Educating the Workforce of the Future

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“Well this certainly ***** up our plans to conquer the universe”
The Foundation Perspective

- Why did we reform training?
- Have we made any progress?
- What are the key priorities today?
Adverse events in British hospitals: Causes of prescribing errors in hospital inpatients: a prospective study

Summary

Background To prevent errors made during the prescription of drugs, we need to know why they arise. The majority of human error used in understanding the causes of mistakes made in high-risk industries are being used in healthcare. They have not, however, been applied to prescribing errors, which are a great source of patient harm. Our aim was to use this approach to investigate the causes of such errors.

Methods Therapists at a UK teaching hospital prospectively identified 88 potentially serious prescribing errors. We interviewed the prescribers who made 44 of these errors, and analysed our findings with human error researchers.

Introduction

Prescribers are human, and therefore make mistakes. In the past, the response to such mistakes has been to focus on personal accountability, whatever the circumstances. However, the systems in which people work also contribute to errors. Findings of studies of industrial errors, and from the discipline of human psychology, have resulted in development of frameworks to analyse the causes of errors and to suggest solutions. Reason's developed one such framework, which has been applied to medical error and is the theoretical basis behind our study (Figure 1).

Errors made during drug prescription are the most common type of medical admission error.
I like to work part time

I’m on the right cricket team

If I hang around long enough

Career change

PRHO

SHO

I know head of dept.

Academia
2002: The Lost Tribe

- Poorly planned training
- Variable supervision
- Increasing workloads
- Flexible training opportunities
- RC exams lacked relevance
- No national standards
The Foundation Programme aims to:

1. Consolidate and develop clinical knowledge, skills and attitudes
2. Demonstrate competence through workplace assessments
3. Explore a range of career opportunities in different settings
4. Prepare for specialty training
Have we made any progress?
Impact on quality...

- QAFP – Standards for training for the Foundation Programme
  - Deanery/foundation school visits
  - Trainee/trainer survey
  - Competence mapping
  - Training outcomes

- BUT poverty of data on impact on patient care...
Consultants and SpR’s rated F1s as well prepared for:
- Basic communication skills
- Team-working
- Asking for help

Concerns about:
- Clinical skills
- Practical skills

Matheson C, Matheson D. How well prepared are medical students for their first year as doctors? The views of consultants and specialist registrars in two teaching hospitals. *Postgrad Med J* 2009;85: 582-589
Safe prescribing

- 11,077 errors/124,260 charts - error rate:
  - 8.4% in F1;
  - 10.3% in F2;
  - 8.9% overall

- Complex interplay of factors

- “Just in time” education valued by trainees

Impact on workforce...

- 60% prefer hospital career
- 30% prefer GP
- 5% prefer academic
- 69% had access to career advice
- 45% changed specialty choice during F2
- 4% intend to work outside of UK (52% temp)
Tooke Inquiry recommendations

- Dismantle F1 and F2 to guarantee pre-registration jobs for UK graduates
- Closer links with Medical Schools
- Standardised assessments
- “Provisionally Registered Doctors”
“32...We will also ask MEE to commission a formal evaluation of the two-year Foundation Programme, and a decision will then be made as to whether to continue this or to move to an alternative model...”
What are the key priorities today?

- Systems-based approach to patient safety
- Interface between medical school and the Foundation Programme
- Simulation and clinical skills
- Career management
Systems-based approach

- Student assistantships
- Induction and extended handover
- Common prescription form
- Common medical records
- Computer supported decision-making
- Just-in-time education
“Lack of non-technical skills can have lethal consequences for patients. However, the NHS lags unacceptably behind other safety-critical industries, such as aviation, in this respect. Human Factors training must be fully integrated into undergraduate and postgraduate education...”
Career Management
National Risk of undersupply of GPs

Comparison of forecast GP demand and supply
(medium demand & medium supply scenarios)
Risk of oversupply of CCT holders

Comparison of forecast CCT holder demand and supply (medium demand & medium supply scenarios)
What do you think?

1. What are the key priorities for the early years of postgraduate training today?
2. What would you like to change about the Foundation Programme?