



Shape of Training: securing the future of excellent patient care April 2014

Our vision for the future of education and training in the medical specialties.

A joint statement from the: Royal College of Physicians of London (RCPL), Royal College of Physicians of Edinburgh (RCPE), Royal College of Physicians and Surgeons of Glasgow (RCPSG), and the Joint Royal Colleges of Physicians Training Board (JRCPTB).

The RCPL, RCPE, RCPSG, and JRCPTB are committed to working with the governments in England, Scotland, Wales and Northern Ireland – through the proposed Four Nations Shape of Training Steering Group – to develop a future model of postgraduate medical education and training that draws on both the best of the Shape of Training (SOT) report and our own work and expertise. The colleges and the UK specialist societies have a crucial role in ensuring that the final model is fit for purpose and delivers for patients. This statement is an initial step based on the views of physicians and doctors-in-training from across our memberships, together with patients. More detail on how doctors and patients have been involved in this response is contained in Appendix I. The essential role that the royal colleges play in education and training is outlined in Appendix II.

We recognise the significant challenges currently faced by internal medicine and acute medicine. It is clear that we must work together to improve the delivery of care in internal (general) medicine, whilst ensuring that we do not jeopardise the future of the specialist services expected by patients. This will require a coordinated approach, and will take time. The introduction of changes on the scale of those proposed by the SOT review must be phased and evidence based, with some aspects piloted and the implications fully explored. This will demand expert advice from the medical royal colleges and the specialist societies who will all have a crucial role to play in ensuring the final model is fit for purpose.

This statement sets out our position on the SOT review, highlighting areas of support, challenges that still need to

be addressed going forward and our collective vision for the future of education and training in the physicianly specialties.

Areas of support

The royal colleges of physicians recognise many of the challenges articulated by the SOT review, and in principle support many of the high-level proposals that are congruent with the direction of travel suggested in *Future hospital: caring for medical patients* (September 2013), a report from the Future Hospital Commission. We strongly agree that patient-centred care and patient experience must underpin all developments in healthcare, including the design and delivery of education and training. We therefore support the following.

> **Exploration of the balance between internal medicine and specialist medical care, and training in settings outside the hospital.**

The emphasis on the benefits to patients of a new approach to 'generalism' is welcomed. However, this must be balanced with the need to maintain excellent specialist services. We also support the development of models that allow training to be delivered in hospital and community settings.

> **Recognition of career-long training for doctors.**

We support the recognition that training does not finish once an individual doctor becomes a consultant. Similarly, we welcome flexible training models that enable doctors to change roles and specialties.

> **Emphasis on supporting doctors in training.**

Proposals that are directed at supporting doctors in training

In partnership with:

JRCPTB

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are particularly welcomed by the colleges since we have grave concerns about the situation of our current trainees, particularly for their training in internal medicine, and the increasing impact of service provision on training. We therefore welcome the emphasis on **longer placements** and **an apprenticeship approach** to training with greater continuity of teams for improved training and clinical support. We also support **consistency of educational supervision, mentoring and coaching**, and **provision of training in high-quality training environments**, that are approved and quality assured by the GMC.

Challenges to be addressed

Further detail is required and a number of challenges need to be addressed, to move from these high-level proposals to effective implementation. The colleges – through JRCPTB – have a key role in supporting government and national bodies to identify solutions for the future of medical education and training. We need to work together to develop the following.

- > **A better understanding of the future health landscape, with outcomes and workforce modelling.**

It is difficult to design training without a clear understanding of the services and type of doctors that will be required in the future health service. We strongly suggest that financial modelling and workforce planning should inform decision-making. We must avoid training people to fulfil roles for which there is no service demand.
- > **Models that promote internal medicine without devaluation of the specialist knowledge needed for patient care.**

We strongly support improving training in internal medicine, and its attractiveness as a specialty, but not at the expense of compromising specialty training. Strengthening the links between acute medicine and internal medicine is also necessary to improve patient care and support training.
- > **Robust structures for, and oversight of, post-CST training.**

Programmes for delivering credentialed, advanced specialist training beyond certificate of specialty training (CST) must be planned, competency based in reference to curricula, supervised, quality assured, funded, and managed to consistent and high standards on a national basis, recognising that many will be driven by clinical needs identified in regional workforce plans.
- > **An effective model for credentialing.**

The timescale for introducing credentialing is given as 5 to 10 years as legislation will be required; and this is disheartening. The colleges are already developing post CCT fellowships and believe that there is a need for colleges to develop accreditation of training. This development could begin now.
- > **Mechanisms for accrediting good training environments.**

Good clinical environments should have national recognition. We would like further clarification on the way that good clinical training environments could be accredited, and who would be responsible for this.
- > **Opportunity to gain academic experience for all trainees.**

Some trainees develop an interest in research later in their clinical careers, and therefore there should be flexibility for trainees to engage in research at different points within their training years. In addition, non-academic trainees should have the option to spend more than 1 year out-of-programme to undertake high-level research, such as a PhD.
- > **Supporting staff grade, specialty doctors and associate specialists (SAS doctors).**

Adequate supervision, training, appraisal and mentoring of all doctors is essential and should not be restricted to those in formal training programmes. SAS doctors should also have access to training opportunities, and we welcome the creation of regional SAS educational advisers. As we move towards a 7-day service, and with ongoing pressures on services, workforce planning should consider expanding the role and recruitment of SAS doctors to support this. The proposed system should offer the opportunity for SAS doctors to fairly compete for formal training programmes. However, given the experience, skills and often niche clinical roles that SAS doctors occupy, certificate of eligibility for specialist registration (CESR) must be protected along with the opportunity for credentialing.
- > **Understanding of the length of training needed across specialties.**

The minimum time to train to achieve consultant status remains unchanged at 6 years. However, the current dual training model would reduce this for all programmes, from 7 to 6 years. It is unrealistic to shorten the length of training without compromising the quality of what a CST-holder is able to do. The colleges advocate a minimum of 7 years after the foundation programme to gain dual accreditation of training in internal medicine and a medical specialty, with capability-based progression and assessment to determine the end point of training. Trainees reach a level of competency at different rates and should not have to practise independently as a consultant before they have the necessary experience and confidence to perform this role safely. We therefore recommend that the length of training is reviewed specialty by specialty, as proposals develop in conversation with colleges.
- > **Dual core accreditation for most specialties.**

Although there will be situations where single specialty accreditation is the agreed choice, the majority of trainees in bed-based specialties should be dual-accredited and this should occur simultaneously in the time frame noted above. Post-CST credentialing should be reserved for subspecialty training as determined by the specialties in order to avoid a number of unintended consequences and issues.
- > **Optional year spent working in a related specialty or undertaking research or leadership and management work.**

An optional additional year out of specialist training within the time frame of 6 years could make it even more difficult to gain specialty competencies in the 6-year time period. The content of the year spent out of formal training should determine whether or not it should count towards the 6 years of training. However, the option to take time out of training for research for one or more years must be retained.
- > **Future medical training must be piloted and phased.**

Implementation must be fully worked through over a number of years and piloted to ensure that the implications for patient care across the specialties are understood.

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This must be phased, with mechanisms providing a smooth transition for current medical staff. Careful consideration to transition arrangements for, and communication with, trainees currently in the system and medical students is essential.

> **Interim solutions to address the current challenges in acute care.**

The view that these proposals will address the current problems in acute care is mistaken. The crisis is now, but the proposed changes at least five years away. There is a risk of a planning blight, which will delay the urgent changes that are necessary while we await the full implementation of SOT.

> **Full registration is proposed to move to the point of graduation from medical school.**

The colleges are planning a separate response to this proposal, as we believe this requires further analysis and discussion.

Appendix I How physicians and patients contributed to the content of this response

- > A Charter for Postgraduate Medical Training by the Academy of Medical Royal Colleges which can be found at: www.aomrc.org.uk/doc_details/9746-value-of-the-doctor-in-training-a-charter-for-postgraduate-medical-training
- > Royal College of Physicians and Surgeons of Glasgow. Response to Shape of Training (SOT) review for Academy of Medical Royal Colleges (January 2013) which can be found at: www.rcpsg.ac.uk/~media/Files/College/Consultations/college/Independent%20Review/The%20Shape%20of%20Training.pdf.
- > Royal College of Physicians Charter for SAS doctors which can be found at: www.rcpe.ac.uk/sites/default/files/documents/pressreleases/RCPE-SAS-Charter-FINAL-June-2013.pdf
- > The RCPE Trainees Committee response to the SOT review (October 2013) which can be found at: www.rcpe.ac.uk/sites/default/files/tmc_interim_response_to_shot_final_report.pdf. The RCPE Trainees and Members' Committee (T&MC) issued a newsletter dedicated to SOT, inviting readers to contribute their thoughts on SOT.
- > An SOT stakeholder event was held to discuss the SOT review (20 November 2013).
- > The RCP Trainees Committee produced a response to the SOT review (November 2013).
- > The draft RCPL response and summary of headline issues from the (SOT) stakeholder event was discussed at RCPL Council (28 November 2013).
- > The RCPL president's bulletin invited readers to contribute their thoughts on the SOT review (December 2013).

- > The RCPE president's messages and regional meetings held in the autumn of 2013 sought views from fellows and members.
- > Questions on the SOT review were emailed to stakeholders (13 December 2013).
- > A meeting with the presidents, directors of education of the three federated colleges, and the director of JRCPTB, was held to discuss the joint colleges' response to the SOT review (15 January 2014).
- > The draft RCPL response was discussed again at RCPL Council (23 January 2014).
- > A round-table discussion event was set up to allow specialty societies and other stakeholders an opportunity to clarify the important messages that they think should be included in the colleges' response to the SOT review (30 January 2014).
- > A meeting of the JRCPTB Specialist Advisory Committee chairs was held to further explore the specialist and generalist balance, the impact of training on acute training, and the workforce implications of SOT (5 February 2014).
- > The RCPE T&MC published a letter in *BMA News* (8 February 2014) regarding SOT, to raise awareness amongst trainees: www.rcpe.ac.uk/sites/default/files/letter_to_bma_news_re_shape_of_training_feb_2014.pdf.

Appendix II About the royal colleges of physicians

The Royal College of Physicians of London (RCPL), Royal College of Physicians of Edinburgh (RCPE), and Royal College of Physicians and Surgeons of Glasgow (RCPSG) play a leading role in the delivery of high-quality patient care by setting standards of medical practice, and promoting clinical excellence and professional development.

Collectively the three colleges have a large membership (RCPL – 29,000, RCPE – 12,000, RCPSG – 11,000), including the majority of physicians working in the 29 physicianly specialties in UK hospitals.

We are committed to supporting physicians through training and education, from registration through to retirement. We do this through our programmes of education, assessment, training and development. The RCPL, RCPE and RCPSG, through the Joint Royal Colleges of Physicians Training Board (JRCPTB), design and develop curricula and assessment methods for postgraduate core and specialty medical education, in agreement with the General Medical Council (GMC). We work with JRCPTB and the deaneries/local education and training boards (LETBs) to deliver a centralised recruitment process for core medical training (CMT) trainees and, more recently, higher specialists. Our membership of the Royal College of Physicians (MRCP(UK)) diploma is essential for all physicians wishing to undergo training in a medical-related specialty in the UK, and we design and run the written and clinical examinations that underpin this qualification.