

## Value of the Doctor in Training Charter

### Introduction

The 2010 Consensus Statement of the Role of the Doctor<sup>1</sup> affirms: 'Doctors alone amongst healthcare professionals must be capable of regularly taking ultimate responsibility for difficult decisions in situations of clinical complexity and uncertainty...The doctor's role must be defined by what is in the best interest of patients and of the population served'. To achieve this level of autonomous practice and ensure the continued provision of high quality patient care, the integrity and quality of medical training are fundamental.

Training and service provision are inextricably linked and, to ensure excellent and safe patient care, the two cannot and should not be separated. Training must realise doctors' potential to sustain, lead and improve the national healthcare system now and in the future and the working environment must value and facilitate training. Doctors in training are uniquely placed to identify problems in institutions and must be supported to raise concerns about clinical care and training, to safeguard patient safety.<sup>2,3</sup>

Successive independent inquiries and numerous surveys 'have highlighted the major difficulties within medical training which have the potential to undermine the future provision of high quality and safe patient care'.<sup>4</sup>

Priorities requiring urgent attention include the need to ensure:

- the appropriate balance between service provision and learning
- adequate induction, supervision and continuing support
- freedom from bullying and harassment
- leadership and management experience

This Charter has been developed by the Academy Trainee Doctors Group as part of the Shape of Training Review and in line with its aims. It defines the guiding principles for the delivery of and participation in medical training across the four nations of the UK, building on the *Charter for Medical Training*, developed by the Royal College of Physicians of Edinburgh.

The Value of the Doctor in Training Charter provides a practical foundation to ensure the highest standard of doctors' training and patient safety and articulates the value of postgraduate medical training.

Doctors in training, trainers, employers, medical Colleges and Faculties, Deans and others concerned with training should make the following commitments to medical training.

### Guiding Principles

- Patient safety and care are paramount
- Delivery of high quality care in the long term depends on doctors receiving excellent training
- Doctors in training must at all times act professionally and take appropriate responsibility for patients under their care
- Training should be focussed around patient needs; doctors in training should be recognised for their service provision and work should support learning wherever possible
- Trainees are equal partners in the training process and should be involved in its design; trainees have reciprocal responsibilities to employers, trainers and patients in return for being trained

- Training is based on principles of equality and should be commensurate with a good quality of life

### Commitments to training

#### 1. Safety and Quality of Care

Doctors in training:

- are assigned appropriate duties, workload and work patterns to ensure patient safety and quality care
- are directed to work at a level suitable to their competence and experience, seeking assistance and being supervised where appropriate
- are actively encouraged to raise concerns about patient care and protected from victimisation as a result of speaking out
- are involved with initiatives to improve the quality of care provided to patients

#### 2. Support and development

Doctors in training:

- should have access to pastoral support, particularly those in difficulty
- are encouraged to speak out about bullying, with robust and proportionate mechanisms involving deaneries/LETBs, Colleges, regulators, employers and trainees to resolve problems identified and support all staff involved
- should be provided with access to meaningful career guidance and are able to access advice and support through the Colleges and deaneries/LETBs
- should establish a training agreement with their supervisor and actively seek to schedule and attend relevant meetings in line with an agreed personal development plan
- should discuss problems with the training process or their personal development, in a timely manner, with their educational supervisor or training programme director, who should be accessible

#### 3. Recruitment and induction

- Processes for recruitment, selection and appointment must be open, fair and effective
- Detailed information regarding training posts is available at the time of application and up to date information about competition ratios should be readily available.
- Training capacity should be based on accurate workforce planning
- Induction both to the hospital and relevant individual units should be completed prior to commencing a new post
- Doctors in training should be kept informed about upcoming posts as they rotate within a programme and supported to ensure that they are prepared for the transitions between posts

#### 4. The relationship between training and service

Doctors in training:

- and their trainers receive protected time for clinical and non-clinical training
- have their training needs and the needs of the service considered in parallel, recognising the importance of developing clinical competencies through on-the-job training, while maintaining safe, seamless patient care
- have access to sufficient breadth and depth of clinical work to enable them to achieve and maintain the clinical competencies necessary to develop as clinicians
- are supported in monitoring and accurately documenting working patterns

#### 5. Trainee involvement

Doctors in training:

- should have their preferences taken in to account when assigning rotations where possible
- are active partners in reviewing training quality and designing and implementing improvements in training provision, and the structure of placements
- have elected representation in relation to education through relevant professional bodies

#### 6. Flexibility

Doctors in training:

- are supported to pursue relevant out of programme experience
- should be able to gain competencies across a wide range of non-clinical fields, including research, clinical leadership and education
- should have opportunities to pursue less than full time training across all specialties, including the provision of job sharing arrangements and access to additional support if required
- demonstrate professionalism through a flexible and responsive approach with regards to the demands of service

#### 7. Ensuring high quality training

- Trainers are selected and appropriately trained, with a job plan designed to support this role

Doctors in training:

- must engage with the General Medical Council, including completion of the annual National Training Survey
- proactively participate in the process of training, utilising learning tools, maintaining a portfolio, completing mandatory training and undertaking the required assessments
- are able to access a range of relevant high quality, targeted educational events

## 8. Assessment and curricula

Doctors in training:

- are assessed using robust, reliable and fair formative and summative assessment systems, developed by the Royal Colleges
- progress by achieving defined competencies and standards set by the Royal Colleges and specialist societies, who ensure that curricula are updated to reflect innovations and match clinical practice
- receive regular, constructive feedback during training and at appraisal and take forward agreed action plans to address development issues with suitable support
- are responsible for registering for training and ensuring that relevant bodies are kept updated about any significant changes in circumstance

## References

- 1) Consensus Statement on the Role of the Doctor. Accessible online at [http://www.aomrc.org.uk/publications/statements/doc\\_details/96-consensus-statement-on-the-role-of-the-doctor.html](http://www.aomrc.org.uk/publications/statements/doc_details/96-consensus-statement-on-the-role-of-the-doctor.html)
- 2) Trainee Doctor. General Medical Council. Accessible online at [http://www.gmc-uk.org/Trainee\\_Doctor.pdf\\_39274940.pdf](http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf)
- 3) The Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013. Accessible online at <http://www.midstaffpublicinquiry.com/report>
- 4) Charter for Medical Training. Royal College of Physicians in Edinburgh. Accessible online at <http://www.rcpe.ac.uk/policy/charter/rcpe-charter-for-medical-training.pdf>