17 July 2012

Expert Advisory Group

SHAPE OF TRAINING

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Terms of Reference

Background

1. Good medical education is essential to good medical practice. There is much in UK medical education and training to be positive about. The GMC's 2010 national survey of trainees showed that nearly 90% of those approaching the end of their training were confident about taking up a new role as a consultant or GP.

2. Recent years have seen significant developments in UK medical education and training following recommendations made in a number of seminal reports. But those reports have also pointed to the need for further reform if education and training is to support society's changing needs.

3. In 2007, the independent inquiry into Modernising Medical Careers, led by Sir John Tooke made a number of recommendations about the shape and structure of postgraduate medical education and training in the UK. It called for a more flexible and broad based approach to training integrating both training and service objectives into workforce planning. The inquiry also raised profound issues about the role of trainees, SAS doctors and consultants within the service and the implications of the Certificate of Completion of Training (CCT) on training and practice.

4. Following on from Tooke, other inquiries have also highlighted the need to develop the current structure of postgraduate medical training so it continues to provide consistent, high quality training for doctors throughout the UK. They too have pointed to the need for more flexibility in training in order to equip doctors to respond better to the changing needs of patients and the service.

5. In 2011, Medical Education England (MEE) undertook preliminary work to identify issues facing the future of postgraduate medical training (Phase 1). A steering group scoped out key themes for a review of the structure or shape of training. These included looking at the tensions between the needs of the service and training; the balance between generalist and specialist care; flexibility and value for money and the need for innovation set against the risks of de-stabilisation.

Purpose of the Shape of Training Project

6. The purpose of the review is to ensure that doctors receive high quality education and training that supports high quality patient care and improved outcomes.

7. To this end the review will make recommendations to the four countries of the UK for the reform of medical education and training necessary to produce doctors of high calibre who are able to meet the changing heath needs of the UK population.

Scope of the review

8. The review will be UK wide and this will be reflected in the composition of the review Expert Advisory Group (see paragraph 31).

9. The focus should be on postgraduate medical education and training.

10. The review must also take account of the transitions from the Foundation Programme into specialty training and continuing professional development (CPD) once formal training has been completed.

Themes and issues

11. Building on the earlier work on shape of training (Phase 1), the key tasks are to consider and make recommendations in relation to the following areas:

Theme 1 – Workforce needs: Specialists or generalists

12. The current model of medical training is based on a high degree of specialisation and sub-specialisation of medical practice. There are currently more than 60 specialties and over 35 sub-specialties, and the number is growing.

13. Patient expectations and future health needs of a population that is living longer but with more long-term disease and co-morbidities will require a system that can provide care within different environments and in different ways. The review should examine evidence on whether we have the right balance between generalist and specialists needed to deliver that care and consider the implications for the way we need to structure medical training.

14. There is an underlying assumption that there is only one appropriate outcome of successful training, which all doctors must meet, with any other outcome being a failure. The review should examine whether there are alternative models for training including the timing of the CCT, the content and length of training depending on the speciality, exit points within training, the timing of sub-specialty training (at present specialty and sub-specialty training are often undertaken at the same time), the way in which competencies acquired during training are recognised and the balance between generalism and specialism.

15. The review should also consider whether there an enhanced role for CPD and credentialing to support sub-specialty training post-CCT.

Theme 2 – Breadth and scope of training

16. The review should consider how trainees can be better supported in gaining the right mix of knowledge, skills and behaviours to prepare them for the different environments and contexts in which care is provided. Attention should be given to the structure of training, the balance between needing to give trainees sufficient exposure to acutely ill patients and emergency interventions while recognising that training will increasingly be delivered in the community, and whether enough time is given to trainees to reflect on their practice and learn from their experiences.

Theme 3 – Training and service needs

17. There is a tension between service and training when working in a system based on trainees delivering the service, particularly at nights and weekends. They also frequently work in under-supported roles and may be asked to undertake tasks outside their level of competence. The review should consider the role trainees should have within the service and how the competing needs of the service and training can be addressed.

Theme 4 – Patient needs

18. 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. The review should consider ways of developing training structures that provide clarity about the competencies attained by individuals and the roles and responsibilities of trainees and trained doctors.

Theme 5 – Flexibility of training

19. Trainees - and subsequently, trained doctors – find it difficult to move into another specialty to which they may be better suited or when the nature of medical practice, or patient or service needs, have changed. In general, they have to begin again in a training programme for the new specialty or sub-specialty rather than focus on gaining the additional knowledge and skills required for the new area of medicine.

20. Trainees' needs and expectations are changing with more of them wanting to move in and out of training with prior learning being recognised. Many doctors in training need to balance life and work and need support in maintaining their skills within different training and work contexts.

21. The review should examine how to achieve more flexible models of training which would allow trainees and trained doctors to move more easily between specialities and into and out of training. It should also look at ways of supporting and valuing training that combines medical practice and academic or management careers.

Structure and Governance

Sponsoring Board

22. The review will be taken forward through an agreement between MEE, the Academy of Medical Royal Colleges (AoMRC), the General Medical Council (GMC), the Medical Schools Council (MSC), NHS Education Scotland (NES) and representatives from Northern Ireland and Wales.

23. These groups will jointly form a Sponsoring Board to ensure UK oversight, representation from the regulator and coverage of the whole training pathway, including undergraduate stages.

24. The Sponsoring Board will set the strategic direction of the review and determine how the Steering Group (see below) will account for its delivery. The Sponsoring Board will set the scope, time lines and outputs of the review. It will also have responsibility for approving any financial commitments.

25. The Board will meet to initiate the review, monitor progress at the mid-point and consider the draft report and recommendations from the Chair of the independent review. It may meet on other occasions as required. The Board may undertake some of its tasks electronically.

Membership of the Sponsoring Board

26. The Sponsoring Board will be composed of:

   a. One senior representative (preferably chair or chief executive) of each sponsoring organisation;

   b. A representative (government official or designated education lead) of the CMO from each of the four countries;

   c. The independent chair of the review, to be appointed by the sponsoring organisations.

27. The Board will be chaired on a rotating basis by the government officials in turn (in line with UKSG practice).

The Chair of the Review

28. The review will be led by an independent Chair, appointed by the Appointments Commission on behalf of the Sponsoring Board.

29. The Chair will:

   a. Oversee and direct the Shape of Training review

b. Be responsible for the delivery of the strategic objectives of the Sponsoring Board.

c. Report regularly to the Sponsoring Board to ensure UK-wide relevance.

d. Develop principles and recommendations for the reform of postgraduate medical education and training with particular reference to the themes and issues described in these terms of reference.

e. Define and prioritise work to test new training pathways, models and structures.

f. Develop and co-ordinate a work programme for the review of the shape of postgraduate training including how it may be implemented.

g. Identify and assist projects already underway or planned.

h. Provide leadership for work relating to the review of the shape of medical training and make sure it aligns with other relevant work.

i. Ensure good communications and engagement with all stakeholders at all times.

j. Make sure educational, provider, professional and service perspectives are taken into account at all stages of the development of the review.

30. The Chair of the review will be assisted in carrying out the responsibilities at paragraph 29 a – e by an Expert Advisory Group

Membership of the Expert Advisory Group

31. The Expert Advisory Group will be comprised from among the following:

a. The independent chair of the Steering Group appointed by the Sponsoring Board.

b. Public/lay members

c. The Academy of Medical Royal Colleges

d. The British Medical Association

e. General Medical Council

f. Medical Schools Council

g. Conference of the Postgraduate Medical Deans

h. NHS Employers

i. Medical Education England

j. NHS Education Scotland

k. UK Foundation Progamme Office

l. Academy of Medical Sciences

m. Representatives from Northern Ireland and Wales

32. In supporting the Chair of the review, the role of members of the advisory group is to provide him with independent expert assistance rather than to represent the interests of the organisations by which they have been nominated.

Outputs and timescale

33. The Shape of Training Review will produce a final report with recommendations to the Shape of Training Sponsoring Board in summer 2013.

34. The report will set out any immediate changes, changes in the medium term (2-5 years) and changes in the long term (5-10 years and beyond). It should also consider how these changes may be implemented in a coordinated way throughout the training pathways.

35. The report should be informed by a number of activities undertaken as part of the review, including:

a. A timeline for implementing any proposals, including the need for pilots and further work.

b. A strategy and plan to work with stakeholders throughout the project as well as how the recommendations should be implemented and evaluated.

c. Outcomes from any research or other work that was commissioned to gather evidence about the shape of training in other jurisdictions or professions.

d. A matrix of work in progress by all key stakeholders that may impact on or inform the shape of training in the short, medium and long term.

e. A series of workshops, seminars and events held throughout the review period.

Working methods

36. The Chair of the review and his Advisory Group will undertake their work through meetings or by email as the Chair deems appropriate. They may organise or participate in such seminars, workshops, focus groups and other activities as required. The Chair may commission research, discussion papers, surveys, questionnaires as necessary to support the work.

Accountability

37. The Chair of the review will report to the Sponsoring Board.