

UNDERSTANDING THE MODERNISING MEDICAL CAREERS

BY DR. NANDU POTDAR

Introduction: In August 2002, Sir Liam Donaldson, published *Unfinished Business* for consultation, he proposed that:

After graduating doctors should undertake an integrated, planned two-year Foundation Programme of general training:

The first year equating to the current pre-registration house officer year;

The second (post-registration) year incorporating a generic first year of current SHO training.

The report also said that the Foundation Programme (FP) should lead on to Specialist & General Practice training. The idea of FP was earlier stimulated by DOH report “*A Health Service of all the talents: Developing the NHS workforce*” (April 2000) which showed that career decisions by doctors in training were often made too hastily.

In **February 2003** the four UK Health Departments published a Policy Statement on *Modernising Medical Careers* setting out principles underpinning major reform of Post-Graduate medical education & training. Reform had been long overdue & was driven by the need for care based in more effective teamwork, a multi disciplinary approach & more flexible pathways tailored to meet **service & personal** development needs. It also foresaw more care being provided by trained doctors & recognised that existing training systems fell short of modern needs. The driver for change was **Need** for better care systems for patients, **Training** to be brought in line with best practice in other countries, lastly Programmes Compatible with **EUROPEAN WORKING TIME DIRECTIVE**.

The reforms touch every aspect of a doctor's career and include significant improvement to the **career pathways and development opportunities for non-consultant career grade doctors**.

Reform is also about securing our workforce for the future as our medical school output rises and is about giving doctors in training a chance of a fulfilling career to their own and to patients' benefit.

Since the publication of the Policy Statement Sir Liam Donaldson set up a U.K strategy group to over see MMC in Oct 03.

The group consists of membership from the Health Depts. of the four U.K home countries, **GMC, JCPTGP, STA, PMETB**, The Conference of Postgraduate Medical Education Deans of the U.K (**COPMeD**), the Committee of General Practice Education Directors (**COGPED**).

The Seven Principles of MMC are:

- 1) TRAINEE CENTERED.
- 2) COMPETENCY ASSESSED.
- 3) SERVICED BASED.
- 4) QUALITY ASSURED.
- 5) ACTIVE COACHING.

- 6) FLEXIBLE.
- 7) STRUCTURED & STREAMLINED.

Definition: The Foundation Programme will be:

The bridge between undergraduate medical training and specialist and general practice training.

It will:

- Be a **two year programme** of structured and training incorporating the current pre-registration house officer (PRHO) year and the current first year of training in the senior house officer (SHO) grade
- Require full registration part way through
- Be outcome based
- Employ a range of robust assessment methods to measure progress.
- It will aim to provide trainees with a basic grounding in clinical practice and with a broader perspective of the career opportunities available to them. It will also act as a platform on which to build their later careers.

Purpose

The programme will bridge undergraduate medical education and specialist/GP training. It must provide a “**Fit For Purpose**” platform for further training. The broad aims are as follows:

- Demonstrate that trainees are fit for full registration by the GMC
- Develop generic personal, professional and general clinical skills
- Provide trainees with experience in a range of spheres of practice in a variety of settings
- Help prepare trainees to make their career choices
- Offer the possibility that elements of the foundation years might count towards specialist or general practice training

The foundation programmes will contain elements which will lean towards certain broad speciality areas where doctors are already clear they want to pursue their careers. Individual preference is, however, more likely to be reflected in the second year. The PMETB will assess which sections of Foundation Programmes can be counted towards completion of general practice or specialist training programme. Specific academic and research programmes will be built in, in the training period. There will be opportunities to change direction later on regardless of their foundation experience by giving credits to the doctors towards later progress towards a GP or a Specialist Training Programme.

Competency Based Training

MMC will lead to an outcome-based progress that is not just acquisition of competencies but a demonstration that they can be applied in real situations.

Explicit Incremental Standards

The GMC has published two documents, *Tomorrow's Doctors* and *The New Doctor*. These documents are mapped onto the headings of Good Medical Practice. These headings underpin the standards of education and will form the backbone for the requirements for the license to practice. Foundation programmes will be built upon

these standards and will show demonstrable progress required at each stage of the programme by the trainee.

- Entry- graduation from medical school shows the new doctor has demonstrated the criteria described in *Tomorrows Doctors* and is therefore fit to be provisionally registered
- Full registration- shows the doctor has successfully met the criteria described in *The New Doctor*. The doctor has put this knowledge into practice in the NHS under supervision.
- Exit from the programme- will show that the doctor is competent in practicing these skills with a lesser degree of supervision than might otherwise be expected under existing circumstances and is ready to undertake the next stage of training. There will be facilities for repeating some elements of the programme where it is felt the trainee would benefit from this before making further progress.
- There must be **opportunities for non-UK graduates** to enter the foundation programme at a point appropriate to their training and experience. This , generally speaking, will be after the first year of the programme. However, there will be opportunities for entry at the beginning of programmes for those who have not yet attained the standards required for GMC limited registration.

Assessment and Exits

Robust assessment methods will be required to ensure standards have been met and satisfactory progress can be demonstrated. This includes:

- Links to the appraisal process
- Rigorous and realistic career advice ie constructive advice based on a clear understanding of the individuals strengths, preferences and weaknesses, service need and their national and local workforce planning targets. So a system of counselling, coaching and mentoring will be required.
- Equivalence-compatibility with EEA requirements for full, specialist and general practice registration and entry arrangements for doctors who qualified outside the EEA.

Lastly for successful completion of foundation training the documentation of the foundation programme should be complete which includes appraisal as well as career advice by the trainer about the job prospect in a particular speciality the trainee wished to acquire training.

After the two years programme the trainee will take following routes under guidance of PMETB:

- **Basic specialist training programme**
- **Higher specialist training programme**
- **Training for general practice** would mirror both basic and higher specialist elements

Lastly the time spent in these specialist training programmes will be counted towards the acquisition of CCT(completion of clinical training), and thus the trainee will be placed on the specialist registrar post. In any case the acquisition of a CCT or entry to the specialist or GP register should never be seen as the end of a doctor' development

needs. Whatever path the individual career takes post-CCT should be underpinned by effective systems of both training and CPD.

The long term move is towards a seamless training system for consultants and GPs **Exit** on completion of a training programme- that is, having achieved all the competencies in the required way trainees will be eligible for the award of a CCT and entry onto the specialist or general practitioner register as appropriate. But there are issues to be signalled here. Other trainees will not be eligible to receive a CCT because they have not completed the whole of a training programme in the U.K. However, they may still be eligible to enter the specialist or GP register by virtue of non-U.K training, a combination of U.K and non-U.K training or a combination of training and experience.

MMC strategies for non consultant career grade doctors

Health minister John Hutton had announced the publication (for consultation) of *choice and opportunity* that proposed sweeping reforms of the NCCG. Here are a few quotes:

Mr Hutton said:

“The proposals in this report open the door to a set of career options and opportunities not previously available to non-consultant career grade doctors.

There is already much support for reform and I want to use the consultation period to produce a clear plan of action which will see doctors in these grades getting the choice and opportunity they deserve.”

Professor Sir Graeme Catto, President of the General Medical Council, said:

“It is important that doctors in the non-consultant career grades receive support and opportunities for professional and development and career progression.

They play a major role in the health service, and one that may grow. Their role should be valued and should be clear to patients.”

Dr Gill Morgan, Chief Executive, NHS confederation said:

“In the past the NHS has not properly recognised or valued the contribution of non-consultant career grade doctors, but these proposals should create a career structure which will give the opportunity for development but will also value them in their own right.”

Carol Black, President, Royal College of Physicians said:

“The Royal College of Physicians welcomes this consultation, which is the next stage towards putting the training and career development of non-consultant career grade doctors on to a proper footing across the NHS, and giving these doctors the formal recognition that their colleagues enjoy.”

The college shares the view that, as with other doctors, accreditation and career development should be linked to acquisition of competencies validated by nationally consistent methods of assessment. There must also be adequate resources, opportunities and arrangements to support the continuing professional development of these doctors.”

Introduction and Statistics

For too long the NCCGs were regarded as a professional cul- de- sac. They lacked in status and recognition despite making valuable contributions towards supporting the NHS services for decades. At present there are 12500 NCCG doctors in the UK (head count). These include associate specialists, staff grades, hospital or clinical assistants. 35% are women and 52% are qualified outside UK. If you restrict to associate specialist and staff grade then around 75%are qualified outside UK.

What are the problems?

- the grades are not seen as existing in their own right
- the routes into the grade and the qualification for entry are poorly defined
- support for continuing professional development (CPD) and further training in NCCGs is inconsistent across the UK
- there is no clear structure for enabling recognised career progress
- the nature of work undertaken by NCCGs varies and there is little scope to recognise formally the competencies often deployed by them with lack of recognition of overseas qualifications and experience especially acquired EEC.

Action to date

Sir Liam Donaldson's report "Unfinished Business" along with PMETB acknowledged the problem of NCCG and has passed legislation that has gone through parliament that is:

- 1) Traditional route for acquisition of CCT to remain
- 2) A new route through the register through the assessment of the PMETB of an applicants experience training and qualifications
- 3) A new pathway to be established by the PMETB which will facilitate "top up training" which will allow NCCG doctors to gain an entry on the register.

Recommendations

- Entry to a career grade position only be available to those who have met clear educational standards and can demonstrate speciality specific competence
- The existing NCCG grades be integrated into a single, simplified structure with more than two recognised levels of practice
- A system of limited accreditation of competencies is required through which NCCGs who have formally recognised can work independently at appropriate level.
- The Medical Royal Colleges working with DOH and PMETB establish competency-based assessment for trainees and seek to identify linked competencies for NCCGs
- Local employers , work force confederations(WDCs) on behalf of health authorities and post graduate deans should ensure that resources and infrastructures are available for training needs of NCCGs

- Post graduate deans should supervise the education and development of NCCGs
- All NCCGs whether employed on local or national terms and conditions of service should be appraised annually and have a personal development plan(PDP)
- Work force planners both nationally and locally should in cooperation with post graduate deans ensure that a meaningful number of training slots for senior entrants are available in speciality training programmes
- A new career structure for NCCGs should be seen as an integrated part of a new , modern structure for medical careers
- The new structure should not be called the NCCGs
- A new career structure based on competency will need new pay and terms and conditions of service which are appropriate
- Special formal arrangements will be required to place existing NCCGs at appropriate position in the new structure so that they do not suffer financially and they acquire appropriate training level in the STPs
- Further scoping work is required to determine the size and make up of the current NCCG work force
- Further work will be undertaken to establish how the principles of the other recommendation may be given effect in the dental specialities

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