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Draft version 24 July 2013

SHAPE OF TRAINING

Draft Recommendations for the Shape of Training Review

Career expectations

1. Medical schools and the Medical Schools Council should further develop their outreach programmes into secondary schools to help students understand how changing patient need is shaping what they can expect from a career in medicine.

2. Medical students and doctors throughout their careers need better career advice and support to make sure they make realistic career decisions. This advice should be clear about what kinds of doctors will be needed in the future. Medical schools, postgraduate institutions and departments of health should publish recruitment and retention rates, information about doctors' progression and the kinds and numbers of doctors needed now and in the future.

Prepared to be a doctor

3. The Medical Schools Council and the General Medical Council should continue to improve undergraduate medical students' clinical experiences and make sure all students have adequate and sufficient clinical exposure in practice settings before they graduate.

4. The General Medical Council, the Medical Schools Council and the Departments of Health should review the implications of moving Full Registration to the end of medical school. They must consider the impact of this change on patient safety, quality of care and the legal and regulatory framework in the UK.

5. If the granting of Full Registration is brought forward to the point of graduation, additional measures must be put in place to make sure new graduates enter the work force and clinical practice equipped to take on responsibilities of a fully registered medical practitioner. This should include consideration of the case for a national licensing examination and limits in the way they work such as approved training environments.

6. Foundation Programme Year 1 should continue. Doctors must have access to a broad range of learning opportunities in both community and hospital settings. These placements should be at least four months long. Foundation Programme Year 2 should continue until training is restructured into more broad based stems

(See recommendation 7). Foundation Programme Year 2 might then be absorbed into the stem training structure.

Broad based stem training

7. The Academy of Medical Royal Colleges, the General Medical Council, Health Education England, NHS Education for Scotland, NIMTDA and NHS Wales should put in place a broad based specialty training structure described in **Section XX.** Training should be themed based on patient pathways as much as possible. Doctors should be able to transfer most competencies across specialties within the stems and have more opportunities to learn within and across themes and within other specialties.

8. Doctors throughout their training must develop generic capabilities including an understanding of the system in which they work. Doctors must be able to provide care in a range of settings within the community and in hospitals and understand how to support patients through transitions between these settings.

9. Doctors must continue to develop their specialty and technical knowledge and skills with more emphasis on relevant diagnostics and mental health. They should use CPD and credentialing to maintain and enhance these skills throughout their careers.

10. With a more broad based approach to specialty training, the Academy of Medical Royal Colleges along with the Colleges and Faculties, the General Medical Council and the Departments of Health should evaluate the necessary length of stem training. Some specialties will likely have longer stem training while others may be able to shorten this training period by moving some specialty and subspecialty training into later training opportunities through credentialing.

11. The Academy of Medical Royal Colleges, postgraduate institutions and other relevant bodies should make sure changes to the postgraduate education and training structure continues to meet the needs of academic training. Academic training should fit within the stem training and all doctors must have an understanding of research. Career advice and support should be available for doctors who are interested in pursuing an academic career. Academic training needs to be flexible with opportunities for doctors to move into academic areas at any point in their training. Academic training opportunities must be recognised within the training structure.

Outcome of stem training

12. The General Medical Council, the Academy of Medical Royal Colleges and other relevant organisations must make sure postgraduate training results in doctors who are judgement safe and capable of practising with limited clinical support within a team by the end of stem training.

13. At the end of stem training, doctors should receive a Certificate of Specialty Training (general specialty). It must be recognised that this exit point is based on broadening out what doctors learn within a specialty and where they are able to practise such as in the community. The General Medical Council in consultation with other organisations should put in place the necessary arrangements for the regulatory recognition of this exit point, including a review of the implications for the current specialist and GP registers.

14. The Academy of Medical Royal Colleges, postgraduate institutions and other relevant organisations will need to review curricula to consider how to make training broader within the stem years as well as consider how to build in generic capabilities, make competencies transparent and transferable and to look at how to involve patients more in training.

Better support for doctors in training

15. Training must be bound to some extent by time, doctors should be able to progress through their training at their own rate based on appropriate assessments of their competence and capabilities. Although recognising that a greater shift towards outcomes might result in tensions between service continuity, delivery and training, it will give patients, doctors in training, trainers and employers more assurance that they have met the necessary requirements to work safely and competently. A shift to broad based stems coupled with longer placements might help mitigate this potential challenge.

16. The General Medical Council, postgraduate institutions, HEE, NES, NIMDTA and employers should work together to introduce longer placements for doctors in training. In the early years of training, after FY1, doctors should have placements of at least 6 months whenever possible while later training years should have placements lasting at least 1 year when appropriate for the specialty. These longer placements will allow doctors to develop within teams and work alongside their supervisors more consistently.

17. Doctors in training must work more closely and be linked to their supervisors and teams. They must be given opportunities to develop meaningful roles within teams. This approach will also allow trainers to better assess training progress and areas for development. This change may put pressure on employers for service delivery and to meet rota requirements. But it is essential that doctors have more personal supervision in order to get the best training opportunities. As doctors' competence and capability increases, the supervision will become less direct and as these doctors take on increasing responsibility, they will be able to provide more service.

18. The General Medical Council, postgraduate institutions, the Academy of Medical Royal Colleges, employers and other relevant bodies should consider whether the current way of assessing doctors in training is fit for purpose.

Continuing Professional Development

19. The General Medical Council, the Academy of Medical Royal Colleges along with individual colleges and faculties, employers and other relevant bodies should consider how to develop a mechanism to credential learning and development after stem training.

20. Doctors must keep up to date and maintain their competence in all areas of their practice. This essential lifelong learning must be linked through appraisal to patient and service needs. CPD should be based on the GMC's Good Medical Practice framework and meet the needs of revalidation. Doctors should be expected to use this learning and develop to keep up and enhance their general abilities and generic capabilities.. The GMC and others should consider whether CPD should be more structured.

21. Employers should recognise that trainers need to have time to provide training of appropriate quality and this should be built into their job planning.

22. Doctors, employers and others must make sure doctors have access and opportunity to carry out CPD to meet their patient and service needs All doctors need to have protected time to learn either during training or through CPD. This should be explicit in their job plans.

Service configuration

23. [*Possibly say something about service configuration and impact on training; workforce planning and contractual issues by acknowledging negotiations but try to avoid comment on them*.]

SAS doctors

24. All doctors, including doctors who are outside of formal training programmes must have access to training and learning opportunities through CPD and credentialing. Regardless of role, doctors need to have appropriate career advice, supervision and support. Barriers to entering training need to be reviewed by the colleges and the GMC.

Implementation

25. The Sponsoring Board organisations should set up an implementation group to take forward the recommendations. These way these recommendations are implemented must follow the principles in **Section XX**.