Developing Medical Generalists?

Broad based Core Training

Mike Jones
Vice President RCPE
"I don't ask for much, but what I get should be of very good quality."
“You were clinically dead for over a week. Gave us all quite a little scare.”
Modernising Medical Careers

- Response to Unfinished Business: Proposals for reform of the Senior House Officer Grade 2003
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  - the availability of specialty training opportunities will be based on a formal analysis of the needs of the service
  - arrangements for postgraduate medical education and training should be flexible and facilitate movement into and out of training, and between specialty training programmes
  - where appropriate specialty training should begin with broadly based programmes
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Commentary about training

- “Under the reforms of Modernising Medical Careers (MMC) (Department of Health, 2005) junior doctors now have to make a definitive choice about a career pathway much sooner than they have had to in the past” (Watmough 2009).

- “Previously medical graduates could work in a number of different specialties over a period of years before making a career decision” (Lambert et al, 2006).

- “Medical graduates, pre MMC, did not make career choices until after experiencing a number of years working in different specialties in the postgraduate setting” (Watmough et al, 2007).
The junior doctor exodus?

- 6/9/10 Times “Junior doctors desert NHS”
  - Figures presented to the Medical Programme Board show that of the 6,000 trainees completing their “foundation” years in the NHS, approximately 1,380 (23 per cent) do not apply for the next stage of core training and are either quitting or taking a break.

  - 90% still in medicine

- Too early to say for more recent years
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- Where appropriate specialty training should begin with broadly based programmes
  - Yes but....
Broad Based Training?

- Foundation programmes of two years
  - Review and modification of curriculum recently

- Very little change after this
  - Run through core to specialty (e.g. Pathology and Paediatrics)
  - Surgical/medical/psychiatric training:
    - Core then specialty
Acute Care Common Stem

- Emergency medicine, acute medicine, anaesthetics, intensive care medicine
- Initially two years with disparate exit points: Usually 6 months of each specialty
- EM/anaesthetics recognised need for third year (Trainees to anaesthesia enter at CT2).
- AM applying for extension to third year
ACCS

- 2007 curriculum – clumsy amalgam of four specialty curricula.
- 2010 more coherent with more common look and feel

- Could we learn lessons?
Tooke report on MMC
“Aspiring to Excellence”

- Set up MEE
- Workforce objectives integrated with training and service objectives
- Merge PMETB with GMC
- Provide a broad based platform prior to higher specialist training
Broad based programme

- Acute medicine, General Practice, Paediatrics and Psychiatry
- 4x6 months
- Learning objectives/curricula
- Based on specialty e.g. acute presentations from acute medicine but also Common Competencies Framework (AoMRC)
Work to be done

- Curriculum completion
- Assessment profile
- Exit points: to be defined accurately
- Adequate supervisor training
- Piloting: GMC deanery – North west
Potential benefits

- Greater understanding of processes across healthcare
- Development of broader competencies
- Adequate experience of areas of commonality before specialisation
- Time for decision making
CAUTION
WATER ON ROAD
DURING
RAIN