

24 July 2013

Expert Advisory Group meeting



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**SHAPE OF TRAINING**

*Approved*

**Minutes of the meeting on 23 May 2013**

**Members present**

David Greenaway  
Tom Dolphin  
Peter Dolton  
Susan James  
Peter Nightingale  
Bill Reid  
John Jenkins  
Malcolm Lewis  
Ajay Kakkar

*Staff Present*

Vicky Osgood  
Richard Marchant  
Jessie Moye  
Paula Robblee  
Stuart Carney  
Muj Husain

**Apologies**

Paul Stewart  
Angela Coulter  
Clare Marx  
John Savill  
Richard Green

**Item 1 - Chair's business – Update on activities of the review**

1. DG updated the group on his recent meetings with key stakeholders.

### *Oral evidence*

2. We have now run a number of oral evidence sessions which began in April and will continue through to June. Members have kindly offered their time to assist with these oral evidence sessions.

3. We have invited the Sponsoring Board organisations, along with the BMA and other key stakeholders to give oral evidence. We have also invited organisations and individuals who have raised particular points of interest through the call for ideas and evidence.

### *Research*

4. The literature review is now complete and will be published on the website in June. Trajectory is continuing their work looking at critical changes to healthcare in the future which will change the shape of the workforce.

### *Speaking engagements*

5. ML spoke to Paediatric registrars on 23 April, there was a high level of engagement, though there are tensions between those who qualify as a general paediatrician being awarded the same status as those qualifying in the 'ology's'. Feedback has been provided to the team.

6. VO spoke to the Faculty of Intensive Care Medicine on 29 April. They are a new speciality and are generalist in terms of their needs though would like better links with other specialties. There are only 10% of doctors who do IC as their sole speciality and the other 90% are doing a dual CCT. There was a suggestion for more joint posts with emergency medicine was needed.

7. PR and JM met with the MDRS Career Planning Subgroup on 30 April. They emphasised the importance of career advice throughout medical training.

**Action:** JM to send notes of employers/LETB workshop to SJ.

### **Item 2 - Minutes of meeting 14 March 2013**

8. The minutes of the meeting on 14 March 2013 were approved.

### **Item 3 – Supervision and support**

9. VO presented paper which highlights the key areas which still need to be considered in this review and the common concerns that have been heard from those responding to the review so far.

#### *Discussion point 1: Foundation Programme*

10. There is an opinion that doctors in training are not ready for practice after FY1. The group questioned whether there is evidence to support this.

11. SC highlighted the work of Clare Van Hamel on trainer opinions which looked at the preparedness of foundation doctors 12 weeks into FY1. There is wide variability in medical schools.

12. We need to understand what we want from the output of medical schools in terms of capabilities including employment needs.

13. It is important to consider the significant 'points in time' for training as 12 weeks into FY1 is probably not long enough to understand the preparedness of doctors. There might also be different perceptions of training in different specialties.

14. Clinical competencies are not the only important aspect of medical training. Generic professional capabilities including what it means to be an employee need to be emphasised.

15. We need to think about what we are seeking to achieve in the early stages of training by managing the transition between medical school and foundation training more effectively.

16. The group considered whether an FY3 would be valuable and the cost implications of this.

17. We are able to effectively measure professional skills and clinical skills to determine if someone is competent. But we are missing measuring something to determine if someone is ready for practice. Trainers do not spend enough time with foundation doctors to be able to identify if they are ready to progress.

#### *Discussion point 2: Competency based training*

18. There has to be a time based element to training but with flexibility. Training can't be entirely competency based.

19. The group commented that senior doctors in training value consolidation before independent practice.

20. Although employers are interested in clinical skills of doctors they also value leadership, management and communication skills in consultants. These skills need to be integrated into lower levels of training.

*Discussion point 3: apprenticeship model*

21. It is important that we understand what we mean by an apprenticeship based model and what we are trying to achieve.

22. Some of the group felt that CCT should be abolished. We should not have a concept of completion of training. Training is progressive and lifelong. Though some members of the group commented that we cannot get rid of CCT entirely because we still need something that shows people are ready for independent practice.

23. The group discussed rural training models in the in the North of Scotland, which have extended aspects of surgical training and are a good model for developing doctors with a broad skill base.

*Discussion point 4: outcome of training*

24. The group recognised that the outcome of training must be a doctor who can make safe and competent judgements in broad specialist areas. But the group emphasised the role of the wider healthcare team in supporting doctors. Doctors throughout their careers should have access to support and mentoring.

**Item 4 – Patient paper**

25. PR presented paper which pulls together the evidence collected throughout the review about patient needs and expectations.

26. PD suggested evidence already collected on patient views has been from particular patient. The group discussed how to capture the wider population view.

27. Access to care is a major issue particularly in general practice. A commitment to provide out of hours emergency care should be fundamental for all doctors throughout their careers. People need to be trained to be involved in acute care as consultants. Often you need senior doctors delivering the service as they are able to recognise conditions quickly and deal with patients much more efficiently than those in training.

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29. The vast amount of clinical practice undertaken is not glamorous and is not challenging. Students coming into the profession need to understand that.

## **Item 5 – Quantitative data**

30. JM presented paper, which captured evidence on the kinds of doctors and numbers currently in the workforce within the general areas of their specialty.

31. The group suggested that there needs to be a contextual report in addition to this paper that incorporated the work of CfWI and others to have a better picture of the medical workforce now and in the future.

32. It is essential to retain a UK wide patient centred approach to training, there needs to be flexibility in the system to create a model which works for the four countries.

33. There needs to be effective career advice at the early stages of training to help students understand their realistic pathways for the future.

34. The group commented that the data only illustrates a small sample of those in the workforce so it is difficult to draw a picture of what the data demonstrates. The data needs to be consistent with the sources.

35. Demands are dependent on the shape of the service you want to develop and the service must be shaped around the needs of the population not the profession.

**Action:** Look at the data produced by Michael Goldacre.

## **Item 6 – Value of the Doctor in Training Charter SHoT update**

36. This was an update to the review team on the progress of the work undertaken about the Role of the Trainee Doctor.

37. The executive team will work towards incorporating this work into the review.

38. Timescale of completion is in line with timescale of the review.

**Action:** JM to circulate report to members of the group.

## **Item 7 - AOB**

39. None.

The next meeting will be held on 24 July 2013 10:00 – 13:00.