

ACADEMY COUNCIL - 15 APRIL 2015

Shape of Training

1. Purpose

This report sets out the next steps in regard to the Shape of Training scoping exercise

2. Background

The Shape of Training Steering Group (STSG) statement issued on the 17th February 2015 said that *“Further work will be undertaken to describe how doctors’ training can be more generic to better meet the current and future needs of patients. This will include a mapping exercise led by the Academy of Medical Royal Colleges and supported by the GMC to look at the extent to which Colleges have or can develop the generic components of their curricula”*.

Members were consulted on the content of the exercise and how it should be taken forward. Attached as Annex A is the submission from the Academy to the Shape of Training Steering Group which sets out the proposal for the scoping exercise incorporating the comments received from members.

3. Next steps

Following the next Shape of Training Steering Group on 22 April it is proposed that Colleges are formally invited to begin their internal scoping process in line with the agreed remit. Nominations will also be sought for the Panel to support the scoping exercise.

As set out in the paper it is proposed to hold a seminar for College Education leads as soon as possible and a further meeting at the end of the process.

The GMC are providing secretariat support for the exercise.

4. Recommendation

The Council is asked to endorse the proposals for the next steps in the scoping exercise

Organisational impact and media implications

There will be an organisational impact for members in carrying out the scoping exercise. The exercise itself is unlikely to have media implications.

“Training Doctors for Patients”

Shape of Training Mapping Exercise

1. Background

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This paper sets out the Academy’s proposal, supported by Colleges and Faculties and the GMC, for taking forward the mapping exercise.

2. Content of scoping exercise

The objective of all medical training must be to produce doctors equipped in terms of their knowledge, capability, experience, attitudes and behaviour to meet the changing needs of the patient population and flexibility to continue to meet those needs as they may evolve.

In undertaking this mapping Colleges, Faculties and Specialist Societies will consider the following issues:-

Service requirements

- What is your perception of the future patient and service needs in your specialty and the implications of this in terms of the role of doctors in your specialty and what they should be doing - and so what they should be trained to do?
- Do your curricula currently meet the objective of producing doctors in your specialty equipped in terms of their knowledge, capability, experience, attitudes and behaviour to meet the changing needs of the patient population and flexibility to continue to meet those needs as they may evolve?

More generic training - generalism and areas for joint work and training

- What are the clinical pathways/areas in your speciality which require or will require cross medical specialty working? This may be particularly relevant to the boundaries between primary and secondary care
- Which other specialty(ies) could or should your specialty and curricula be combined with?
- What is the overall scope for more generic training in your specialty and with whom? Are there generic components in your curricula which would be useful for other specialties? This may be particularly relevant to the boundaries between primary and secondary care.
- Which other specialties could you usefully collaborate with to produce quality training?

- What role could dual accreditation of specialties play?
- What specific parts of your curriculum need to be shared with or exported to other specialties? i.e. what elements of your curriculum do you believe doctors from other specialties need to understand to provide the best care for their patients?
- What specific parts of curricula from other specialties need to be imported to your curriculum? i.e. What elements of the curricula of other specialties do you believe doctors in your specialty need to better understand to provide the best care for your patients?

Handling acute and emergency patients

- Do your current curricula equip doctors at CST level to manage appropriate acute and emergency patients if required?
- If they do not, how might training and curricula equip doctors at CST level to manage appropriate acute and emergency patients?

Credentialing

- Are there elements of your current curricula (currently perhaps sub specialty or special interest) which you think would be suitable for undertaking as credentials outside of the current training programme? What are these and what impact would that have on the training programme?
- Are there areas of your curricula are not directly related to part of CCT that would be considered as possible areas for credentialing?
- Are there any areas of your curricula that would be a possible area for Credentialing Pre-CST or should credentialing only be post-CST

Sub-specialty training

- How do you envisage the training of sub-specialists in your specialty?
- Are there areas of the sub-specialty/special interest curricula that could be applicable to generalists within your specialty or other specialties? What are these?

Academic training

- What is the scope for more generic academic training across the specialties?

Length of training

- How long do you think it should take to acquire the competences to meet the overall training requirements? Should there be a prescribed length of training or an overall average length of training?
- Is there scope for shortening the length of training? Why or why not?

- If the length of training was shortened what impact would that have? What components of the various curricula could not be delivered if training was shortened to the arbitrary time scale of a maximum of 6 years as suggested in the Shape of Training Review.
- How well does the undergraduate programme and Foundation programme prepare doctors for entry to your specialty?
- How would these programmes need to be developed to incorporate aspects of your curricula should the length of training be shortened

Description

- Describe (in no more than 2/4 sides) the components of a curriculum that you would propose having considered all the issues above?
- Would you be interested in piloting your possible curricula?

3. Process

The process will be managed by the Academy working with the GMC who will provide secretariat support for the exercise.

It is proposed that a panel is established under the auspices of the UK Steering Group to support the exercise and consider the outcomes. This would be to identify synergies and overlaps but also to provide challenge as appropriate. The Panel will comprise Steering Group nominees and Colleges representatives.

It is intended to hold seminars for all College Education Leads at the start of the process to explain the exercise and then towards the end to look at what comes out on an overall basis. It is intended that the exercise is completed by September.