Shape of Training – how did we get here, & where are we going?

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Postgraduate Dean SE Scotland
Four Nations.....
Four Nations
Introduction

The Shape of Training Review looked at potential reforms to the structure of postgraduate medical education and training across the UK

- The Review was jointly sponsored by the AoMRC, COPMeD(UK), GMC, HEE, MSC, NHS Education Scotland, NHS Wales and the NI DHSSPS.

- The Review examined postgraduate medical education and training in the UK to ensure doctors are able to meet changing needs of patients, society and health services.

- Chaired by Professor David Greenaway, VC Nottingham University.
Purpose of the Review

To make sure we continued to train effective doctors who are fit to practice in the UK, provide high quality and safe care and meet the needs of patients and service now and in the future.

- The review focused on postgraduate medical education and training, including transitions from the Foundation Programme into specialty training and continuing professional development (CPD).

- Shape of Training was a UK wide review.
Shape of Training develops the work of recent years by building on the recommendations of other reports to produce a framework for the future.

- A High quality workforce: NHS next stage review final report
- Aspiring To Excellence: Final Report of the Independent Inquiry into Modernising Medical Careers (Tooke)
- Recommendations and Options for the Future Regulation of Education and Training – Patel Review
- Foundation for Excellence: An evaluation of the Foundation Programme (Collins)
Past reports highlighted the need for more flexibility in training in order to equip doctors to respond better to the changing needs of patients and the service.

In 2011, Medical Education England (MEE) identified issues facing the future of postgraduate medical training (Phase 1).

- In May 2011, the Steering Group agreed that further work on the shape of training was necessary and should be taken forward, led by an independent chair.

- David Greenaway was appointed in February 2012.
What kind of doctor in future?
Themes of the Review

- **Theme 1** – Workforce needs: Specialists or generalists
- **Theme 2** – Breadth and scope of training
- **Theme 3** – Training and service needs
- **Theme 4** – Patients needs
- **Theme 5** – Flexibility of training
- + UG to PG transition
- + Clinical academic interface
In September 2012 we commissioned a review of literature and research into postgraduate medical education and training, based on the themes of the Shape of Training Review.

- We especially examined the evidence concerning the relative advantages of generalist as opposed to specialist models of care.
“Never knowingly under-consulted”

• Desk based research commissioned & synthesised by members of EAG. Further review of depth & breadth of evidence coming to us, esp generalist vs specialist issue.
  ▪ Seminars across UK to explore themes – informed further work
  ▪ Site visits – spoke to all stakeholders
  ▪ Call for evidence – over 400 written submissions
  ▪ Workshops for specific groups
  ▪ 59 oral evidence sessions – EAG led, *fully documented*. Those attending were asked to offer comment on the draft principles and approaches developed by the review.
Key Messages

- Patients and the public need more doctors who are capable of providing general care in broad specialties across a range of different settings. This is being driven by a growing number of people with multiple co-morbidities, an ageing population, health inequalities and increasing patient expectations.

- We will continue to need doctors who are trained in more specialised areas to meet local patient and workforce needs.

- Postgraduate training needs to adapt to prepare medical graduates to deliver safe and effective general care in broad specialties.

- Medicine has to be a sustainable career with opportunities for doctors to change roles and specialties throughout their careers.
Key Messages

- Local workforce and patient needs should drive opportunities to train in new specialties or to credential in specific areas.

- Doctors in academic training pathways need a training structure that is flexible enough to allow them to move in and out of clinical training while meeting the competencies and standards of that training.

- *Full registration should move to the point of graduation from medical school, provided there are measures in place to demonstrate graduates are fit to practise at the end of medical school. Patients’ interests must be considered first and foremost as part of this change.*

- Implementation of the recommendations must be carefully planned on a UK-wide basis and phased in. This transition period will allow the stability of the overall system to be maintained while reforms are being made.

- A UK-wide Delivery Group should be formed immediately to oversee the implementation of the recommendations.
Current Structure of PGME

- **Medical School**
  - 4-6 years

- **Foundation Training**
  - 2 years
  - ST1 – 8 Run-through Training
  - GPST 1-3 GP Training
  - CT 1-3 Core Training
  - ST 3 – 8 Specialty Training

- **Consultant**
  - 3 – 10 years +
  - CCT

- **Revalidation**
Shape of Training model

**Undergraduate degree**

**Postgraduate medical training**

**Professional practice**

**Foundation Programme**

**Broad-based specialty training**

Clinical academic training
Academic training focused on a particular research area combined with broad-based specialty training.
Doctors can move in and out of academic training at any point.

All doctors develop generic capabilities in key areas, including:
- Patient safety
- Communication with colleagues and patients
- Teamwork, management and leadership
- Evaluation and clinical application of research

**Specialties or areas of practice grouped by patient care themes, such as:**
- Women's health
- Child health
- Mental health

**Training duration**

- 2 years

**Graduation**

Fulfilment at the point of registration

**Rest of career**

**Certification of Specialty Training**

- Optional year spent working in a related specialty or undertaking leadership or management work – this can be taken at any time during broad-based training.

- With further opportunities to:
  - Maintain capabilities and develop practice through CPD
  - Enhance career and gain additional expertise through credentialing in special interest areas
  - Develop depth of knowledge by learning through experience and reflecting on their practice
  - Move into education, management and leadership roles

**Shape of Training**
Undergraduate degree

FOUNDATION PROGRAMME

- Wide range of training opportunities provided across different specialty areas.
- Includes several 4–6-month placements, in both acute and community settings.

Graduation

Full registration at the point of graduation

Training duration

2 years
Shape of Training model

**Undergraduate degree**

**Postgraduate medical training**

**Professional practice**

- **Foundational Programme**
  - **Broad-based Specialty Training**
    - Clinical academic training
      - Academic training focused on a particular research area combined with broad-based specialty training.
      - Doctors can move in and out of academic training at any point.
    - Specialised areas of practice grouped by patient themes, such as:
      - Women's health
      - Child health
      - Mental health
    - All doctors develop generic capabilities in key areas, including:
      - Patient safety
      - Communication with colleagues and patients
      - Teamwork, management, and leadership
      - Evaluation and clinical application of research
    - Within broad-based specialty training, doctors can:
      - Train across the breadth of specialties
      - Focus their training within particular patient groups at any point in the training
      - Change specialties by transferring competences within or between groups of specialties
      - Combine specialty training with academic research

- **Graduation**
  - Full registration at the point of graduation

- **Training duration**
  - Undergraduate degree: 2 years
  - Postgraduate medical training: 4-6 years (depending on specialty requirements)

- **Certification of Specialty Training**
  - Optional year spent working in a related specialty or undertaking leadership or management work - this can be taken at any time during broad-based training.
  - Doctors are able to practice with no clinical supervision within multiple professional teams and networks. They are able to make safe and competent judgements in broad specialty areas.
  - With further opportunities to:
    - Maintain capabilities and develop practice through CPD
    - Enhance career and gain additional expertise through credentialing in special interest areas
    - Develop depth of knowledge by learning through experience and reflecting on their practice
    - Move into education, management, and leadership roles

**Rest of career**

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- train across the breadth of specialties:
- theme their training within particular patient groups at any point in the training
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4–6 years (depending on specialty requirements)
Clinical academic training

Academic training focused on a particular research area combined with broad-based specialty training. Doctors can move in and out of academic training at any point.

Specialties or areas of practice grouped by patient care themes, such as:

- women's health
- child health
- mental health
All doctors develop generic capabilities in key areas, including:

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- communication with colleagues and patients
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Shape of Training model

Undergraduate degree

<table>
<thead>
<tr>
<th>FOUNDATION PROGRAMME</th>
<th>BROAD-BASED SPECIALTY TRAINING</th>
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<tr>
<td>Graduation</td>
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Postgraduate medical training

Clinical academic training
Academic training focused on a particular research area combined with broad-based specialty training. Doctors can move in and out of academic training at any point.

Specialises or areas of practice grouped by patient care themes:
- Women’s health
- Child health
- Mental health

All doctors develop generic capabilities in key areas, including:
- Patient safety
- Communication with colleagues and patients
- Teamwork, management, and leadership
- Evaluation and clinical application of research

Rest of career

Professional practice

Doctors are able to practice with no clinical supervision within multi-professional teams and networks. They are able to make safe and competent judgements in broad specialty areas.

With further opportunities to:
- Maintain capabilities and develop practice through CPD
- Enhance career and gain additional expertise through credentialing in special interest areas
- Develop depth of knowledge by learning through experience and reflecting on their practice
- Move into education, management, and leadership roles
Optional year spent working in a related specialty or undertaking leadership or management work – this can be taken at any time during broad-based training.
Shape of Training model

Undergraduate degree

FOUNDATION PROGRAMME

- Wide range of training opportunities provided across different specialty areas.
- Includes several 4-6 month placements in both acute and community settings.

Graduation

- Fulfillment of training requirements.

Postgraduate medical training

BROAD-BASED SPECIALTY TRAINING

Clinical academic training

Academic training focused on a particular research area combined with broad-based specialty training. Doctors can move in and out of academic training at any point.

Specialties or areas of practice grouped by patient care themes, such as:
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All doctors develop generic capabilities in key areas, including:
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Within broad-based specialty training, doctors can:
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- Combine specialty training with academic research

Postgraduate medical training

- 4-6 years (depending on specialty requirements)

Professional practice

- Optional year spent working in a related specialty or undertaking leadership or management work—this can be taken at any time during broad-based training.

Doctors are able to practice with no clinical supervisors within multi-professional teams and networks. They are able to make safe and competent judgements in broad specialty areas.

With further opportunities to:
- Maintain capabilities and develop practice through CPD
- Enhance career and gain additional expertise through credentialing in special interest areas
- Develop depth of knowledge by learning through experiences and reflecting on their practice
- Move into education, management, and leadership roles

Rest of career

SHAPE OF TRAINING
Doctors are able to practise with no clinical supervision within multiprofessional teams and networks. They are able to make safe and competent judgements in broad specialty areas.

**With further opportunities to:**

- maintain capabilities and develop practice through CPD
- enhance career and gain additional expertise through credentialing in special interest areas
- develop depth of knowledge by learning through experience and reflecting on their practice
- move into education, management and leadership roles.

Rest of career
Levels of Competence

3 Broad levels of competence

Doctors capable of providing safe and effective care for patients in emergency and acute situations with some support.

Doctors who are able to make safe and competent judgements in broad specialist areas.

Doctors who are able to make safe and competent judgements but have additionally acquired more in-depth specialty training in a particular field of practice.
Levels of Competence

3 Broad levels of competence

Level 1

Doctors capable of providing safe and effective care for patients in emergency and acute situations with some support.

- Without direct or hands on supervision.
- Doctors generally would still lack experience and the breadth of knowledge and skills needed to deal with complex and riskier cases.
- Expected from doctors who have completed the Foundation Programme but have not achieved the Certificate of Specialty Training.
Levels of Competence

3 Broad levels of competence

Level 2

Doctors who are able to make safe and competent judgements in broad specialist areas.

- Accountable for their professional decisions.
- Doctors work in multi-disciplinary teams and rely on peer and collegial groups for support and advice.
- Expected to provide leadership and management.
- Oversee and able to make judgements on risky and complex cases and have experience, confidence and insight to holistically manage patients with several problems across specialty areas.
- This is the outcome of postgraduate training and would result in a Certificate in Specialty Training. This is the same level of competence as doctors who are currently awarded a CCT that allows them to work as consultants.
Levels of Competence

3 Broad levels of competence

Level 3

Doctors who are able to make safe and competent judgements but have additionally acquired more in-depth specialty training in a particular field of practice.

- Assess and treat patients with multiple co-morbidities.
- Expected to provide general care in their broad specialty area even after they further their training within a narrower field of practice.
- Training would be recognised through credentialing and would be driven by workforce and patient needs.
Next Steps

The four UK Governments welcomed the Final Report

Nothing yet written in stone tablets

A core group is being convened (next week) to put wheels in motion

There will be a delivery/implementation group in Scotland as well as an overarching UK group

No “Big Bang” - lessons learned from last reorganisation of medical training

Challenges for all!
Thank you
Recommendations

1. Appropriate organisations must make sure postgraduate medical education and training enhances its response to changing demographic and patient needs.

2. Appropriate organisations should identify more ways of involving patients in educating and training doctors.

3. Appropriate organisations must provide clear advice to potential and current medical students about what they should expect from a medical career.

4. Medical schools, along with other appropriate organisations, must make sure medical graduates at the point of registration can work safely in a clinical role suitable to their competence level, and have experience of and insight into patient needs.
5. Full registration should move to the point of graduation from medical school, subject to the necessary legislation being approved by Parliament and educational, legal and regulatory measures are in place to assure patients and employers that doctors are fit to practise.

6. Appropriate organisations must introduce a generic capabilities framework for curricula for postgraduate training based on *Good medical practice* that covers, for example, communication, leadership, quality improvement and safety.

7. Appropriate organisations must introduce processes, including assessments, that allow doctors to progress at an appropriate pace through training within the overall timeframe of the training programme.

8. Appropriate organisations, including employers must introduce longer placements for doctors in training to work in teams and with supervisors including putting in place apprenticeship based arrangements.
9. Training should be limited to places that provide high quality training and supervision, and that are approved and quality assured by the GMC.

10. Postgraduate training must be structured within broad specialty areas based on patient care themes and defined by common clinical objectives.

11. Appropriate organisations, working with employers, must review the content of postgraduate curricula, how doctors are assessed and how they progress through training to make sure the postgraduate training structure is fit to deliver broader specialty training that includes generic capabilities, transferable competencies and more patient and employer involvement.

12. All doctors must be able to manage acutely ill patients with multiple co-morbidities within their broad specialty areas, and most doctors will continue to maintain these skills in their future careers.
Recommendations

13. Appropriate organisations, including employers, must consider how training arrangements will be coordinated to meet local needs while maintaining UK-wide standards.

14. Appropriate organisations, including postgraduate research and funding bodies, must support a flexible approach to clinical academic training.

15. Appropriate organisations, including employers, must structure CPD within a professional framework to meet patient and service needs, including mechanisms for all doctors to have access, opportunity and time to carry out the CPD agreed through job planning and appraisal.

16. Appropriate organisations, including employers, should develop credentialed programmes for some specialty and all subspecialty training, which will be approved, regulated and quality assured by the GMC.
17. Appropriate organisations should review barriers faced by doctors outside of training who want to enter a formal training programme or access credentialed programmes.

18. Appropriate organisations should put in place broad based specialty training (described in the model).

19. There should be immediate consideration to set up a UK-wide Delivery Group to take forward the recommendations in this report and to identify which organisations should lead on specific actions.