

Future Doctors

A statement on the future of
postgraduate medical education and training



Future Doctors Policy Statement

Introduction	5
Theme 1: Training in a changing environment	7
Guiding principles	7
Areas for action	8
Outcomes of training	8
Graded responsibility	9
Support for specialty and other non-training grade doctors	10
Theme 2: Improving patient care	11
Guiding principles	11
Areas for action	11
Training for patient safety	11
Patient participation and involvement	12
Working with patients and the public	13
Theme 3: Supporting trainers, ensuring adequate training resources	14
Guiding principles	14
Areas for action	14
Recognising and supporting trainers	14
Ensuring adequate training resources	15
Theme 4: Changing medical practice	16
Guiding principles	16
Areas for action	16
Curricula – ensuring a balance between specialist and non-specialty-specific content	16
Skills for quality and service improvement; core research skills and academic education and training	17
Acronyms and initialisms	18

Introduction

Over the past three years, the Postgraduate Medical Education and Training Board (PMETB) has undertaken a project to consider the role that postgraduate medical education has in the development of the doctor of the future. The Board has consulted widely and considered a large range of data and information.

This statement seeks to inform the development of medical education and regulation. Based on four themes drawn from the Board's work and discussions to date, this paper sets out a range of challenges and the suggested responses. This statement is strategic in intent. Under each theme we have attempted to articulate both the principles which will guide PMETB's work and the actions the regulator should take over the coming years. Before regulatory action is taken, further developmental work on the implementation aspects of the action areas will take place. This will include detailed consideration of the practical implications of delivery options, including cost benefit analysis, and will involve further consultation.

This paper is applicable to all listed specialties regulated by PMETB within the UK, including General Practice (GP).

The four themes are:

Theme 1: Training in a changing environment

The speed of change in healthcare and service configuration increases the pressure to break down the learning experience of doctors into tasks, which has the potential to undermine their fundamental professional skills and capabilities. At the same time, there will be greater demand for more flexibility in the delivery, structure, content and provision of postgraduate medical education and training, which will require steps to ensure that the high quality of specialist education and training is maintained.

Theme 2: Improving patient care

The way in which patients interact with doctors is changing in line with shifting societal trends, such as increasing access to information. Future doctors will need to respond to patients with due regard for their individual profiles, circumstances and preferences. On this individual basis, and in co-operation with other healthcare professionals, patients should be empowered and supported in attaining jointly defined outcomes.

Theme 3: Supporting trainers, ensuring adequate training resources

There will continue to be tension between education and service provision, although the two are inextricably linked and interdependent. It is essential that there is more explicit recognition of the importance of education and training, especially with regard to the role of the trainer.

Theme 4: Changing medical practice

Medical knowledge and technology is advancing at an increasingly rapid pace. In embracing change, postgraduate medical education may need to overcome the growing tension between the need for generalist medical skills and increased specialisation. As part of equipping future doctors for ongoing change and supporting them in leading change, it is essential that there is a greater emphasis placed on quality and service improvement as well as academic and research skills during postgraduate education.

Theme 1: Training in a changing environment

The speed of change in healthcare and service configuration increases the pressure to break down the learning experience of doctors into tasks, which has the potential to undermine their fundamental professional skills and capabilities. At the same time, there will be greater demand for more flexibility in the delivery, structure, content and provision of postgraduate medical education and training, which will require steps to ensure that the high quality of specialist education and training is maintained.

Guiding principles

Doctors, amongst healthcare professionals, must be capable of taking responsibility for difficult decisions in situations of clinical complexity and uncertainty; drawing on their scientific knowledge and well-developed professional and clinical judgement. The doctor's role must be defined by what is in the best interests of patients and of the population served.

The regulator must ensure that medical education and training equips doctors with the knowledge and professional skills required for independent practice.

Training must respond to changes in the wider world, such as evolving service configuration and trainee aspirations. The regulator will promote flexibility within training to better accommodate the changing needs of trainees, patients and healthcare providers. However, this must not come at the cost of undermining the fundamental skill and knowledge required of a doctor practising independently.

The regulator will ensure that, without detriment to the quality of training outcomes and patient safety, greater flexibility is promoted to give junior doctors the ability to:

1. Progress through training at varying rates;
2. Change career path/aspirations without having to repeat transferrable training where appropriate, recognising that competence is largely context dependent;
3. Enjoy the benefits of flexibility without undermining the principle that the Certificate of Completion of Training (CCT) should prepare a doctor for independent practice, equipped with a suitable body of integrated skills and experience.
4. Prepare for working in a diverse environment through appropriate training pathways.

Areas for action

Outcomes of training

Commitment: The regulator should set out generic outcomes of postgraduate training which all specialties will be expected to achieve. These will include learning, teaching, training, assessing, diagnosis, referral, core research, management, leadership, effective communication and team working; however, this list is not exhaustive. In developing outcomes, the regulator will work in close collaboration with those developing and implementing curricula and build on existing frameworks. Medical leadership is already progressing as a high profile area of work. It would be for each specialty to demonstrate how a trainee should meet these outcomes and to integrate them into the respective curricula in a way that is appropriate for the specialty.

Context: At present, through the *Generic standards for training* and the *Standards for curricula and assessment systems*, PMETB prescribes high-level requirements for the content and delivery of curricula. These are the standards and requirements to which PMETB holds deaneries, medical Royal Colleges, faculties and specialty associations accountable, in accordance with the legislation. They have been designed to run alongside the *Standards for deaneries*.

In light of the experience gained since PMETB's inception in 2005, a number of factors have led the Board to the view that the regulator should separately define the generic outcomes required of a doctor training for a CCT, including the necessary professional skills.

Whilst PMETB does not set out a prescriptive, outcomes-based model, Domain 9 of the *Generic standards for training* currently stipulates the requirement to track trainee outcomes against PMETB standards. This has not been universally understood and greater clarity is needed.

The revision of the GMC's *Tomorrow's Doctors* will prescribe in greater detail than previously, the outcomes for undergraduate education. The impending merger of PMETB with the GMC suggests there will be a need for corresponding outcomes across all stages of education and training, including at postgraduate level.

Also, noting the concerns expressed by trainees about the lack of clarity on the outcome of their training and the future roles of specialists and GPs, the Educating Tomorrow's Doctors Working Group recommended that: *PMETB and the health service must work together to establish clarity on the exact roles of CCT holders in the future health service, as driven by patient need and, therefore, the employment market. Thereafter, curricula should be developed/ revised, if necessary, to meet this need. Amendments to the regulatory and accreditation structure may be required in order to address any changes in the outcomes.*

Graded responsibility

Commitment: In 2009/10, PMETB shall articulate and promote the concept of graded responsibility. The Board believes that standards should be amended to support the delivery of this practice.

Context: The concept of graded responsibility for patient care in medical education is not new. It is the essence of the traditional apprenticeship model of learning, which has been underpinning the development of doctors' knowledge and skills in a clinical environment for centuries: less-experienced doctors work with senior colleagues and learn areas of medicine via the '*observation > close supervision > remote supervision > independent practice*' route. The progression through these stages takes place in a controlled environment and under an appropriate level of supervision, guided by the supervisor's opinion of how quickly the learner develops experience and confidence in each task, procedure or clinical presentation. The range of procedures mastered gradually expands, eventually rendering the learner an expert professional.

The traditional 'firm' apprenticeship model has now evolved into team apprenticeship, changing the dynamics of working relationships and, alongside numerous other changes in the learning environment often leading to fragmented relationships between junior doctors and their supervisors. Medical practice is more than diagnosis and treatment; patients expect to be treated as individuals and partners. The complexity of patient presentations is also growing due to the increase in co-morbidities. Therefore, tighter frameworks supporting education and training are now required to maintain the essence of the graded responsibility model of learning – patient focus and patient safety – against this changing background. This is not expected to necessitate any additional major changes in training. Instead, the regulator will seek consistent implementation of existing good practice, which will be specialty (and at times locality) specific. This is reflected in the intention to employ specialty consideration as to how the model can be optimally supported in practice across the UK. Alongside this work, PMETB will be putting measures in place aimed at supporting trainers in their roles through training, time and resources, and facilitating improved trainee-trainer relationships.

Definition of graded responsibility

'Fellows [junior doctors] are assigned incrementally increasing responsibility and independence during their training, appropriate for their demonstrated level of competency and professional development (as assessed by the supervising physicians).'

(University of Minnesota)

Responsibility

In accordance with the requirements of *Good Medical Practice*, the ultimate responsibility for the quality of patient care and the quality of training lies with the supervisor. The trainee, however, has responsibility for the aspect of care that he/she provides to the patient, including recognising his/her limitations and seeking assistance when necessary. This shared responsibility is supported by clinical governance and accountability arrangements within local education providers.

Assignment

Supervisors assign responsibility to junior doctors for care of individual patients (cases) on the basis of their professional judgement on patient diagnosis and the capability of the trainee to deliver safe and effective care. Assignment is always patient-centred rather than task-centred.

Assessment

This is defined as the supervisor's judgement, in consultation with colleagues, of a trainee's capability, made on the basis of observation of his/her performance.

Supervision

For assessment and assignment purposes, the day-to-day supervisor might not necessarily be the designated clinical supervisor.

Support for specialty and other non-training grade doctors

Commitment: PMETB will press for clearer legislative powers which will provide a structure for the support and recognition of specialty and other non-training grade doctors.

Context: The current situation is anomalous in the sense that there is no regulatory structure and a mixed approach to supporting the training of specialty and other non-training grade doctors. Many doctors choose not to, or are unable to, progress through specialist/GP training to the point of registration.

For many doctors in these positions, the Certificate of Eligibility for Specialist Registration (CESR) offers the opportunity of formal, legal recognition by the regulator. However, this route is not ideal for all doctors. The support for and training of doctors should be on a more formal footing, overseen by national standards. Their training should be recognised within a transparent regulatory framework. In the longer term it may be that credentialing will be part of a range of solutions to doctors who wish to have their experience recognised.

Theme 2: Improving patient care

The way in which patients interact with doctors is changing in line with shifting societal trends, such as increasing access to information. Future doctors will need to respond to patients with due regard for their individual profiles, circumstances and preferences. On this individual basis, and in co-operation with other healthcare professionals, patients should be empowered and supported in attaining jointly defined outcomes.

Guiding principles

The regulator must ensure all curricula address the requirements of *Good Medical Practice* (2006), as appropriate for postgraduate trainees. This includes supporting the 'patient-centred' aspects covered by *Good Medical Practice* e.g. patient-doctor partnerships, good communication, and support for self-care.

Partnership should be the basis on which the patient-doctor relationship rests; where patients are empowered to play an important part in managing their conditions. Training programmes, teaching methods and specialty curricula should actively promote this concept of partnership between doctors and patients.

In their postgraduate medical education and training, trainees should develop and consolidate a broad suite of interpersonal skills which will enable them to practise more effectively, to deal with the increasing complexity of patient needs and models of care and communicate with other health professionals involved in delivering patient care.

Patients, service users and carers possess a tremendous bank of experience and knowledge. This knowledge, and a willingness to share it, forms a valuable resource that must be utilised at all stages of medical training. PMETB recognises the importance of extending involvement opportunities to the wider support network of relatives, friends and carers.

Areas for action

Training for patient safety

Commitment: Awareness of patient safety and skills for quality and safety improvement, including risk assessment, management and communication, will be strengthened in postgraduate training, building on the skills in the foundation curriculum.

Context: PMETB standards and requirements set out benchmarks for approval for curricula and assessment systems, sub-specialties, posts and programmes and trainers. Through the implementation of these standards, PMETB has done much to ensure high standards in patient safety. However, there is still more that can be done. The merger of PMETB with the GMC will provide further opportunity to link and strengthen patient safety issues across all stages of medical education.

Patient participation and involvement

Commitment: In 2009/10, PMETB will review and strengthen its requirements for patient participation within medical education and training.

Context: Work to develop the quality, content and delivery of training is continuous and the patient's role in this is increasingly important. PMETB standards and requirements will be reviewed with a view to requiring deaneries to demonstrate mechanisms for ensuring patients are able to participate in training delivery. In seeking greater patient involvement in postgraduate medical education and training, we will expect patients to be able to access appropriate training and support for their role.

Acknowledging the significant extent to which the patient-doctor relationship can vary between specialties and care situations (e.g. emergency medicine, elective procedures or the management of chronic conditions), PMETB will require training programmes, teaching methods and specialty curricula to actively promote, on a case-appropriate basis, partnership between doctors and patients. For example, all specialty curricula must provide training in how to facilitate and enable self-care and to empower patients to manage their conditions. In respect of curricula development, we will require colleges to demonstrate the ample involvement of patients and lay persons in curricula development.

All specialty training curricula will need to state their compliance with equal opportunities and anti-discriminatory practice. This will include learning and teaching methods that ensure the rights and needs of patients and colleagues are respected. We have also asked those responsible for drawing up curricula and assessment systems (the medical Royal Colleges and Faculties) to demonstrate patient and lay involvement in their work by 2010.

PMETB will also want to see patient feedback built into the assessment of the performance of doctors, where appropriate. This feedback could also come from external support networks. Furthermore, PMETB will seek to strengthen mechanisms for ensuring patient participation in workplace based assessments such as multi-source feedback, as well as in the design of these assessments and feedback mechanisms.

PMETB will look to recognise and promote best-practice models and examples of patient and public involvement in curricula development.

The work and recommendations of the The Patients' Role in Healthcare Working Group have informed the Board's strategy and the commitments set out above.

Working with patients and the public

Commitment: In order to ensure our policies and procedures are aligned with the needs of the sector and the wider community, PMETB will provide greater involvement opportunities for organisations with an interest in postgraduate medical education.

Context: A strong patient voice is important in ensuring patient needs lie at the heart of regulation. The regulator has a key role in ensuring patients and the public understand the process by which doctors are trained and certified. Additionally, the regulator should actively encourage and enable those capable of making a contribution to the training of doctors.

In all engagement efforts, the regulator should aim to ensure engagement is 'representative' and demonstrates due regard for the principles of equality and diversity.

Since its inception, PMETB has worked continuously to strengthen engagement activity. PMETB believes it has a continuing duty to raise awareness of postgraduate medical education and training at every level.

Theme 3: Supporting trainers, ensuring adequate training resources

There will continue to be tension between education and service provision, although the two are inextricably linked and interdependent. It is essential there is more explicit recognition of the importance of education and training, especially with regard to the role of the trainer.

Guiding principles

In the UK, postgraduate medical education and training has always taken place alongside service provision. It is fundamentally important that trainee doctors are able to learn and develop their skills and knowledge in a range of front-line settings which give them real experience. However, achieving balance between service and training is becoming more challenging. Time needed for training should be explicitly set out and acknowledged.

In order to provide good quality patient care and protect the patients of the future, we must train the doctors of today. To this end, it is essential the health services prioritise postgraduate medical education and training more prominently in local planning and delivery strategies.

Areas for action

Recognising and supporting trainers

Commitment: PMETB will develop a process for the accreditation of all trainers, including those in hospital settings. PMETB will work with interested stakeholders, including the medical Royal Colleges and Faculties, the postgraduate deans and the Academy of Medical Educators.

Context: The role of the trainer is a significant one that requires training and recognition. PMETB is committed to ensuring all trainers are supported in their roles through appropriate acknowledgment in job plans for delivery of postgraduate medical education and training. To this end, PMETB's *Generic standards for training*, which includes *Standards for trainers*, stipulate that trainers must be supported by deaneries through appropriate resources, structures and processes. *Standards for trainers* apply to all specialties. Progress against these requirements will be rigorously monitored as part of the quality assurance process. Once the *Standards for trainers* have been embedded, the regulator should develop a system for accrediting all trainers.

PMETB has statutory authority with regard to the approval of GP trainers. However, similar arrangements do not exist for specialist trainers. PMETB believes there should be a model for accreditation of all trainers in postgraduate GP and specialist training. Colleges, deaneries and local education providers should be involved in the delivery of training to trainers.

The Educating Tomorrow's Doctors Working Group's report recommended that doctors performing the roles of educational supervisors should be accredited and that, over time, accreditation could be extended to other training roles.

Ensuring adequate training resources

Commitment: To continue the provision of high quality postgraduate medical education and training, the regulator will advocate strongly to the Departments of Health the need for appropriate and adequate training resources to be secured and used for the purpose for which they were intended.

Context: The 2007 Health Select Committee Workforce Planning enquiry reported evidence of boom and bust cycles in areas such as education and training. Workforce changes have tended to respond to prevailing financial trends, and the workforce reform agenda, articulated by *A Health Service of all the talents*, has too often been overlooked.

The Educating Tomorrow's Doctors Working Group recommended that training resources should be channelled through the appropriate educational bodies in all four UK countries. Lord Darzi's *Next Stage Review* proposed the introduction of a tariff based system in England where the funding follows the trainee. The progress and outcome of this must be monitored. Earlier, the MMC Inquiry Panel recommended that NHS Medical Education England (MEE) should be responsible for the ring-fenced postgraduate medical education and training budget in England. This function, however, remained outside MEE's responsibility.

The mechanisms for resource allocation should be fair and transparent, and ensure sufficient funding for training.

Theme 4: Changing medical practice

Medical knowledge and technology is advancing at an increasingly rapid pace. In embracing change, postgraduate medical education may need to overcome the growing tension between the need for generalist medical skills and increased specialisation. As part of equipping future doctors for ongoing change and supporting them in leading change, it is essential that there is a greater emphasis placed on quality and service improvement as well as academic and research skills during postgraduate education.

Guiding principles

It is important a CCT holder is fully prepared to practise as an independent specialist or general practitioner in a healthcare team, and is prepared to a level making him/her a competitive candidate for positions as a consultant or GP principal. The regulation and registration of training must be understandable to patients and the public, as must the descriptions of the qualifications and specialties held by doctors.

The structure and purpose of postgraduate medical education and training should be central to overcoming the tension between providing formalised training in the general skills required of all doctors and the increased need for specialties and sub-specialties. Sub-specialisation must not dilute or marginalise overall skills.

Doctors must be supported in the development of their knowledge and skills throughout their careers. The quality assurance of the content and outcomes of medical education and training is the responsibility of the regulator.

Areas for action

Curricula – ensuring a balance between specialist and non-specialty-specific content

Commitment: PMETB believes curricula must have an appropriate balance between specialist and core generic elements by setting out the outcomes expected of a doctor trained to the level of a CCT.

Context: Both the medical Royal Colleges and PMETB come under great pressure to include additional elements in the curricula. However, the role of the regulator is to ensure, in partnership with curricula developers, the correct balance is struck when taking into account the changes in medical practice, healthcare and patient need.

In line with the regulator's desire to see clear outcomes (see Theme 1), it is important that all doctors have an understanding of the complexities and diversity of the health services, as well as the key skills in learning, teaching, training, assessing, diagnosis, referral, management, team working and leadership. This will enable them to provide effective day-to-day support to junior colleagues while, in turn, supporting their own learning. These skills should be reinforced during postgraduate education and training, building on those obtained during the foundation stage. As an example, PMETB has already indicated that it will welcome applications from colleges and faculties on how the leadership framework can be integrated into postgraduate specialty curricula.

Skills for quality and service improvement; core research skills and academic education and training

Commitment: In 2009/10, PMETB will take action to further promote academic medical education and training.

As part of the desire to introduce common outcomes, PMETB will wish to see all specialty curricula include core research and education-related skills. These may include: presentation and teaching skills; the production of short papers and case reports; an understanding of critical appraisal of published research; the ability to understand how systematic reviews are carried out; audit; research and statistical methodology. Training must equip doctors with the skills and knowledge necessary to maintain their leading role in quality and safety improvement. Performance improvement is at the heart of *Good Medical Practice* and must be pursued at all levels.

Because an understanding of the basic sciences increasingly underpins modern medical practice for all specialties, curricula should reflect the ongoing process of acquiring and maintaining an appropriate knowledge base.

PMETB will also ensure there is continued flexibility for the cross-over between defined academic pathways and regular clinical pathways.

PMETB will work with partners including the medical Royal Colleges, deans and the Academy of Medical Sciences as appropriate.

Context: It is important for the future welfare of patients that the UK maintains a strong academic base. Therefore, it is also important the regulator continues to facilitate and strengthen processes which promote academic careers for those who have the aptitude and the inclination. Beyond the advancement of medical research, it is a necessary step in developing the teachers and trainers of the future.

Several reports from the Academy of Medical Sciences, the Higher Education Funding Council for England and also Walport have highlighted the importance of academic careers and the need to equip doctors with the relevant skills and understanding, given the rapid pace of change and innovation.

The need to ensure all doctors have baseline research and academic skills built into core generic training was highlighted in the report of the Educating Tomorrow's Doctors Working Group. The report stated that: *while not every doctor would wish to pursue an academic career, there is a need for all specialists to understand research methodologies and principles and be able to critically appraise research as part of a culture for improvement in quality, safety and clinical effectiveness.* This group recommended that: *All curricula should include basic research skills and enhance research awareness, to ensure that doctors are able to source, critically appraise and translate research and evidence base into daily practice.*

It is, therefore, important to ensure the training programmes, into which academic trainees are placed, provide the requisite mix of a high quality academic environment, critical mass of academic skills and good clinical training. We must also ensure all trainees are provided with specialty curricula that have built in the requisite academic elements and appropriate programme of appraisal for these academic skills.

The Board will also ensure there is continued flexibility for the cross-over between defined academic pathways and regular clinical pathways.

Acronyms and initialisms

CCT	Certificate of Completion of Training
CESR	Certificate of Eligibility for Specialist Registration
PMETB	Postgraduate Medical Education and Training Board
GMC	General Medical Council
GP	General Practitioner
MMC	Modernising Medical Careers
MEE	Medical Education England

**Postgraduate Medical Education
and Training Board**

**Hercules House
Hercules Road
London SE1 7DU**

**Tel +44 (0)20 7160 6100
Fax +44 (0)20 7160 6102**

www.pmetb.org.uk

ISBN: 978-0-9555910-8-2

