

Value of the Doctor in Training **A Charter for Postgraduate Medical Training**

Introduction

The 2008 Consensus Statement on the Role of the Doctor¹ endorsed by the Academy of Medical Royal Colleges, British Medical Association, Medical Schools Council, Conference of Postgraduate Medical Deans, General Medical Council, employers and the four United Kingdom Chief Medical Officers affirms: *'Doctors...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.

Doctors of all grades must make the patient their first concern, behaving in accordance with the values of the National Health Service². Training should be seen as an opportunity to cultivate the skills and attitudes necessary to deliver truly patient centred care. This requires the doctor in training to understand the patient holistically in a way that facilitates shared decision making, the delivery of empathic care, mediated through sensitive communication. Doctors in training should support the right of patients, the public and carers to be involved in decisions on how services are planned and delivered.

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^{3,4,5}.

Doctors in training are learners, employees and medical professionals. These roles each carry with them particular responsibilities. As medically qualified professionals they must fully comply with all elements of the GMC's *Good Medical Practice*⁵ and behave as a medical professional in all their actions and relationships. As employees they have legal and contractual responsibilities to comply with local and national employment requirements and be aware of organisational priorities to ensure the effective operation of the whole system. All doctors work in teams and training should enable them to develop the ability to be an effective member of the multi-disciplinary team. As learners doctors in training have to take a personal responsibility for their own professional development in line with the requirements of their training bodies.

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'*⁶.

Priorities are 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 United Kingdom, building on the *Charter for Medical Training*, developed by the Royal College of Physicians of Edinburgh⁶.

The *Value of the Doctor in Training* articulates the wider value of postgraduate medical training, providing a practical foundation to ensure the highest standard of doctors' training and quality of care.

Guiding Principles

- Patient safety and care are paramount
- The long term delivery of high quality care depends on doctors receiving excellent training
- Doctors in training must at all times act professionally and within their competence, taking appropriate responsibility for patients under their care
- Service will be focussed around patient needs, but the work undertaken by doctors in training should support learning wherever possible
- Doctors in training are equal partners in the training process and should be involved in its design
- Doctors in training have reciprocal responsibilities to employers, trainers and patients in return for being trained
- Training should ensure equality of opportunity for all, reflect the diverse needs of doctors in training and be commensurate with a good quality of life

Commitments within training

Doctors in training, trainers, employers, Colleges and Faculties, Deans and others concerned with training should make the following commitments for medical 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 are protected from victimisation as a result of speaking out⁵
 - are encouraged to develop and contribute actively to quality assurance and improvement initiatives

2. Responsibilities to patients and the service

- Doctors in training:
 - recognise patients as partners with whom decisions are made on shared basis
 - maximise the safety of patients and staff, through appropriate handover, completing mandatory training, following relevant guidelines, reporting incidents, informing employers of any GMC referrals and looking after their own health
 - always treat patients, carers and staff with respect and dignity
 - should be able to work effectively with other professionals to deliver multi-disciplinary care
 - ensure that they comply with employment requirements and procedures, providing relevant information promptly to employers where necessary

3. Support and development

- Doctors in training:
 - have access to pastoral support, particularly for those in difficulty
 - are encouraged to speak out about bullying, with robust and proportionate mechanisms to resolve problems identified and with support for all staff involved
 - are provided with access to meaningful career guidance and support through the Colleges and deaneries/Local Education and Training Boards
 - should establish a training agreement with their educational supervisor, scheduling and attending relevant review meetings in line with an agreed personal development plan

- should discuss problems with the training process or their personal development with their accessible educational supervisor or training programme director

4. Recruitment and induction

- Processes for recruitment, selection and appointment must be open, fair, reliable and cost-effective
- Detailed information regarding training posts is available at the time of application and up to date information about competition ratios and quality of training should be readily available
- Training capacity should be based on accurate workforce planning
- Comprehensive induction both to the hospital and the clinical environment should be completed in a timely way in partnership between employers and doctors in training⁷
- Doctors in training should be kept informed about upcoming posts as they rotate within a programme and supported with adequate induction to ensure that they are prepared for the transitions between posts

5. The relationship between training and service

- Working patterns must comply with the European Working Time Directive and should allow a reasonable work-life balance
- Doctors in training:
 - receive adequate 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 actively monitoring and accurately documenting working patterns

6. Trainee involvement

- Doctors in training:
 - have their preferences taken in to account when assigning rotations, but should recognise it is not always possible to accommodate choices due to the needs of the service or others' training
 - are active partners in reviewing training quality and designing improvements in training provision
 - have elected representation in relation to education and service through employers and relevant professional and training bodies, working with them to resolve differences

7. Flexibility

- Doctors in training:
 - are supported to pursue relevant out of programme experience in a way that is coordinated to maintain a safe service and that safeguards others' training
 - should be able to gain enhanced competencies across a wide range of non-clinical fields, including research, leadership and education
 - have equality of access to less than full time training across all specialities, including job sharing arrangements and additional support if required
 - demonstrate professionalism through a flexible and responsive approach to the demands of service, particularly out of hours cover

8. Ensuring high quality training

- Trainers are selected and appropriately trained, with a job plan designed to support this role
- Doctors in training:
 - engage with the GMC, including completion of the annual National Training Survey and ensuring that they meet revalidation requirements

- proactively participate in the process of training, utilising learning tools, maintaining a portfolio and undertaking the required assessments
- are able to access a range of relevant high quality, targeted educational events, appropriate to their level of training

9. Assessment and curricula

- Doctors in training:
 - are assessed using robust, reliable and fair formative and summative assessments developed by the Colleges and approved by the GMC
 - progress by achieving defined competencies and standards set by the 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 formal appraisal and take forward agreed action plans for development issues with suitable support
 - are responsible for registering for training and ensuring that relevant bodies are kept updated about any significant changes in personal circumstance
 - should seek meaningful feedback from colleagues, patients and carers about their communication skills and attitudes, developing reflective skills to improve practice

References

- 1) *Consensus Statement on the Role of the Doctor* 2008
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- 2) Department of Health *The NHS Constitution for England* 2013
<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>
- 3) General Medical Council *Trainee Doctor* 2011 http://www.gmc-uk.org/Trainee_Doctor.pdf 39274940.pdf
- 4) *The Mid Staffordshire NHS Foundation Trust Public Inquiry* 2013
<http://www.midstaffspublicinquiry.com/report>
- 5) General Medical Council *Good Medical Practice* 2013
http://www.gmc-uk.org/guidance/good_medical_practice.asp
- 6) Royal College of Physicians of Edinburgh *Charter for Medical Training* 2011
http://www.rcpe.ac.uk/sites/default/files/files/rcpe-charter-for-medical-training_0.pdf
- 7) Academy of Medical Royal Colleges and NHS Employers *Recommendations for safe trainee changeover* 2013 http://www.aomrc.org.uk/publications/reports-a-guidance/doc_view/9694-recommendations-for-safe-trainee-changeover.html