was the originator of the 'Hospital at Night' concept; developed the 'Point of View Surveys'; chaired PMETB working parties on Generic Standards and the National Trainee Survey and has published variously including on doctors in difficulty; workplace bullying; women in medicine. She was Chair of COPMeD, Conference of Postgraduate Medical Deans, from July 2006 to July 2008.

How long have you been working in your speciality?

I have been a full-time postgraduate dean since 1995. Before that I was a consultant rheumatologist for 13 years.

Which aspect of your work do you find most satisfying?

I get great satisfaction out of developing and implementing new ideas, especially when they work well enough to be taken up by others. I think most doctors have a creative streak and sometimes bureaucracy can damp this down. One of the reasons why medical education and training is so enjoyable is that it has to keep changing because of changes in the way the service is developing. There are standards to be met, of course, and regulators to satisfy, but within those constraints there is plenty of room for innovation. The better the quality of education and training, the better and safer the care of patients.

What achievements are you most proud of in your medical career?

As Dean Director of London, I have been very proud to lead postgraduate medical and dental education in one of the world's great cities, with its five world-renowned medical schools, numerous centres of clinical excellence, and over 10,000 trainees. In order to understand trainees' views, I introduced a regular survey through which they could voice their views about the quality of training they were receiving. I was very pleased when this formed the basis of the very successful National Trainee Doctor Survey, now embarking on its fourth iteration. This survey has enabled postgraduate deans across the UK to identify departments where training is not meeting the minimum standards for training and to take appropriate action.

Other achievements of which I am proud include the development of a multiprofessional team-based approach to out of hours services, known as the Hospital at Night initiative, which has improved patient safety while providing a solution for reducing the hours of junior doctors. Most recently I am delighted with the success of London's Simulation and Technology-enhanced Learning Initiative (STeLI) which recently won the prestigious Health Service Journal Award for Patient Safety.

Which part of your job do you enjoy the least?

I least enjoy dealing with performance issues, whether internal to my staff or among trainees or their trainers.

What are your views about the current status of medical training in your country and what do you think needs to change?

Medical education is recognized in the UK as being a vital factor in providing the high quality doctors necessary for a high quality health service. It needs to be better resourced, and in particular every doctor with responsibility for educational supervision needs to have the training, the time, and the tools

to do a good job. The way in which training has traditionally taken place, known as the 'apprenticeship model', is no longer suitable because of restrictions on the hours of work. I am all in favour of these restrictions, because long hours have a negative impact on learning and pose a risk to the health and safety of both doctors and patients. But we need radical change in the way we depend on doctors in training to provide out of hours cover and we need to find robust ways to ensure they gain the practical experience they need.

How would you encourage more medical students into entering your speciality?

I would strongly encourage any medical student to consider taking an interest in medical education from the start. Whatever the field of medicine that they enter, there will inevitably be an expectation that they will teach the next generation of doctors and of other healthcare professionals. Teaching is increasingly being recognized as one of the duties of a doctor, and like anything else, the more effort you put in, the more rewarding the outcomes.

What qualities do you think a good trainee should possess?

Trainees need to have a solid grounding in the basic sciences, because it is the foundation on which their postgraduate training will build. They need to be both conscientious and curious, doing what is required of them, but also going the extra mile in the search for knowledge. They should be motivated by the desire to make a positive difference to the lives of others, because I believe that is the only motivation that stands the test of time.

What is the most important advice you could offer to a new trainee?

Read the curriculum, establish what is expected of you and what you can expect from your seniors and your team, and engage with the educational programme.

What qualities do you think a good trainer should possess?

Kindness, honesty, expertise - and a passion for developing these qualities in their juniors.

Do you think doctors are over-regulated compared with other professions?

No, it is a profession in which we can potentially harm others, regulation is a necessity.

Is there any aspect of current health policies in your country that are de-professionalising doctors? If yes what should be done to counter this trend?

The responsibility for the professionalism of a doctor lies with the doctor. There are no policies in the UK that de-professionalise doctors.

Which scientific paper/publication has influenced you the most?

I have been heavily influenced by the body of work by Charles Czeisler in the USA and Philippa Gander in New Zealand about the impact of long hours and sleep deprivation on health, safety, errors and retention of learning of doctors in training.

What single area of medical research in your speciality should be given priority?

Simulation technology.

What is the most challenging area in your speciality that needs further development?

Fitting adequate training into a 48 hour week without lengthening the duration of training

Which changes would substantially improve the quality of healthcare in your country?

Improving the training of general practitioners

Do you think doctors can make a valuable contribution to healthcare management? If so how?

All doctors need to learn to look after the system of care as well as the patient in front of them. Medical leadership is crucial to modernizing services. During training all doctors should be involved in quality improvement initiatives and all should learn how to champion change effectively.

How has the political environment affected your work?

The most recent impact has come from the national policy to introduce a separation between the commissioning of education and its provision. This has meant a reorganization of the way we work, with much of the work we did being commissioned from lead providers. While change is always disconcerting, there are real benefits to be realized from this one, in particular a better alignment between service and education planning.

What are your interests outside of work?

Looking after our four delightful grandchildren

If you were not a doctor, what would you do?

When I was at school I planned to write plays, but a medical career has sated my appetite for drama.