The Shape of Training – Next Steps

Vicky Osgood
Secretariat for the Review
Introduction

The Shape of Training Review considered potential reforms to the structure of postgraduate medical education and training to ensure we continue to train effective doctors who are fit to practice in the UK, provide high quality and safe care and meet the changing needs of patients, society and the health services now and in the future.

- It looked at the transitions from medical school into Foundation and on into specialty training and continuing professional development (CPD).

- Chaired by Professor David Greenaway, VC Nottingham University.
Sponsorship Board

The Review was jointly sponsored by the AoMRC, COPMED, GMC, HEE, MSC, NHS Education Scotland, Wales Deanery and the NIMDTA.

UK wide review

The role of the Sponsoring Board was to:

- set the strategic direction including the scope, timelines and outputs
- approve the Terms of Reference formally setting out the roles and responsibilities of those involved

The Board met to initiate the review, at the mid-point to consider progress, and at the end to consider the final report and recommendations from the Chair.
Expert Advisory Group

Professor Greenaway assembled an Expert Advisory Group to identify issues and potential options for changes.

- Members of the group were selected for their independent expertise and advice rather than as representatives of their organisations.

- Members fully engaged with the review process by:
  - Chairing seminars/workshops
  - Attending site visits
  - Representing the review at speaking engagements
  - Forming panels for oral evidence sessions
  - Quality assuring the analysis of the call for ideas and evidence
Expert Advisory Group

- Professor David Greenaway  Vice-Chancellor, The University of Nottingham (Chair)
- Dr Angela Coulter  Senior Research Scientist, Dept. of Public Health, Oxford
- Dr Tom Dolphin  Previous Chairman, BMA, Junior Doctors Committee
- Professor Peter Dolton  Professor of Economics, University of Sussex
- Ms. Susan James  Chief Executive, Royal Derby Hospitals
- Dr John Jenkins  Previously Chaired, GMC Postgraduate Board
- Lord Ajay Kakkar  Director, Thrombosis Research Institute, University College London
- Professor Malcolm Lewis  Sub-Dean and Director, General Practice Education Wales Deanery
- Ms. Clare Marx  Consultant Orthopaedic Surgeon, Ipswich Hospitals NHS Trust
- Dr Peter Nightingale  Previous President, Royal College of Anaesthetists
- Professor William Reid  Postgraduate Dean, NHS Education for Scotland
- Sir John Savill  Chief Executive, Medical Research Council
- Professor Paul Stewart  Dean of Medicine, University of Leeds
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 the 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.
We held seminars across the UK from November 2012 to January 2013 for those involved in the development, provision and evaluation of medical education and training.

The seminars explored the five main themes of the review.

They helped to inform and develop the subsequent thinking of the review.
Site visits

From November 2012 to February 2013 we visited a number of places across the UK where training takes place, such as hospitals and GP surgeries.

We spoke to:

- Chief Executives
- Board members
- Patients
- Doctors in Training
- Trainers
- Other Healthcare Professionals
Call for Ideas and Evidence

The Call for Ideas and Evidence was launched on 8 November 2012 and ran until 8 February 2013. We received almost 400 responses.

- The purpose of this exercise was to seek feedback and ideas about postgraduate training and to understand how we can improve on the current structure.

- Members of our Expert Advisory Group audited the analysis and report as part of our quality assurance, to make sure we had accurately captured the breadth and depth of comments.
Draft Approaches to Training

We used the information from site visits, seminars and the written call for evidence to develop principles and possible approaches to medical education and training.

We tested these models with stakeholders through workshops and oral evidence sessions.

We published the resume of the written call for evidence.
Draft Approaches to Training
Workshops

To capture the views of specific stakeholder groups we held a number of targeted workshops between March and July 2013.

We held workshops for:

- Medical Students – 22 March, 30 May
- Clinical Academics – 22 April
- Employers – 8 May
- GP’s – 3 June
- Patients – 16 July
- Doctors in Training – 22 July
Oral Evidence Sessions

From April through to July 2013 we conducted 59 oral evidence sessions in London, Cardiff, Belfast, Edinburgh and Glasgow.

- These sessions were chaired by members of the Expert Advisory Group.

- Those attending were asked to offer comment on the draft principles and approaches developed by the review.
What we learnt

The last thirty years have seen rapid social and technological change completely redefine the context in which healthcare is delivered. Things will move more quickly in future. Advances in medical science have increased life expectancy but also increased the complexity and cost of care. Our population is older, more overweight and medically more complex than ever before and we face significant challenges managing the impact of disruptive innovations in genomics, diagnostics and ICT on patient care.

Managing all of this whilst improving the quality, affordability and equity of healthcare for patients, will need a new breed of doctors: doctors capable of leading and managing complex change across constantly shifting institutional boundaries. There isn’t much about my training thus far that leaves me feeling ready to meet this challenge.

Anas El Turabi, ST4 GP trainee
Securing the future of excellent patient care: Final Report of the independent Shape of Training review led by Professor David Greenaway was published on 29 October 2013.

- The final report offers an approach which will ensure doctors are trained to the highest standards and prepared to meet changing patient needs.

- It offers an approach which will be fit for purpose for many years to come and a framework for delivering change and for doing so with minimum disruption to service.
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.

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

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

- 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

4 - 6 years
Medical School

2 years
Foundation Training

3 – 10 years
ST1 – 8 Run-through Training
GPST 1-3 GP Training
CT 1-3 Core Training
ST 3 – 8 Specialty Training

Consultant
CCT
Revalidation

Medical School
F1-2
## Shape of Training model

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<td><strong>Certificate of Specialty Training</strong></td>
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<td>- Graduation</td>
<td>- 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.</td>
<td>- Rest of career</td>
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<td>- Full registration at the point of graduation</td>
<td>- 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.</td>
<td>- 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.</td>
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<td>- 2 years</td>
<td>- Within broad-based specialty training, doctors can: gain across the breadth of specialties; refine their training within particular patient groups; train at any point in the training.</td>
<td>- 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.</td>
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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.

Training duration

- 2 years
Shape of Training model

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:
- 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.
- THEME 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.

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.

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.

SHAPE OF 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:
- 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:
- theme 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.

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
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Within broad-based specialty training, doctors can:
- train across the breadth of specialties;
-theme 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.
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.
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<td>- Includes several 4-6-month placements, in both acute and community settings.</td>
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**Training duration**

- **2 years**

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

Within broad-based specialty training, doctors can:
- Train across the breadth of specialties.
-Theme 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.

**Rest of career**

**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.
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**
Dr Lucy McDougal

- Finished foundation year 2
- Specialised in woman’s health

During training she will train and work in the general areas of obstetrics and gynaecology, while developing her generic capabilities and skills in broader elements of women’s health such as genito-urinary medicine and public health. She may then decide to take an optional year tropical medicine or medical education.

At the end of her training, Dr McDougal is a competent, qualified specialist, safe to work within acute gynaecology and manage a labour ward.
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.
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.
Recommendations

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.
Recommendations

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.
Recommendations

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.
Next Steps

We understand that the four UK Governments welcome the Final Report.

Wales did so before Christmas, Scotland very supportive

A group will need to be developed which will be responsible for taking forward this work in the future.
ONE-SIZE FITS ALL
STORE
SALE
Our Education System

FOR A FAIR SELECTION EVERYBODY HAS TO TAKE THE SAME EXAM! PLEASE CLIMB THAT TREE
The Shape of Things to Come – the Question of Competence
7 C’s
7 C’s

Organisational Environment

Individual behaviour
What makes for a Good Environment?

Community
- Belonging to and being valued within the organisation.
- Celebrating success
- Feeling a part of the whole

Collegiality
- Colleagues who recognise your worth and support you
- Multiprofessional, managers, effective leadership and followership
- Role models
- Fostering good manners

Criticality
- It's alright to ask the dumb question
- Improvisation, practice develops as we work
- Professionals working like professionals
Individual Behaviour

Communication
• Top priority
• Speaking in ways patients can understand, link with FtP
• No decision about me without me or Every decision about me with me

Compassion
• Can you learn it?
• How do you maintain it?
• Tiredness and WTR research
• Caring for the carers as well as the patients.

Capability
• What and to what level and at what time?
• Assessment

Constraints
• Time, money, tiredness, weariness of change
• Recognise but don’t let them rule
A flexible model - for the future

**Competencies** are necessary but not in themselves sufficient for safe and effective practice as they are limited to visible behaviour and its measurement. This overlooks the subtleties of sensitivity, imagination, wisdom, judgement and moral awareness that are the mark of a wise doctor.

**Competence** (a holistic understanding of practice and all-round ability to carry it out) is a better goal than **competencies** (a series of discrete skills that are learnt and assessed separately).

Developing the Wise Doctor – Fish & De Cossart
3 apprenticeships of learning

- The **cognitive** apprenticeship, where the learner develops knowledge and understanding

- The **practical** apprenticeship, where the learner develops skills and competencies

- The **moral** apprenticeship, where the learner develops the ability to practise medicine with integrity and respectability

  Shulman described these as the habits of the **head**, the **hands** and the **heart**
  which need to continue as long as we practise medicine
Foreword by Lee Shulman

The most overlooked aspect of professional preparation was the formation of professional identity with a moral and ethical core of service and responsibility around which the habits of mind and of practice could be organised.
James Autry Threads

Listen.
In every office you hear the threads of love and joy and fear and guilt, the cries for celebration and reassurance, and somehow you know that connecting those threads is what you are supposed to do and business takes care of itself.
Thank you