

Is Postgraduate Medical Education Broken?

Bill Irish

Postgraduate Dean, East of England

A group of people are sitting around a round wooden table in a meeting room. The room has a window with curtains on the left and a potted plant on the right. The image is dimly lit, with the text overlaid in white.

Me..

- Local graduate
- Worked in NNUH and Addenbrookes
- GP training in Bath
- Partner in Coleford, Somerset for **24** years
- GP director – Severn, and then Southwest **8** years
- RCGP – Examiner, AKT, Council
- Worked in West Africa **2015**
- Postgraduate Dean, East of England since **2015**

Seeing things through a different lens..

- A GP running educational programmes for:
 - Primary Care
 - Public Health
 - Dentistry
 - Secondary Care. Eg.
 - Cardiac Surgery
 - Psychiatry
 - Anaesthesia
 - Brain Surgery....





GP training in 1989

- Either bespoke or on a “scheme”
- 24m hospital posts, 12m GP.
- VTR forms, signed by trainer, DGPE and submitted to RCGP
- Largely unstructured, other than in the third and final year.
- At that time, highly competitive.

The Job..

Relatively low intensity

Low bureaucracy

Little delegation to
other clinical staff

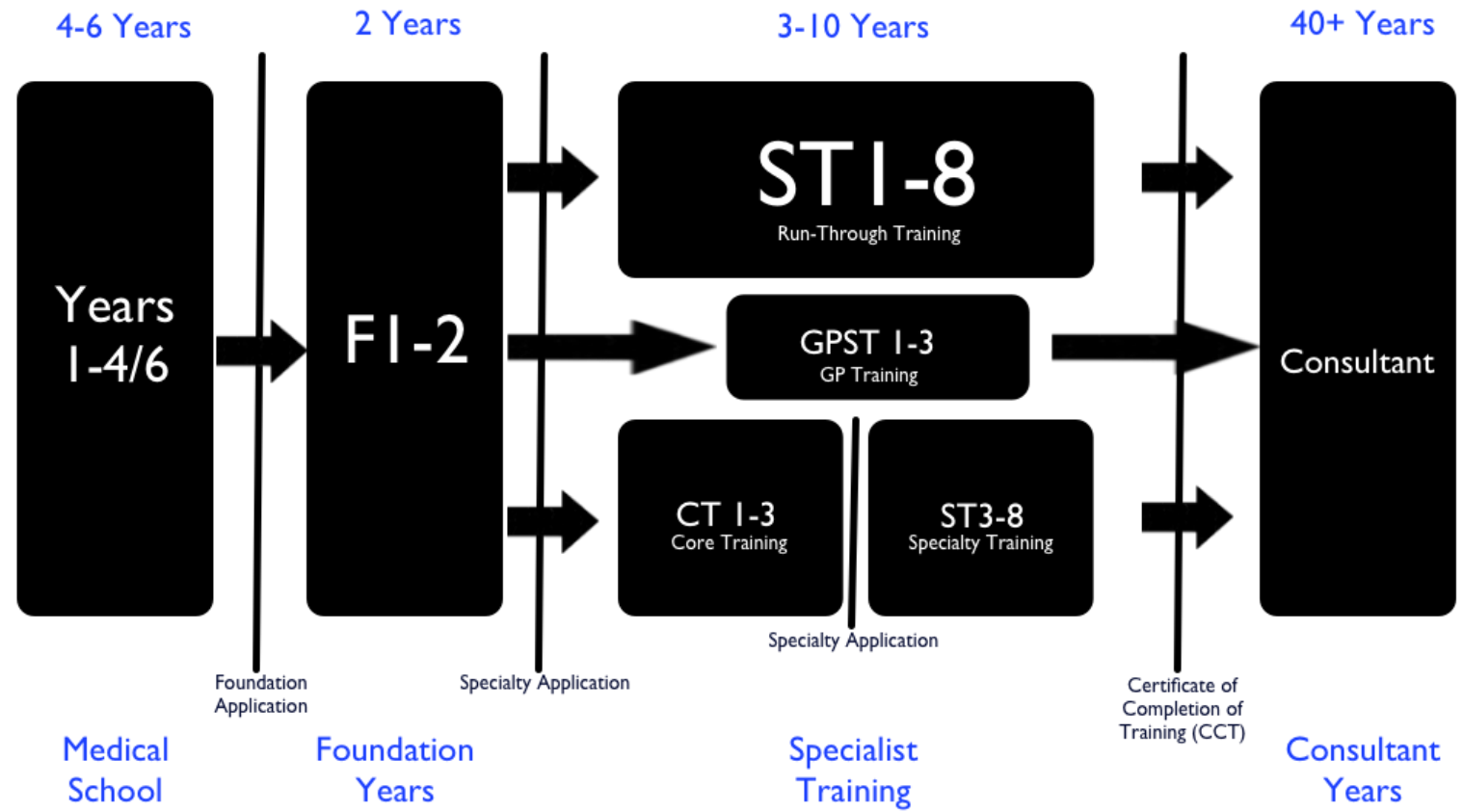
Tight working
relationship with
secondary care
consultants.

Long hours –
particularly on call

Extended roles

- Occupational health
- Community hospitals
- Maternity
- Etc

Speciality training post-MMC



**GENERATION Z:
CONNECTED FROM BIRTH.**

Born mid-1990s to 2010.



Speciality training is increasingly unpopular..

1

Morale amongst junior doctors is poor...

2

< 50% of UK F2 doctors go straight into core or run through speciality training.

- Is this a positive or a negative?

3

Fill rates in many specialities are poor, and worsening

4

Service gaps (which strongly correlates with the quality of education) in secondary care are increasing annually.

- 60% fill in general acute medicine rotas is not unusual.



Medical workforce supply – risk areas

01

GP

02

General internal medicine (GIM) facing specialities:

- Acute Medicine
- Diabetes and Endocrinology
- Renal Medicine

03

Emergency Medicine

04

ICM

05

Psychiatry

06

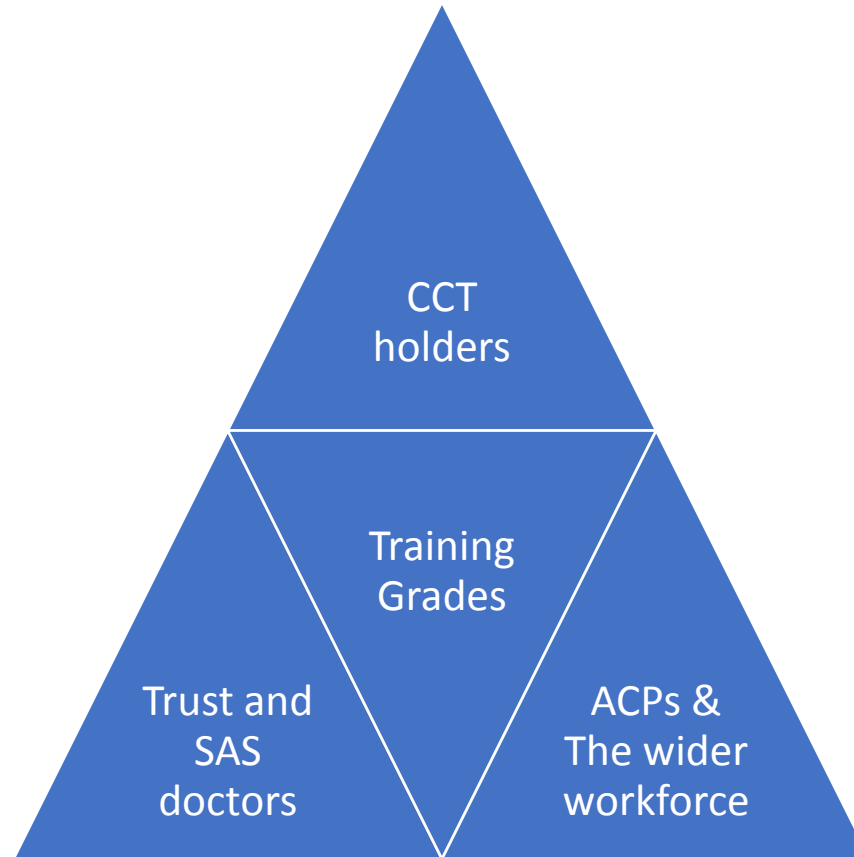
(also laboratory based specialities, GUM, Clinical Oncology, Interventional radiology)

“The best time to plant a tree was
20 years ago. The second best time
is now.” – *Chinese Proverb*

Medical workforce supply

- Medical school expansion:
 - 500
 - Another 1000 - 2018 onwards.
- Locally:
 - Cambridge
 - Norwich
 - ARU
 - The London medical schools





Nationally coordinated solutions...

Code of practice

Flexibility in
recruitment/appointments

EM Less than full time
training initiative

Leadership training

Streamlining of induction
and mandatory training

Return to training initiatives

Length of placements

Rationalisation of study
leave

Enhancing Junior doctors' working lives:

ARCP Review

Following partner and stakeholder engagement, we have established key working groups that make up the review. These have convened with invited membership.



The cross-cutting themes will work across and on behalf of the review workstreams & will appear in each set of terms of reference to enable a coordinated approach across the programme



English
speciality
specific
initiatives –
coordinated
across
arms' length
bodies

- Joint initiatives "across the system":
 - 5-year forward view for GP
 - Unscheduled and emergency care programme
 - 5-year forward view for mental health

Regional/Local Solutions

- East of England – 11% of England's total population
- Midlands and East – approximately 1/3



Local nuancing of national initiatives

Code of practice

Flexibility in
recruitment/appointments

Geographical clustering of
speciality training posts

Streamlining of induction
and mandatory training

Return to training initiatives

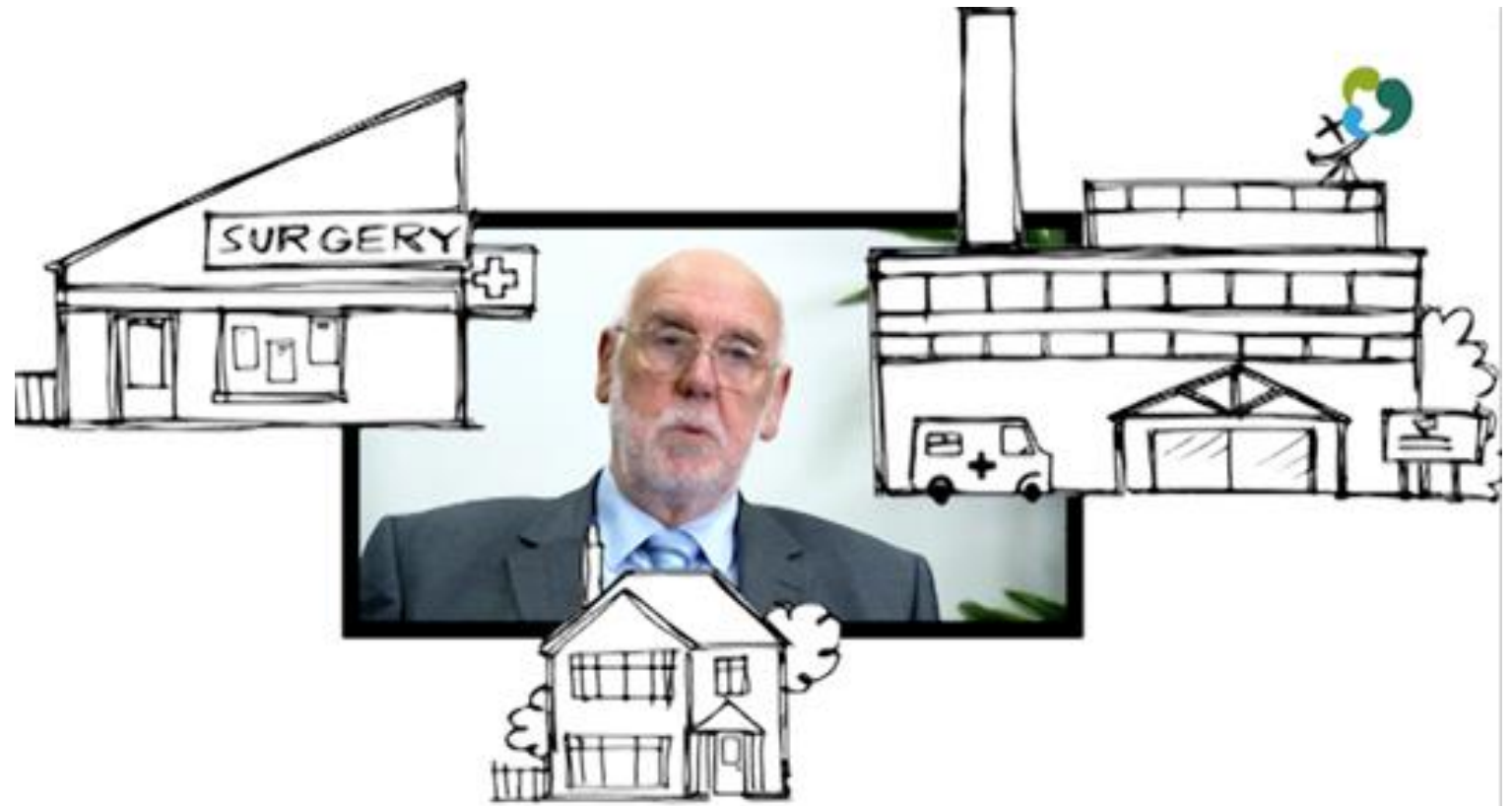
Rationalisation of study
leave

Local nuancing of national initiatives

- Other opportunities
 - Global Health
 - Leadership
 - Education
 - Academic
 - Health improvement and patient safety



The fuzzy
space...





How to
make DIY
FUZZY FELT

Shape of Training

- Training for the fuzzy space
 - Should secondary care clinicians spend some time training in primary care?
 - Could we develop training programmes that develop specific specialist skills as well as GP? Say 5 year programmes:
 - A 5 year programme 2.5 years of psychiatry or EM or Diabetology with 2.5 years of GP.
 - Or post CCT
 - Need STP employment offer

A woman with brown hair tied back, wearing a maroon scrub top, is speaking into a silver microphone. She is smiling and looking towards the right. In the background, several other people are visible, some wearing blue scrubs, suggesting a clinical or educational setting. The image is partially obscured by a white circular graphic on the left side.

Shape of training

-
- Doctor led, rather than doctor delivered care
 - A different competency – skill set for medics?
 - What other clinicians? How should we train them?
 - ACPs – nursing, mental health, physios..
 - PAs
 - Pharmacists
 - Care workers
 - Paramedics

Shape of training

CCT vs Trainee delivered care

Shorter, better training (ISC)

Generalism:

Developing skills in hospital based speciality trainees

Maintaining skills amongst consultants

GMC – general professional capabilities -

http://www.gmc-uk.org/Developing_a_framework_for_generic_professional_capabilities_form_English_writeable_final_distributed.pdf_61568131.pdf

Questions?
Comments?
Bricks?



bill.irish@hee.nhs.uk