Changes and Challenges in Postgraduate Medical Education

Jonathan Corne
Head, East Midlands Postgraduate School of Medicine
Re-organisation
Francis Report
Recruitment
Shape of training

Merger
Image
Workforce

Trainee assessment
Revalidation
What I Will Cover

• Re-organisation
• The recruitment crisis
• School Merger
• Shape of Training
Questions
Grumbles
Solutions
Re-organisation and its challenges
Re-Organisation

Equity and excellence: Liberating the NHS
SHA

Money MADEL funding

Deanery

LDAs

Banding

Trusts
Functions of HEE

1. Appoint and support LETBs
2. Allocating and accounting for NHS education and training
3. Promote high quality education and training
4. National leadership on planning and developing the workforce
5. Ensure security of supply of the workforce
NHS organisations and Local Authorities

Nottinghamshire
Population: 1.1m
Workforce: 24,195
5 CCGs
2 Acute Trusts
1 Mental Health Trust
1 Community Trust
2 Universities
2 Health & Well-being Boards

Derbyshire
Population: 1.0m
Workforce: 15,240
5 CCGs
2 Acute Trusts
1 Mental Health Trust
1 Community Trust
1 University
2 Health & Well-being Boards
2 Social Care Organisations

Northamptonshire
Population: 704,800
Workforce: 12,200
2 CCGs
1 Independent Provider
2 Acute Trusts
1 Mental Health Trust
1 University
1 Health & Well-being Board

Lincolnshire
Population: 752,000
Workforce: 10,248
4 CCGs
1 Acute Trust
1 Mental Health Trust
1 Community Trust
1 University
1 Health & Well-being Board

Leicestershire County & Rutland
Population: 1,017,000
Workforce: 18,070
3 CCGs
1 Acute Trusts
1 combined MH, Learning Disability & Community Trust
3 Universities
3 Health & Well-being Board

Examples of other key stakeholders
Further Education
Local Medical Committees
Local Dental Committees
Local Pharmaceutical Committees
Voluntary and Community Sectors
Trade Unions

Coterminous with:
East Midlands Health Science Network, CLAHRCs (NDL/LNR), Clinical Research Networks (Comprehensive, Cancer, Diabetes, Medicines for Children, Mental Health, Primary Care, Stroke), East Midlands Cardiovascular Network, EMColl, East Midlands Ambulance Service, EMHIEC, EMHSP, East Midlands Leadership Academy, Medlink, Clinical Senate

http://eastmidlandsletb.net/
East Midlands Local Education and Training Board

Developing a high quality safe and sustainable workforce to meet the healthcare needs of the people of the East Midlands.

Key Board priorities
- Emergency Medicine
- Innovation & Improvement
- Effective Team Working
- Making Every Contact Count

East Midlands
- Derby and Derbyshire
- Nottingham and Nottinghamshire
- Lincolnshire
- Leicester, Leicestershire and Rutland
- Northamptonshire

Contact: Simone Jordan, Managing Director, 0115 9684406 / simonejordan@nhs.net
# HEE Priorities

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<th>Description</th>
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<tbody>
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<td>Making being a role model trainer a badge of honour&lt;br&gt;Supporting multi-professional CPD</td>
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<tr>
<td>Competent and capable staff</td>
<td>Ensuring all staff are trained to rise to the challenge of dementia</td>
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<tr>
<td>Widening participation</td>
<td>Making health care a career of choice</td>
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<tr>
<td>Flexible workforce responsive to research and innovation</td>
<td>Making technology central to education, eg introducing apps</td>
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<td>Ensuring workforce with the right numbers, skills and behaviours</td>
<td>Supporting current problem areas of emergency care, primary care and 24/7 services</td>
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<tr>
<td>NHS Values and behaviours</td>
<td>Recruit for values, train for values, appraise for values and hold to account for values</td>
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EM LETB Priorities

- Emergency medicine
- Innovation and improvement
- Effective team working
Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

Volume 1: Analysis of evidence and lessons learned (part 1)
The Francis Report

*Emphasis and commitment to common values*
*Readily accessible fundamental standards*
*No tolerance of non-compliance*
*Strong support for leadership roles*
The Francis Report

While patient safety was theoretically given primacy in the system, the domain to be monitored was unduly limited to the potential risk posed to patients by the trainee.
The Francis Report

Training should not be allowed to take place ....where patient safety is not being adequately protected................a sense of urgency may have been lacking, even after the scale of deficiencies in the trust had become apparent.
The Francis Report

A reluctance to prejudice the provision of a service or the training of trainees has resulted in the implied threat of removal of approval from training places being largely theoretical.
The Francis Report

When concerns were raised about inappropriate pressure or bullying by staff towards trainees these were not followed through or investigated
Our Responses

• Increased focus on deanery/school visits
• Unannounced visits
• Greater use of ‘intelligence’ gained from trainees
• Immediate GMC alerts of patient safety and undermining comments
• Patient safety course
• Professionalism and values training
• Mapping of training to NHS values
Locally

- Merger
- Recruitment
- Acute medicine
The Recruitment Challenge

BRACE YOURSELVES

RECRUITMENT IS COMING.
# Specialty Recruitment Applications

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2013 ST3 fill rates by specialty

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<th>LATs</th>
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## 2014 ST3 Fill Rates by Specialty

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<th>% NTN</th>
<th>LATs</th>
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<th>% LAT</th>
<th>Total posts</th>
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## CT1 data – Round 1

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## Competition ratios: CMT 2010

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<th>No. of applications</th>
<th>Ratio - Apps/Posts</th>
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<td>1.4</td>
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<td>63</td>
<td>141</td>
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<td>823</td>
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<td>81</td>
<td>2.8</td>
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<tr>
<td>West Midlands</td>
<td>84</td>
<td>190</td>
<td>2.3</td>
</tr>
<tr>
<td>Yorkshire and Humber</td>
<td>137</td>
<td>202</td>
<td>1.5</td>
</tr>
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</table>
‘Why do you think there is a low application rate for CMT in the East Midlands North Deanery?’

Collective number of comments relating to four themes

- Workload: 69
- Work/Life balance: 29
- Teaching and Training: 24
- Geography: 18
>80% in both groups perceived the SpR workload to very unmanageable or unmanageable (85.7% CMT vs 81.8% non-CMT, p=0.8)
I'd rather not have all the stress and on call!

medical SpR on call... the busiest job in the hospital

very poor reputation for teaching and training and trainees are seen as over-worked service provision only

medics have by far the worst work load and worst hours

The thought of spending time as a medical registrar fills me with horror
Acute Medicine
Showcasing event
Agenda
Wednesday 26 November 2014
13.00 – 17.00pm
Lawrence room
Health Education East Midlands (HEEM)

13.00 Registration and Lunch

14.00 Welcome
Prof Sheona MacLeod
Postgraduate Dean-HEEM

14.10 The national perspective
Prof Derek Bell
President of Royal College of Physicians of Edinburgh and Professor in Acute Medicine-Imperial College London

14.40 Creating the optimal educational environment
This lecture will describe how the educational environment of the emergency department has been transformed with obvious lesson for acute medicine
Dr Jonathan Acheson
Consultant in Emergency Medicine-University Hospitals of Leicester

14.55 Innovation in rota design
This lecture will describe how changing the medical rota has improved trainees experience both in acute medicine and their base specialties
Dr Ivan LeJeune
Consultant in Acute Medicine-Nottingham University Hospitals

15.10 Enhancing handover
This lecture will describe how hand over has been used as a crucial part of the educational process, describing an initiative commended by the RCP
Dr Shirine Boardman
Consultant Physician and Diabetologist-United Lincolnshire Hospitals Trust

15.25 Introduction to the workshops
Dr Jonathan Corne
Head of School of Medicine-HEEM

15.30 Coffee break

15.40 Workshops:
These workshops will explore how the examples of best

Developing people for health and healthcare
www.em.hee.nhs.uk
@EastMidsLETB
Independent Chair: Kaye Burnett
Managing Director: Simone Jordan
Health Education East Midlands is inviting applications for a leadership fellow to tackle the issue of the acute medical take, its organisation and its effect on training. This fellowship is for a period of one year and is 50% leadership and 50% clinical. It has the support of the President of the Royal College of Physicians and the JRCPTB.

This is an excellent opportunity for those who wish to develop a career in medical leadership, either clinical or educational. Since this is an area of concern to Medical Colleges and the Department of Health it will also be an opportunity to develop a national profile.

The candidates will work with senior clinicians across East Midlands and have the opportunity to initiate and lead a range of strategic projects with specific emphasis on quality improvement, clinical leadership and multi professional education and training. The fellowship could be part of the training programme or as an "OOP" experience or post CCT or following successful completion of a core medical training programme. You will be instrumental in transforming general medical take and enhancing the experience and education of the medical registrar. Successful completion of this project will demonstrate your effective leadership skills to future employers.

The East Midlands region offers a diversity of landscape, culture and things to see and do.

The post is a 12 month fixed contract and hosted by either Kettering General Hospital NHS Trust or United Lincolnshire Hospitals NHS Trust. The advert and job description can be found on NHS Jobs (Reference No: 357-PR-271-14).

The Postgraduate Dean confirms that this placement has the required educational and Dean’s approval.
Streaming Group
Careers Fare
Better Branding

**Medicine**

There is a strong emphasis on academic medicine within the East Midlands. Please use the links below to learn more about specific training:

- Core training
- Higher specialist training

The University of Nottingham has an impressive track record in medical research including a Nobel laureate. It consistently ranks as one of the top 15 universities for research funding and is rated by the Times Educational Supplement as one of only five UK institutions for medicine and clinical pharmacy in the world's top 50.

There is plenty of opportunity for trainees to undertake research towards a higher degree with many departments having structured PhD programmes. In addition there are a number of teaching fellow posts within the region and plenty of opportunity to study for higher degrees in medical education.

All our hospitals are busy, providing a wealth of clinical experience and plenty of opportunity to develop practical skills.

Many of our departments are in the forefront of service development with at least four recently receiving Hospital Doctor of the Year Awards. The Derby Royal and Kings Mill Hospital, Derriford are brand new state of the art facilities.

If you are not currently one of our trainees we hope that you will consider the East Midlands when planning the next stage of your medical career.

**Head of School:**
Dr. Jonathan Core jonathan.core@nhs.net

**Related links:**
- School of Medicine (Nottingham)
- Royal College of Physicians
- University of Nottingham
- Clinical Academic Training in Leicester
## Post Utilisation EMN

<table>
<thead>
<tr>
<th>Specialty</th>
<th>NTN Posts</th>
<th>2012</th>
<th>2014</th>
</tr>
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<tbody>
<tr>
<td>Acute medicine</td>
<td>14</td>
<td>57%</td>
<td>100%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>14</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>9</td>
<td>111%</td>
<td>100%</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>12</td>
<td>42%</td>
<td>100%</td>
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<tr>
<td>Gastroenterology</td>
<td>19</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>HCE</strong></td>
<td><strong>25</strong></td>
<td><strong>68%</strong></td>
<td><strong>90%</strong></td>
</tr>
<tr>
<td>Haematology</td>
<td>11</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Neurology</td>
<td>8</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Palliative med</td>
<td>5</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Renal med</td>
<td>12</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Respiratory</td>
<td>21</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>8</td>
<td>88%</td>
<td>N/A</td>
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### Smaller Specialties EMN

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<th>Specialty</th>
<th>NTN Posts</th>
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<th>2014100</th>
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<tbody>
<tr>
<td>Allergy</td>
<td>14</td>
<td></td>
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</tr>
<tr>
<td>Clinical Genetics</td>
<td>14</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Clin pharm</td>
<td>9</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>GUM</td>
<td>12</td>
<td></td>
<td>66%</td>
</tr>
<tr>
<td>Immunology</td>
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<td>ID</td>
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<td></td>
<td>0%</td>
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<tr>
<td>Sports Med</td>
<td>5</td>
<td></td>
<td>100%</td>
</tr>
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</table>
Improving Recruitment - EM

- More vacancies equals more applicants
- Local electives
- National electives
- National careers fares
Improving the Image of Medicine

• Promote smaller, non-GIM specialties
• Promote LTFT training
• Sort out the acute take!
Acute Medicine Project

• Appointment of leadership fellow
• Sharing of best practice meeting (26th November 2014)
  – Rota design
  – Handover
  – Training environment
• Streaming group
The Merged School

The new school

New opportunities
EM School of Medicine

- 500 Trainees
  - 180 CT, 320 HST
- 26 Specialties
- 8 Trusts
- 14 Sites
- Population 3 million
EM School of Medicine

The Postgraduate School of Medicine will:

1. Be confident that it is training safe, effective and compassionate doctors in the numbers needed to deliver healthcare to the people of the East Midlands.

2. Embrace change and use the opportunities change provides to establish itself as one of the leading schools in the country.

3. Be recognised as a school that provides innovative training, which helps equip its trainees with the skills necessary to become leaders in their field.

4. Be a truly regional school that is ‘blind to geography’.
Unifying Processes

A Reference Guide for Postgraduate Specialty Training In the UK

Applicable to all trainees taking up appointments in specialty training which commenced prior to 1 August 2007.

The Gold Guide
Fourth Edition
June 2010
Advantages of Merger

- Share best practice
- Unify processes
  - Selection
  - ARCP
- Encourage innovation
- Better exposure to sub-specialty expertise
Encouraging Innovation

Appointing Lead for Innovation Jan 2015
The CT Program

The CT Committee

North Carousel

South Carousel
Maximise Program Training Potential

1 TPD (Job Share)
1 SEC

ST3
ST6
CCT

Separate carousels
Merged Carousel
Hybrid

North
South
EM Wide

Maximise Program Training Potential

1 TPD (Job Share)
1 SEC
Reconfigure Posts

• Opportunity to reconfigure programs
• Look at population need
• Improve workforce outside Nottingham/Leicester
• Moves based on quality
Sharing Best Practice

- Communications course
- VLE
- Careers fare
- Pre-consultant course
- Simulation training
- Clinical skills
- Inter-Professional Learning
- Professionalism course
- SUI Teaching
- CMT conference
- HST conference
- Mock interview course
- CT and HST Induction
- PACES Teaching
- Menu of GIM teaching
Sharing Best Practice

• Use of the Virtual Learning Environment
• Clinical skills training
• Simulation training
• Inter-professional learning
• PACES teaching
• Careers Fare
• Elective period
Patient Safety Course

• E-Learning

• Simulation

• Workshops
1. WHY
   EMPSIS

2. WHAT
   Is patient safety

3. HUMAN
   Involvement

4. PREVENTION
   Of error

5. DEALING
   With error

6. CHANGING
   To improve
## Louder Voice

- **Workforce distribution**

<table>
<thead>
<tr>
<th></th>
<th>East Midlands</th>
<th></th>
<th>London</th>
<th></th>
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<tr>
<td></td>
<td>Juniors</td>
<td>Consultants</td>
<td>Juniors</td>
<td>Consultants</td>
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<tr>
<td>HCE</td>
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<td>-11</td>
<td>+47</td>
<td>+73</td>
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<td>+39</td>
<td>+77</td>
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<td>O+G</td>
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<td>+120</td>
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<td>Radiology</td>
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<td>+129</td>
<td>+134</td>
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### ST3 fill rates by region

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<th>LATs</th>
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<td>18</td>
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<td>72%</td>
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<td>Kent, Surrey &amp; Sussex</td>
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<td>55</td>
<td>83%</td>
<td>16</td>
<td>5</td>
<td>31%</td>
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<tr>
<td>London</td>
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<td>191</td>
<td>98%</td>
<td>53</td>
<td>43</td>
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<td>21</td>
<td>7</td>
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<tr>
<td>North Western - Mersey</td>
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<td>42</td>
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<td>17</td>
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<td>North Western - North West</td>
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<td>56</td>
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<td>3</td>
<td>1</td>
<td>33%</td>
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<tr>
<td>South West - Severn</td>
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<td>90%</td>
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<td>3</td>
<td>18%</td>
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<td>Wales</td>
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<td>18</td>
<td>9</td>
<td>50%</td>
</tr>
<tr>
<td>Wessex</td>
<td>39</td>
<td>32</td>
<td>82%</td>
<td>27</td>
<td>9</td>
<td>33%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>89</td>
<td>74</td>
<td>83%</td>
<td>9</td>
<td>3</td>
<td>33%</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>82</td>
<td>66</td>
<td>80%</td>
<td>63</td>
<td>29</td>
<td>46%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1035</td>
<td>906</td>
<td>88%</td>
<td>401</td>
<td>182</td>
<td>45%</td>
</tr>
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</table>
Challenges of Merger

- North/South Dominance
- Wider geographical spread
- Increased remoteness
- Pressure on under-resourced TPDs
- Diversion form core functions
- Uncertainty of change
Workforce Plan

- Reduction in overall ST1/CT1 entry points
- Rebalance specialty and GP
- Rebalance geographically
- Look at higher specialty training posts
  - Too many surgical
  - Still gaps in other specialties
- Demand and need may vary with different service models and financial situation
Shape of Training
Changing patient needs

- 42% have a long-term condition
- 23% have multiple conditions
- Onset 10-15 years earlier if socioeconomic deprivation
Shape of Training Review

Medical training needs for next 30 years
UK-wide
5 themes:
1. Patient needs
2. Workforce needs
3. Breadth and scope of training
4. Training and service needs
5. Flexibility of training
Undergraduate to postgraduate transition
Clinical/Academic training interface
# Shape of Training Review

<table>
<thead>
<tr>
<th>Undergraduate Degree</th>
<th>Postgraduate Medical Training</th>
<th>Professional Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOUNDATION PROGRAMME</strong></td>
<td><strong>BROAD-BASED SPECIALTY TRAINING</strong></td>
<td>Doctors are able to practise with no or limited formal supervision within multi-professional teams and networks. They are able to make safe and competent judgements in broad specialist areas.</td>
</tr>
</tbody>
</table>

**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:**
- Mental Health
- Child Health
- Women’s 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

**4-6 years (depending on specialty requirements)**

With further opportunities to:
- Maintain capabilities and develop practice through continued professional development (CPD)
- Enhance career and gain additional expertise through credentialing in special interest areas
- Develop depth of knowledge through experiential learning and reflection
- Move into education, management and leadership roles

**Certification of Specialty Training**

- With further opportunities to:
  - Maintain capabilities and develop practice through continued professional development (CPD)
  - Enhance career and gain additional expertise through credentialing in special interest areas
  - Develop depth of knowledge through experiential learning and reflection
  - Move into education, management and leadership roles

- Within 5-10 years, depending on broad-based training

**Training Duration**

- 2 years
Shape of Training Review

Recommendations

1. Enhance the response of postgraduate medical education and training to changing patient needs

2. Increase involvement of patients in the education and training of doctors

3. Provision of clear advice to potential and current medical students about what they should expect from a medical career
Recommendations

4. Make sure medical graduates at the point of registration are capable of working safely in a clinical role suitable to their competence level.

5. Full registration should move to the point of graduation from medical school.

Shape of Training Review
Shape of Training Review

Flexibility, quality and apprenticeship

6. Generic capabilities framework e.g. communication, leadership, quality improvement, patient safety
7. More flexible progression rates
8. Longer placements to foster team-working and apprenticeship
9. Training limited to places that provide high quality training and supervision
Shape of Training Review

Responsive broad-based training

10. Restructure postgraduate training within broad specialty areas
11. Review curricula to deliver broader specialty training
12. Ensure all doctors able to manage acutely ill patients with multiple comorbidities within broad specialty area
13. Greater employer involvement in coordination of training
Shape of Training Review

Broad-based specialty training

Medical School

F1

F2

Broad-based specialty training
4-6 Years

Full Registration

Certificate of Specialty Training
Shape of Training Review

CPD (15) & Credentials (16)

Medical School

F 1 F 2

Broad-based specialty training 4-6 Years

Full Registration

Certificate of Specialty Training

Continuous Professional Development

Credential

Credential

Credential
Shape of Training

- Vision = Consultant in SPECIALTY and INTERNAL MEDICINE
- Usually 7 years training – AS NOW
- Internal Medicine = 4 years in total
17. Review barriers faced by doctors outside of training who want to enter a formal training programme or access credentialed programmes
14. Relevant organisations including postgraduate research and funding bodies must support a flexible approach to clinical academic training

- Broad-based clinical training
- Exceptionally super-specialised scope of practice
Proposed future Training structure

- Full registration at graduation
- Two-year Foundation Programme.
- Broad based specialty training in patient care themes
  - Common clinical objectives in curricula.
  - All doctors develop generic capabilities that reinforce professionalism
  - 4-6 years depending on specialty and individual progression
  - Opportunities in related specialties, education, leadership or management
  - Able to transfer relevant competencies if change career
- Clinical academic flexible training in broad based or occasionally narrow specialty
- Certificate of Specialty Training to work unsupervised in multi-professional teams.
- Most doctors work in general broad specialties throughout careers.
  - Maintain and develop skills through CPD
  - Experience and reflection to master specialty areas
- Options to develop education, management and leadership roles at any point
- Additional specialty and subspecialty training in quality assured credentialed training
  - Driven by patient and workforce needs, may be commissioned by employers but approved and quality assured by the regulator
Key messages in the report

- More doctors to provide general care in broad specialties in different settings.
- Continued need for some doctors trained in more specialised areas.
- Postgraduate training to adapt to prepare graduates for general care in broad specialties.
- Medicine as a sustainable career with opportunities to change.
- Local workforce and patient needs to drive the opportunities to train in specific areas.
- Flexible structure for academic training.
- Full registration at the point of graduation.
- Implementation carefully planned UK-wide.
- UK Delivery Group.
Implications and Challenges

• Better medical student and junior doctor career advice
• Greater patient involvement in training
• Collaborative review of training programmes and placements
• Developmental service experiences and the importance of CPD
• College collaboration on transferable competencies
• More flexibility and Staff Grade opportunities
• Modularised high quality specialty training based on population need
• Excellent supervision remains key
• Maintenance of robust quality assurance and management
Opportunities for the East Midlands

• Review of training programmes and placements
  – Change to changing national trainee distribution
• Training for professional generic capabilities and greater patient involvement
  – improved patient care.
• School and medical student career advice
  – could improve local recruitment
• Placements to develop medical graduate competence
  – opportunities to demonstrate regional benefits for trainee recruitment.
• Modularised high quality specialty training, based on population need
  – could attract trainees with greater commitment to this region in the longer term.
• Excellent developmental service experience and CPD
  – could attract more doctors of all grades.
  – could attract and support the staff grade workforce
Re-organisation
Francis Report
Recruitment
Shape of training

Merger
Image
Workforce

Trainee assessment
Revalidation
When asked "would you rather work for change, or just complain?" 81% of the respondents replied, "Do i have to pick? This is hard."