

September welcome: Professor Ollie Minton

Here in the UK, we continue to swelter through a summer of heatwaves, pausing only to bring you our September edition of *Commentary*.

I hope if you end up delving into this on a beach, it will support the fact we have all subscribed to continuous professional development in its many guises. In the words of Douglas Adams, author of the *Hitchhiker's Guide to the Galaxy*: 'It can be very dangerous to see things from somebody else's point of view without the proper training.'

This is most readily applied to medical education, and the next iteration of reviews led by past RCP president, Professor Dame Jane Dacre, where the ongoing debate about how to maximise supportive experience while ensuring there are enough posts and supervision without overwhelming competition is a perennial challenge. Jane is chairing phase 2 of the national medical training review, following the diagnostic phase led so ably by Professors Sir Chris Whitty and Sir Stephen Powis. Now is the time to look to implementing solutions: making training more flexible, building on excellence beyond formal routes, addressing damaging bottlenecks and rebuilding inclusive team structures where doctors feel valued. Speaking of which, a very warm welcome to all our new foundation doctor colleagues who took up an NHS post earlier this month. It's good to have you on board – and don't forget that RCP membership will now be free for you!

I imagine Douglas Adams would also have had some thoughts on our new strategy but as but as he did not live long enough, we can only surmise what he may have done with honorary fellowship. Thought experiments aside, the RCP has always been the home of physicians – a place that connects, supports and represents the values we share. My hope is that *Commentary* complements this with continued input from all our readers.

While we may not have an intergalactic presence (yet), one of the great things the college does is maintain an international role – both in person and virtually, given world events. Maybe Douglas Adams did get it wrong when he said, 'anything invented after you're 35 is against the natural order of things,' – possibly with the exception of NHS IT.

However, when possible, the college works best with advocacy and connections that only come from being face to face – both for the individual and for travelling fellowships or medical societies. Measuring impact is one of those nebulous concepts, but when you read

about infectious disease management in Malaysia or the Medical Women's Foundation Pakistan, you get a sense that change is possible, with college support being central.

The College of Intensive Care Medicine was also formally launched in July. 'An intensivist is a physician with specialist training in intensive care medicine who possesses the expertise required to direct the multidisciplinary care and organ support for critically ill patients...' – the working definition goes on for some time; so, to conclude with more *Hitchhiker's Guide* wisdom: 'don't panic' – there is always one (or more than one) member of the multidisciplinary team ready to help.

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