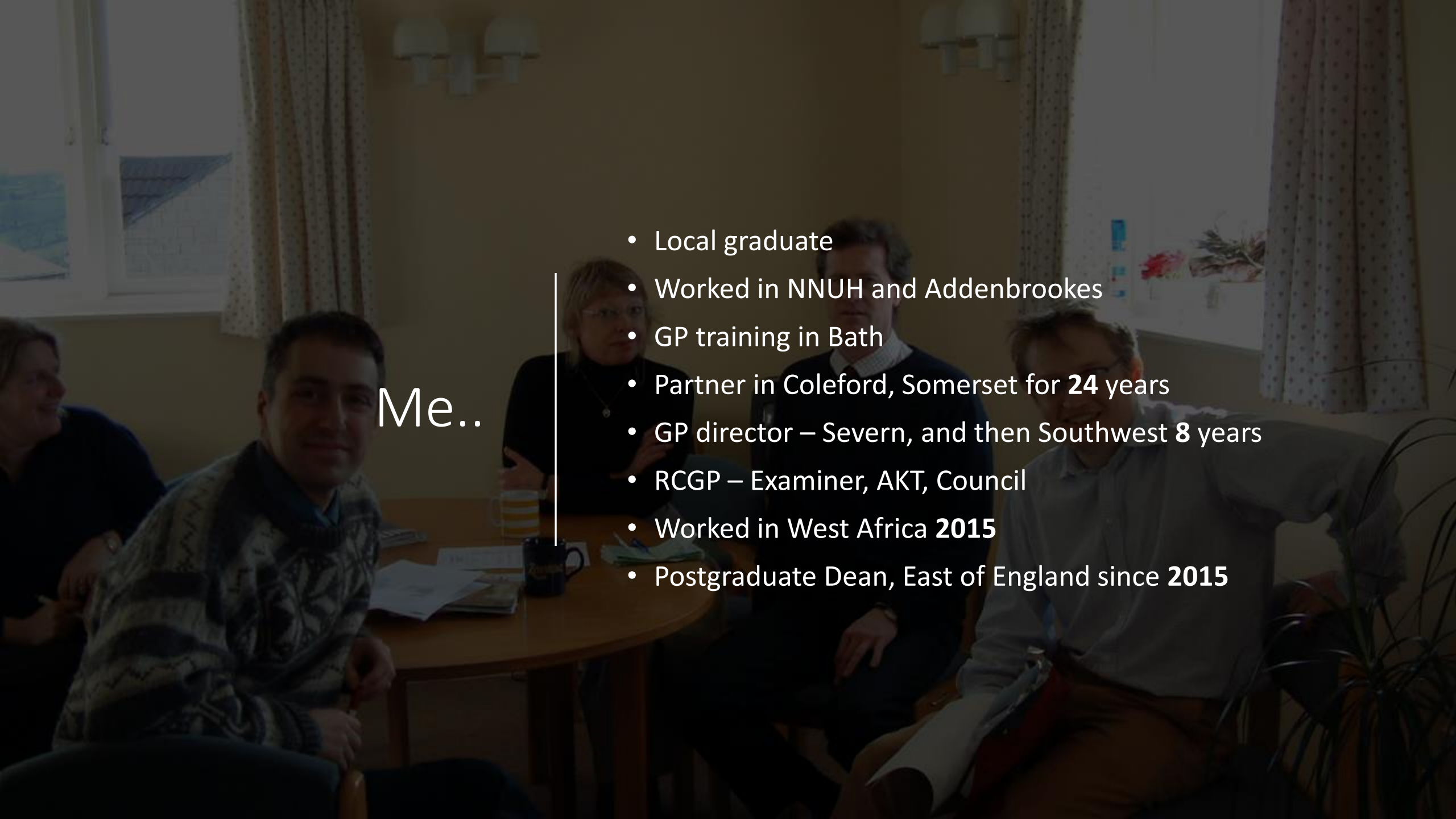
Is Postgraduate Medical Education Broken?

Bill Irish

Postgraduate Dean, East of England

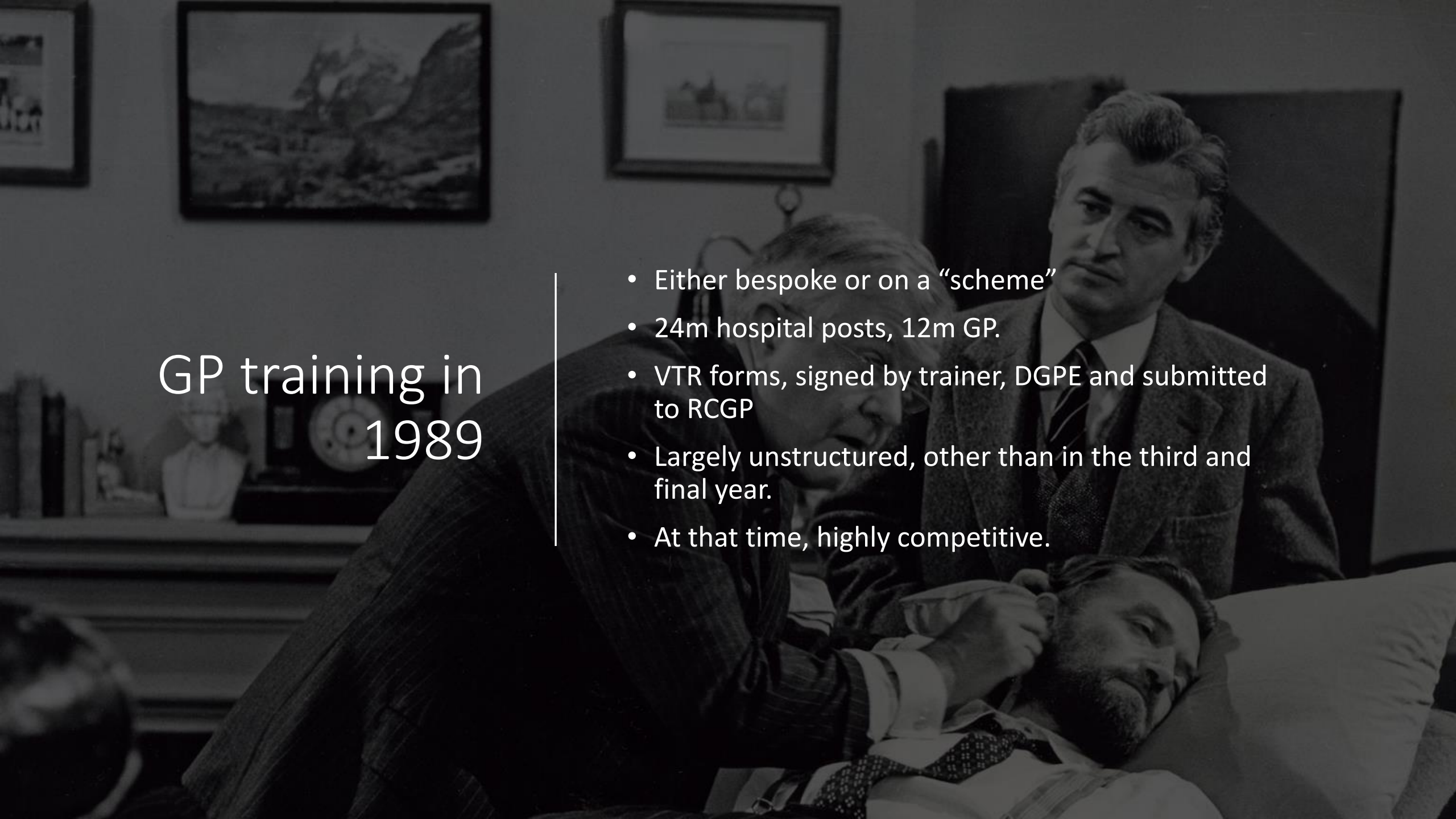


Me..

- 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

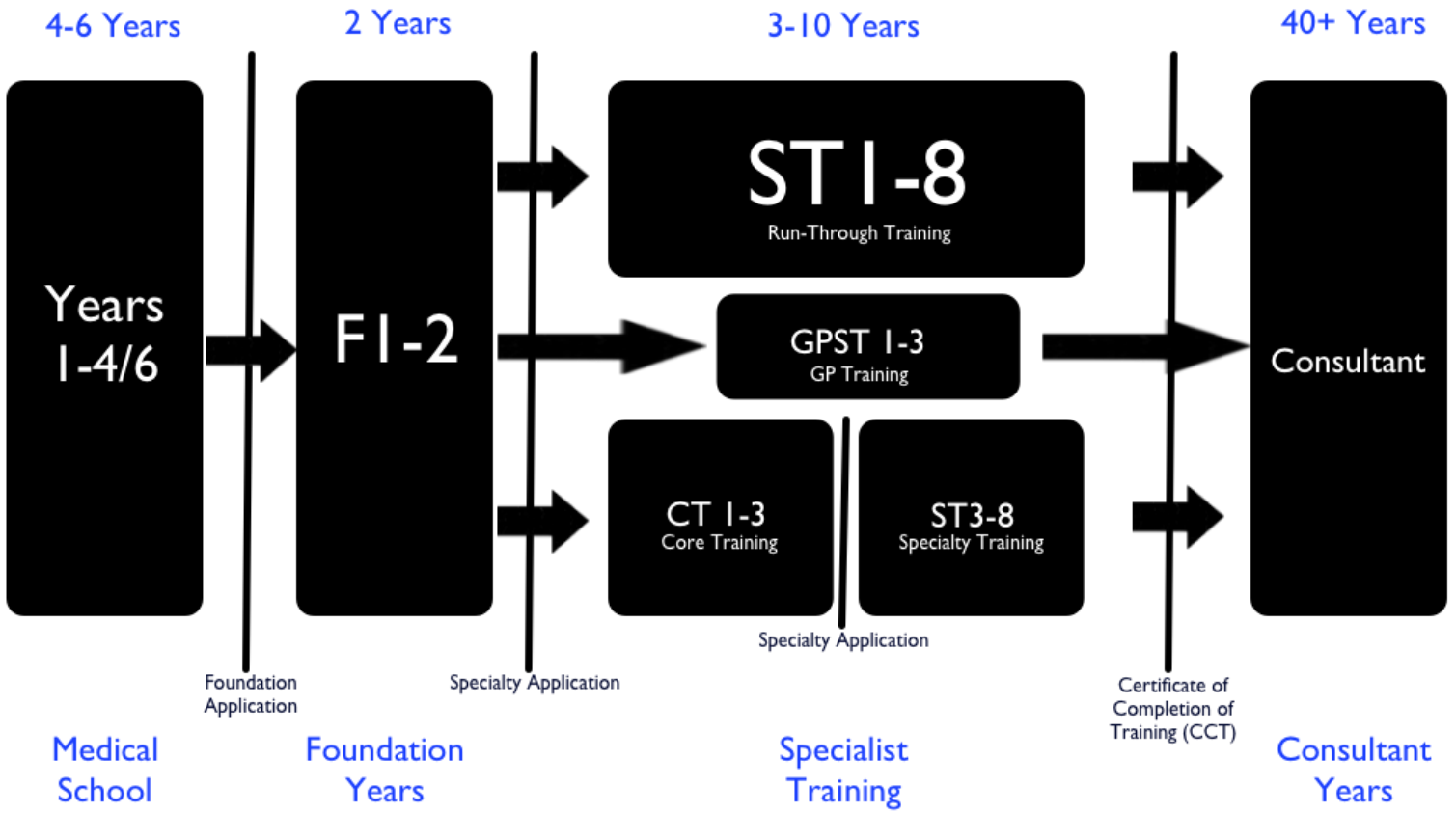
Tight working relationship with secondary care consultants.

Long hours – particularly on call

Extended roles

- Occupational health
- Community hospitals
- Maternity
- Etc

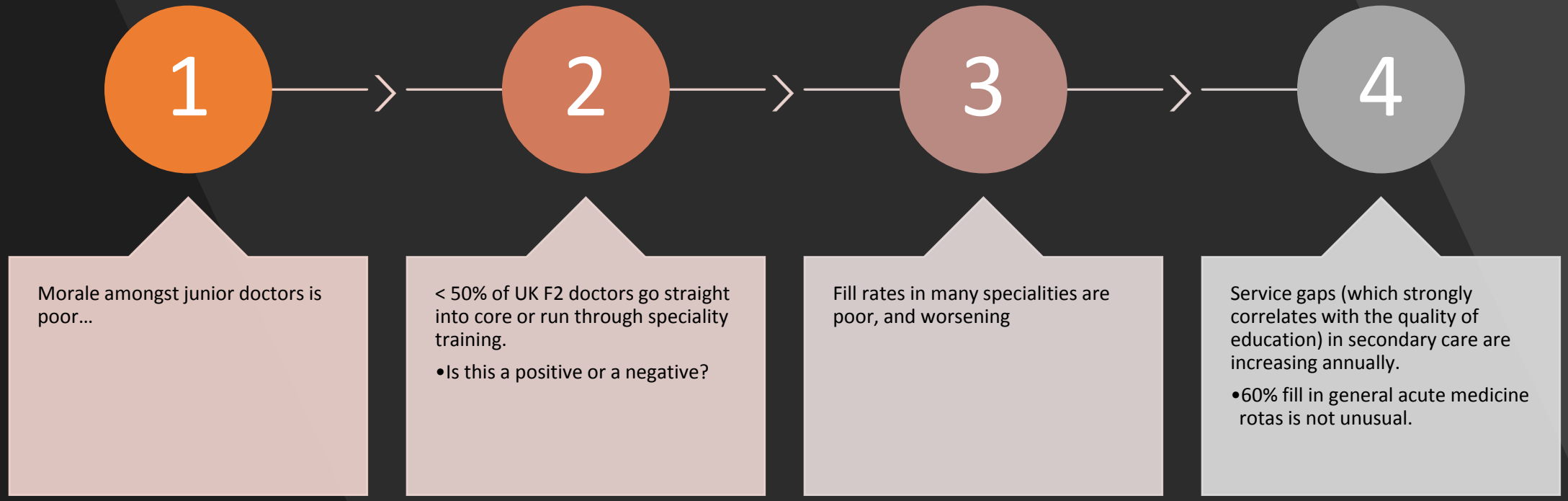
Speciality training post-MMC



GENERATION Z: CONNECTED FROM BIRTH.

Born mid-1990s to 2010.

Speciality training is increasingly unpopular..



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

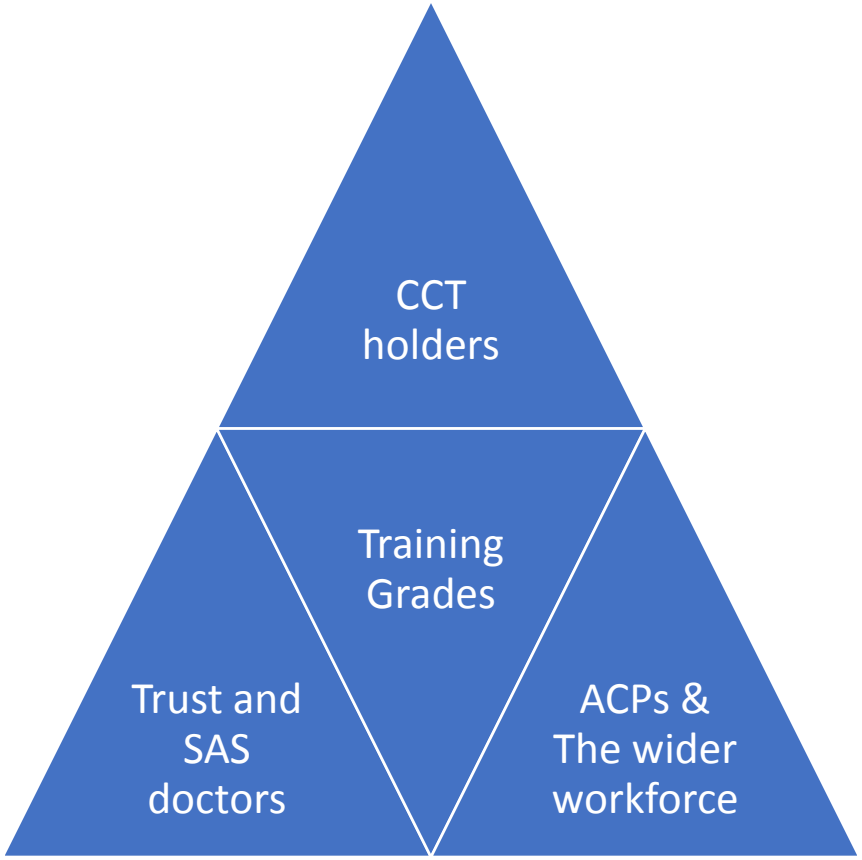
(also laboratory based specialities, GUM, Clinical Oncology, Interventional radiology)

“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

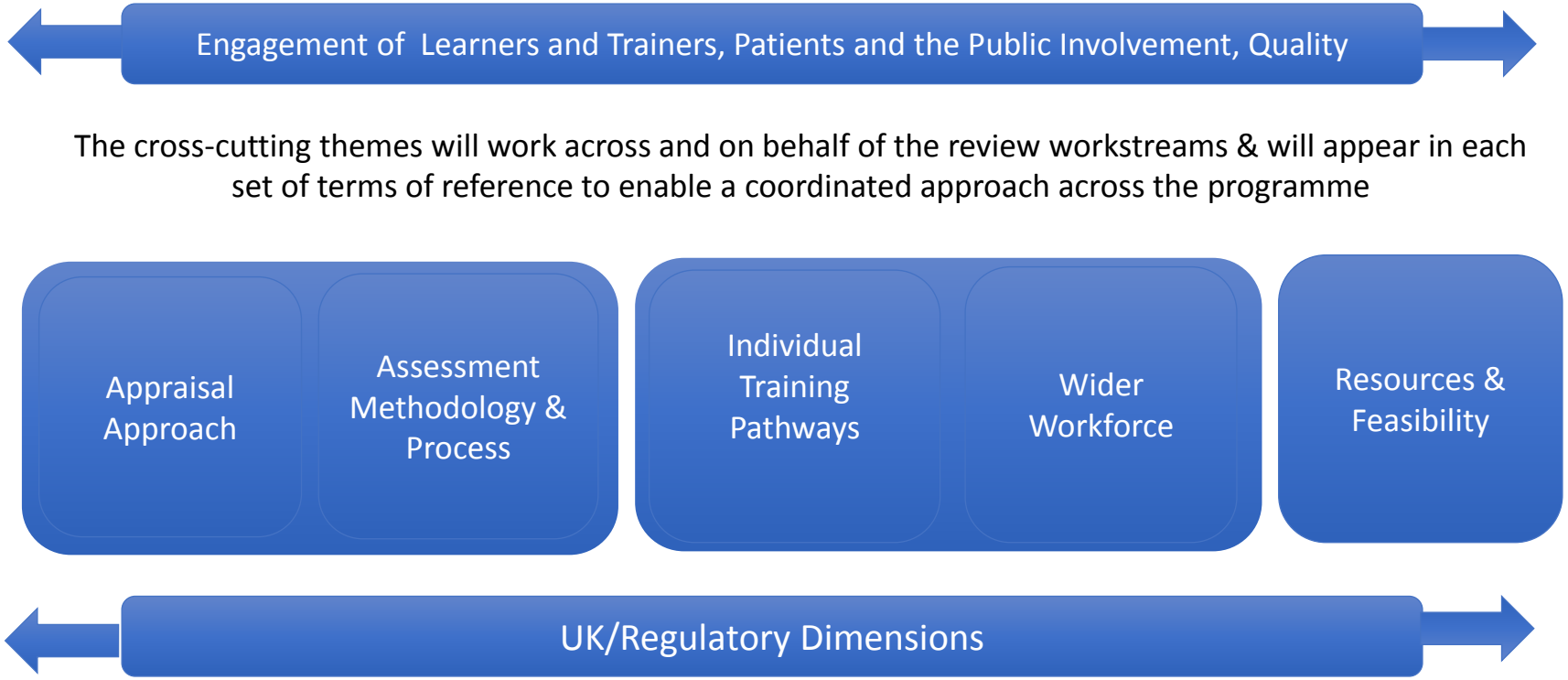
Length of placements

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.



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

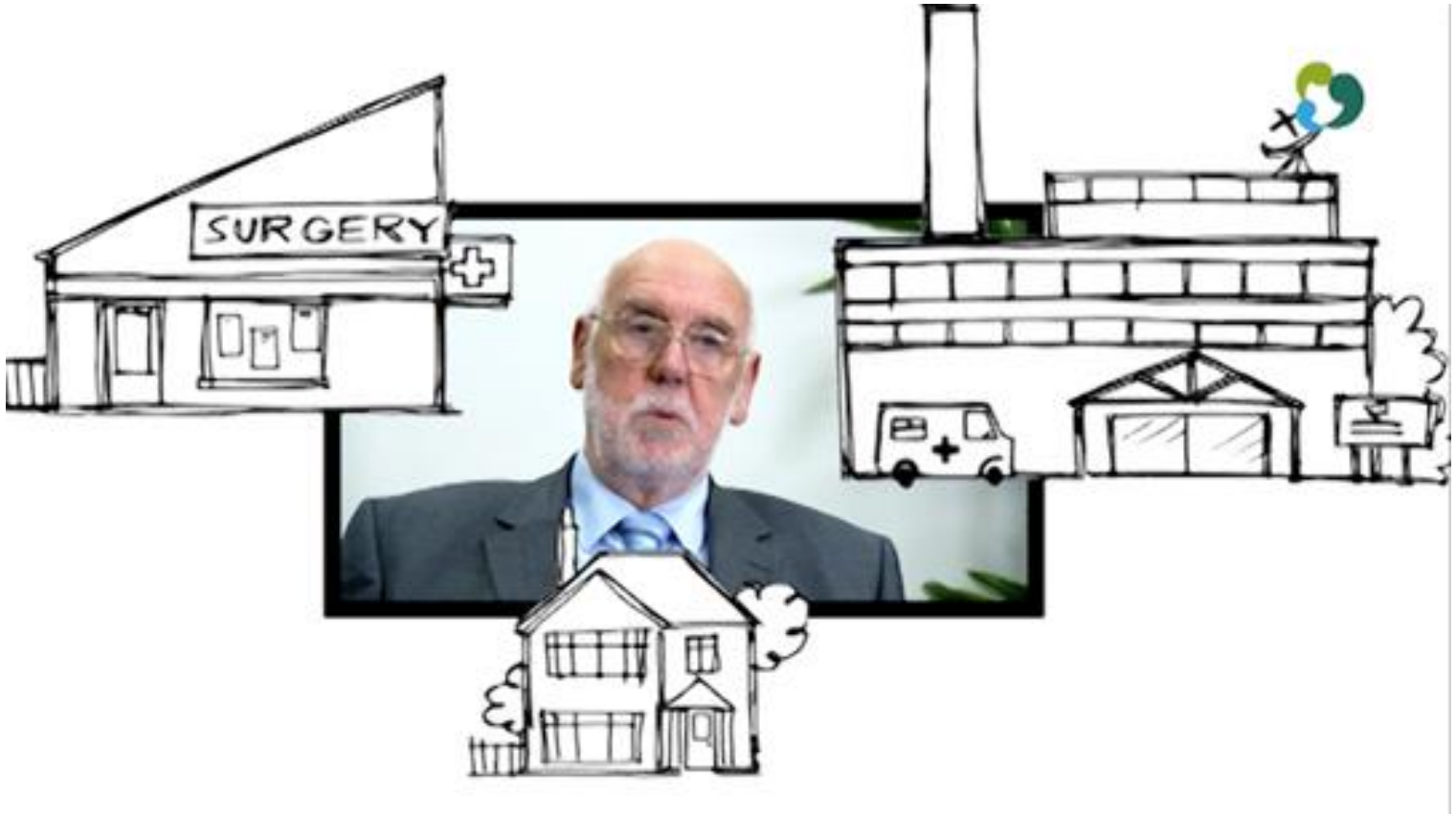
Local nuancing of national initiatives

- 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…

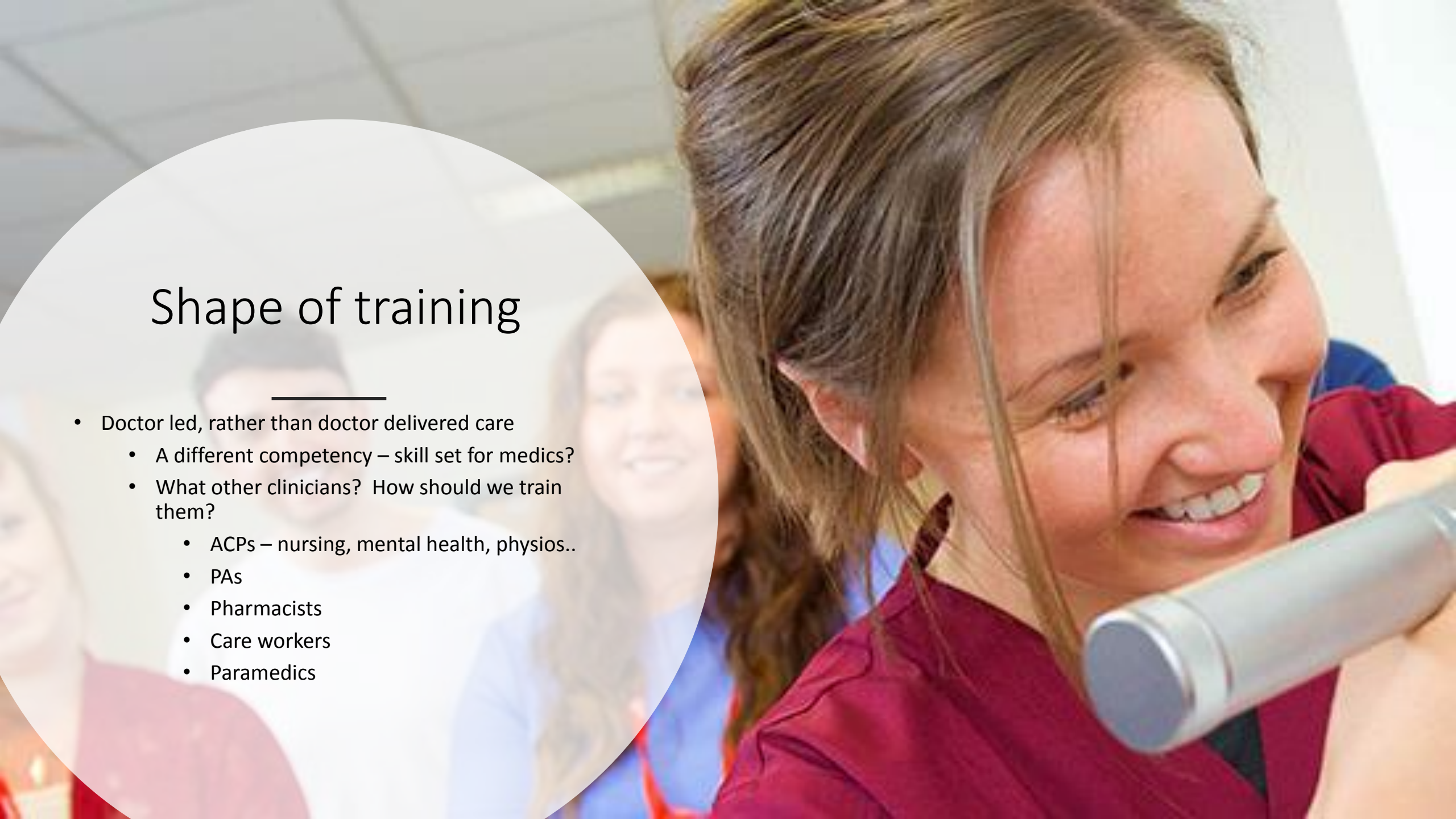


Shape of Training

- 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

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?

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