

Google-ing **Mike Fitzpatrick**  
fitz@easynet.co.uk

**Josh Freeman** is professor of family medicine at the University of Kansas School of Medicine, Kansas City, Kansas, US. Kansas!! — now there's an interesting place. Home of the Abolitionists and Free Soil, which for slaves searching for freedom the other side of the Missouri River, with a long history of populism and home of Crawford County, one of three US counties to go for Socialist Eugene Debs in 1920. No such luck for Senator Kerry in 2004, far too much the East Coast liberal to appeal to a new creationist electorate.  
jfreeman3@kumc.edu

**Dougal Jeffries** is a GP in the Scilly Isles. Spring will be arriving there soon!  
djeffries@onetel.com

**David Kernick** is a GP in Exeter. He doctors Exeter Utd FC ... the Grecians?!!  
su1838@eclipse.co.uk

**Toby Lipman** is a GP in Newcastle. His fearsome passion for all things evidence based is leavened by cuddlier enthusiasms for naval history and Berlioz  
toby@tobylipm.demon.co.uk

**Deen Mirza** has recently completed vocational training for general practice. Another article, reflecting on sitting the MRCP, will follow shortly  
deenmirza@doctors.org.uk

**Craig Watson** is a GP and trainer in Turriff, Aberdeenshire  
craig.watson@oldmeldrum.grampian.scot.nhs.uk

PCRTA ...

**Mark Gabbay** is the academic research lead at the Brownlow Group Practice in Liverpool  
m.gabbay@ntlworld.com

**Diane Exley** is a GP and clinical research lead at Brownlow Group Practice

**Tina Atkins** is the practice business manager

**Monica Gallagher** is the practice manager

**Dawn Brayford** is the information analyst at the Brownlow Group Practice  
www.brownlowgrouppractice.org

**Fenny Green** is Research Administrator at the RCGP

**FGreen@rcgp.org.uk**

**Nigel Mathers** is professor of general practice in Sheffield and chairman of research at the RCGP

*Dougal Jeffries*

## PGEA is dead, long live PGE!

Many years ago I regularly used to read one of the weekly GP 'comics' (let it be nameless), and even wrote a few articles for it on unlikely topics such as living with a recalcitrant goat — I mean this literally, not as a metaphorical reference to any past colleague — and cider making. However, as time went by I found myself increasingly depressed by the experience. Every copy seemed to be full of, on the one hand, moaning pieces about the unhappy lot of the contemporary GP, and, on the other, accounts of single-handed feats of clinical acumen, superhuman efficiency or award-winning innovations that left me feeling thoroughly demoralised. So, one Damascene day, I took the decision to bin the magazine instead, with an immediate, though modest, quantum increase in my quality of life. All this is a preamble to saying that I think it's time I wrote something a little more upbeat than my habitual carpings, as a small contribution to saving this worthy Journal from a similar fate.

Amid the welter of reorganisations and contractual changes that have beset us over the past decade or so, some have been welcome. And, for me, the greatest of these has been the liberation from the necessity to go round chasing PGEA points, divided arbitrarily between clinical, health promotion and management areas. This always reminded me of the board game 'Careers', where the aim was to amass a total number of points divided between stars for fame, hearts for happiness, and dollars (we were sent the game by an American cousin) for cash. But sitting in stuffy meeting rooms eating drug-company sponsored sandwiches on a sunny summer's lunchtime was less fun than taking Florida vacations, winning on the stock exchange and prospecting on the moon.

Nowadays I spend an hour or two in March inventing my coming year's 'learning plan', and writing up whatever courses, books, lectures or meetings have taken my fancy over the previous

year. I've been fortunate to have had broad-minded assessors who have never insisted on the mindless exercise of writing down my 'three learning objectives' for each activity, or of defining how my practice will be changed as a result. Instead, I've been allowed to follow my instincts, broaden my knowledge, build on my skills, and widen my intellectual horizons.

Last November, for example, I spent three days in our local DGH — local for the Scillies being the Royal Cornwall Hospital in Truro, 60 miles away. I spent a morning in an ophthalmology theatre marvelling at the skills required for cataract and squint surgery. I attended a day's course in Advanced Life Support led by a young specialist cardiac nurse. And I joined three consultant cardiologists for a ward round, an echocardiogram clinic, and a session in the 'cath lab'. I learnt that DGHs the land over are full of cardiac patients who have experienced things called non-STEMIs and 'troponin-positive cardiac events' (which in my houseman days were either not detected at all or were called subendocardial infarcts), who lie around for days and weeks waiting their turn in the catheterisation lab for angiograms and angioplasties. I began to comprehend something of the discerning power of ultrasound in visualising the complexities of the beating heart. And, best of all, I watched as a balloon stent was threaded through the trembling tree-like network of coronary vessels to the incriminating stenosis, where its arrival was reflected in an instant elevation of the ST segment on the real-time ECG display, resolving as it was inflated and blood flow restored. This was exciting stuff.

I came home with a better appreciation of the pressures under which our colleagues in secondary care labour every day. I had updated some important skills. And I had my sense of awe towards both the workings of the human body, and the power of modern medicine to correct their failings, restored. That's what I call postgraduate education.