



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

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The Response of the four UK Health Ministers to the consultation on Unfinished Business: Proposals for reform of the Senior House Officer Grade.

Dear Colleague

Modernising Medical Careers

I have pleasure in enclosing the policy statement 'Modernising Medical Careers' the response of the four UK Health Ministers to the consultation on "Unfinished Business: Proposals for Reform of the Senior House Officer grade"

The document sets out the results of the consultation exercise which began last summer on the reform of training for senior house officers, who are doctors in the early stages of their specialist training. The document sets the way ahead based on the results of the consultation and work which has been done since with the key stakeholders.

Plans for reform will also extend to general practice training and will embrace the existing non-consultant career grades with easier routes to training.

Further information regarding the responses to the consultation on Unfinished Business can be found on the Welsh Assembly website:

www.wales.gov.uk/subihealth/content/shoresponses-e

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Modernising Medical Careers

The response of the four UK Health Ministers to the consultation on *Unfinished Business: Proposals for reform of the Senior House Officer grade*

Unfinished Business was published separately for consultation on 21 August 2002 in each of the four home countries. The report generated a great deal of interest and over 370 replies (254 in England, 80 in Scotland, 23 in N Ireland and 23 in Wales).

This document has been prepared jointly by the four UK health departments and indicates how, in response to the consultation process, modernisation of post-graduate medical education will be taken forward in the context of wider workforce reforms.

Key principles

Medical training in the United Kingdom is rightly regarded as of a high standard. The work leading to the publication of *Unfinished Business* and indeed the consultation itself showed however that there was significant room for improvement. The UK government and the devolved administrations now intend to embark on the detailed development and implementation of new training arrangements in the four UK home countries in a way sensitive to the different situations in each country and which reflects the direction of travel set out in *Unfinished Business*.

This work will be guided by the following principles:

- the end product of the training process, whether a hospital doctor or a general practitioner, should be a high-quality, well-trained and accredited doctor who can deliver the care and treatment patients need in the modern NHS
- medical training will take account of the training and development of other health service staff. It will prepare doctors to work in multi-profession settings and employ shared learning and cross-professional training where necessary
- all postgraduate medical training should be organised in structured programmes (usually a series of co-ordinated placements) with progress monitored against clear curricula. In general, assessment should be competency-based and should be focused on outcomes with the ability to perform as the underpinning competence
- training should be applied to clear, consistent UK-wide standards
- programmes should be designed and managed to ensure that trainees complete them in the minimum necessary time. There should be explicit career pathways and explicit career goals
- individual programmes should be available to meet individual needs
- training should as far as possible be seamless and conducted within a grading structure which supports this process
- training must be supported by strong educational management and underpinned by skilled trainers

- a clear structure is necessary to encourage and support the development of academic, research and teaching skills and to support those who opt for an academic career
- programmes should be broadly-based at first and lead on to greater specialisation where appropriate
- the responsibilities given to doctors completing training should match their skills and competencies. Similarly, doctors in training should be able to take on progressively more responsibility as they are assessed as acquiring the competencies needed
- training should be trainee-centred and programmes should reflect a variety of career choices, from those who decide on a particular career early on to those who need more time to do so and to those who want to train part-time. Individual programmes should be available to reflect individual needs
- rigorous counselling and career advice should be available throughout training
- new training structures must allow trainees to change training programmes according to service need with the minimum duplication or retraining
- programmes should be designed to suit the needs of overseas doctors who may enter training at a number of different levels and in a number of different ways
- the development of new training structures, programmes and the delivery of training itself must be effectively quality assured.

A new structure

The UK health departments will now begin work to develop detailed proposals reflecting these principles. The proposals will be developed in co-operation with key stakeholders including patients.

Foundation Programme

Postgraduate medical training will continue to be designed to build on and follow seamlessly on from basic medical education. In Scotland, Sir Kenneth Calman is reviewing basic medical education and his review will take account of the direction of travel set out in this document.

The GMC is reviewing the standards currently required of doctors in general clinical training (the Pre-Registration House Officer year) before they are granted full registration. This is part of a review to ensure the routes to registration for all doctors, including those who qualified overseas, are compatible. We will work with the GMC to co-ordinate their arrangements for the granting of full registration and the design of the Foundation Programme.

At the end of the first year of the Foundation Programme trainees will be able to demonstrate the learning outcomes required for full registration (to be set out in the new edition of *The New Doctor*). These will be set against the attributes in *Good Medical Practice*, which shape the

structure for the appraisal and revalidation of doctors:

- Good clinical care
- Maintaining good medical practice
- Effective relations with patients
- Effective working with colleagues
- The ability to teach and to train
- Probity
- Health.

There will continue to be a summative assessment of these learning outcomes at the end of the PRHO year and before full registration is granted.

The second year of the Foundation Programme will aim to imbue trainees with basic practical skills and competencies in medicine and will include:

- clinical skills
- effective relationships with patients
- high standards in clinical governance and patient safety
- the use of evidence and data
- communication, team working, multi-professional practice, time management and decision making
- an effective understanding of the different settings in which medicine is practised.

There will be some scope for those who have made their career choice to begin to acquire the basic specialist skills they will need later in their training. Where this is the case, their work in second year of the Foundation Programme should count towards the later acquisition of a Certificate of Completion of Training (CCT). For those who have yet to make a firm choice, a variety of experiences will be available to ensure they too have the core skills. All trainees in the Foundation Programme will have an assessment of their progress and potential before they leave the programme. All training programmes at whatever level will foster and develop these core skills.

Specialist training including training for general practice

We will support and encourage the Postgraduate Medical Education and Training Board working with the Royal Colleges to develop competency-based training and assessment and to review the

length of training programmes. This will be done on a specialty by specialty basis and include training for general practice. It will aim to provide seamless specialist training programmes leading to a CCT. The time in these specialist programmes should count towards the acquisition of a CCT.

A competency-based approach will allow us to explore and test systems which will allow doctors to take on more procedures without direct supervision when they have been assessed as having the necessary competencies.

In many instances, new training systems will produce a new type of consultant who will not necessarily have been required to undergo 'deep specialisation' now found in a number of programmes. While new arrangements will acknowledge that not every doctor has to undergo such lengthy training, it is clear that a significant cadre of consultants will be needed to deal with more complex, specialised treatment. It is essential that the NHS has the capacity to meet patient need and new specialist training arrangements will be matched by new structures to ensure that opportunities are available through, for example, continuing professional development to acquire the further competencies they need.

At every level of training we will put in place processes which encourage an understanding of the value of research. Training programmes will include options for those who want to take up research and academic medicine as a major career option.

Non-consultant career grades

A review of non-consultant career grades is already underway in England and is part of the current review of the medical workforce in Scotland. It has been considered by the All Wales Workforce Steering Group who are charged with developing policies which will meet the future workforce needs of NHS Wales.

We intend to align the reform of these grades closely with new training structures so that existing difficulties for doctors wishing to re-enter training are removed. New arrangements will have clear pathways back into training and better support for the continuing development of non-consultant career grades. This work will be linked with new provisions to allow more of their skills and experience to be assessed, recognised and used to help their careers. It will also reflect the work done on competency-based assessment.

Next steps

The UK health departments will work closely with the key stakeholders to implement the changes we are committed to. These will cover:

- Foundation Programmes – curricula and programme development will commence in liaison with the General Medical Council, the STA and the JCPTGP (and later, the PMETB) and the postgraduate deans.

- Specialist Training – in liaison with the Royal Colleges, the STA and the JCPTGP (and later, the PMETB) we will examine specialty by specialty the scope for developing new consultant roles to deliver front-line patient care. Working with key stakeholders we will review the current specialist training programmes and consider the most appropriate model of training.
- Assessment – further work will be taken forward to develop and improve competency based training assessment.

A number of pilot schemes will also be developed in a variety of practical settings in the NHS. All pilots will be subject to a thorough evaluation and all models and changes will be tested with focus groups representing educational, service and patient interests. Our aim is to have pilots underway later in the year and to begin the process of major reform across the NHS in 2004.

Further information

Summaries of the responses to the consultation on *Unfinished Business* can be found on:

England – www.doh.gov.uk/consultations/responses.htm

Scotland – www.scotland.gov.uk/publications (available shortly)

NorthernIreland – www.dhsspsni.gov.uk

Wales – www.wales.gov.uk/subihealth/content/shoresponses-e
 – www.cymru.gov.uk/subihealth/content/shoresponses-w

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If you wish to ask questions, or make comments or suggestions, please email the Modernising Medical Careers mailbox: modmedc@doh.gsi.gov.uk

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