

24 October 2012

Expert Advisory Group



SHAPE OF TRAINING

5

To consider

Issue

1. What patients want from postgraduate medical education and training

Recommendations

2.
 - a. To discuss issues and possible options for reforms to postgraduate medical education and training that meets the needs of patients (paragraphs 8 to 16).
 - b. To note the ways we will gather evidence about patient needs and expectations for postgraduate medical education and training (paragraph 17).

Further information

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Background

4. On 17 July 2012, the Expert Advisory Group considered the impact of a changing UK population on the way doctors and the service will have to provide care. An aging population with co-morbidities and more complex health issues will need different kinds of doctors than we currently train. Work by some of the medical Royal Colleges and the King's Fund suggest care must take place more in the community with fewer specialised centres. These trends recognise the value of more generalist care to help patients navigate the healthcare system. Pressure on resources within the NHS will also define how and where patients are treated.

5. Item 3 looks at the changes that employers want in the training structure to meet their service needs. Workforce planning that focuses on the output of training is far more likely to be meaningful. Employers want more flexibility in the kinds of doctors produced at the end of training and more opportunity to build on that training or retrain these doctors as service needs change over time.

6. Item 4 looks at the changes that trainees may want in their training structure. Initial indications are that they want better supervision and learning experiences coupled with increasing flexibility to train in different ways and a reasonable work-life balance. But more thinking has to be done on how to support and advise doctors on their future career opportunities.

7. These discussions are a starting point that will be teased out and tested as we gather evidence throughout this review.

Discussion

8. We are looking at how to make sure we produce doctors that meet the needs and expectations of patients now and in the future. We must, therefore, put patients at the centre of this review. We need to understand how patients perceive and understand the roles and responsibilities of doctors at different stages of their careers. We also need to reflect on changes to the UK population over the next 30 years and how this will impact on the kinds of doctors that patients will need.

Patient expectations

9. Recent research by the GMC on the standards expected of doctors found that patients expected doctors to be responsible for the quality of their treatment and to facilitate access to care.¹ Doctors must listen and make sure they try to understand their health needs and are able to communicate with them. Patients also emphasised the obligation of doctors to provide a consistent level of treatment to all patients. Being stressed or overworked should not affect their professional judgements.

¹ Valdeep Gills et al. The standards expected of doctors: public and patient attitudes. *NatCen Commissioned by the GMC*. Unpublished until November 2012.

10. Other reports emphasise the need for patients to share in decision making, be informed and supported in their care and have continuity in their care.² Likewise, patients do not make a distinction between different kinds or levels of care such as the boundaries between primary and secondary care. What they want and need are integrated teams that can meet all their health and social care needs effectively without letting something slip through the cracks.³ This approach has to be backed up by a person acting as a single trusted point of liaison who can help them manage their access to care.

11. For patients, then, all doctors should be able to listen and communicate effectively, manage stress and workloads and provide a consistent level of care. Patients are likely to continue to value these generic skills and they should be integral in all stages of doctors' training and professional development.

Understanding doctors' roles

12. The GMC ran a focus group with lay members of its Reference Community in 2011 to explore to what extent patients and the public would like to be involved in developing aspects of medical education and training. Feedback suggested patients want to be involved at a high level but not in the details such as curricular design. The discussion also found that patients would like more understanding of what can be expected from trainees at different points in their training and what that may mean for their care.

13. A report from Patient and Public Involvement Solutions looked at the perceptions of good care by patients and members of the public at Mid Staffordshire NHS Foundation Trust through a series of focus groups.⁴ Patients wanted to be communicated with effectively, particularly in relation to being told what may be happening to them and possible options for their care. They wanted their care to be managed as part of teams but with one person leading all staff. They also expected staff to be adequately trained. Patients stressed they want to get the right treatment at the right time by the right person but would be willing to be treated by a less respected specialist if it was at a trusted hospital.

14. There is a lack of transparency for patients and the service about the standard of practice that both trainee doctors and trained doctors have attained. Any reform to postgraduate training should try to clarify the competencies attained by individuals and the roles and responsibilities of trainees and trained doctors.

² Improving the quality of care in general practice: Report of an independent inquiry. *Commissioned by The King's Fund*, March 2011.

³ National Voice Brief on what patients want for

http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/what_patients_want_from_integration_national_voices_paper.pdf

⁴ PPI report 2010

15. Any reform to training needs to consider the end user – the patient. Patients are likely to be less concerned about the structure of training provided their doctors can provide high quality care. This suggests patients would benefit from a generalist approach to training focused on generic skills needed by all doctors regardless of their specialty. More doctors would provide front line care and help patients manage the interactions between the different aspects of their care such as accessing the right specialist or hospital. This more holistic approach would provide more continuity of care and perhaps reduce the disjunction between primary and secondary care.

16. Patients also want to be cared for safely. A system that always has consultants and trained doctors on hand would help address safety concerns with trainees at nights and on weekends.

Recommendation: To discuss issues and possible options for reforms to postgraduate medical education and training that meets the needs of patients.

17. In order to better understand the kind of doctors that patients will need, we will be commissioning three pieces of work:

c. A literature review that looks at what is going on now in medical education and training both in the UK and in other countries to identify any particular trends or structures. It will then consider particular skills that will be needed in the future such as communication skills and see how these are being met within the current training structures.

d. An analysis of the changes to the medical workforce over the next 30 years as a result of shifts in the health of the UK population, composition of the medical profession and the health service itself.

e. A series of focus groups for patients to explore what they want from their doctors and what changes they would like to see to how doctors are educated and trained, including whether they favour a more general approach and what they think about the different roles and responsibilities of doctors at different points in their careers.

Recommendation: To note the ways we will gather evidence about patient needs and expectations for postgraduate medical education and training.

Resource implications

18. As we begin to explore and develop potential reforms for the future shape of postgraduate training we will identify the resource implications of the different options.

Equality

19. The review will consider the impact of its recommendations on patients, doctors, trainees and medical students. We will include specific questions and opportunities to feedback about equality issues through our formal evidence gathering activities.

Communications

20. Information about the review will be available on the Shape of training website.