

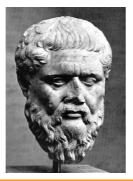


Modernising Medical Careers: Latest Thinking

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SRO MMC programme MMC England





"Be kind, everyone you meet is fighting a hard battle"

Plato (427 BC - 347 BC)

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"Change is not made without inconvenience, even from worse to better "

Richard Hooker 1554 – 1600 Anglican theologian

How it was



- Working up to 138 hrs a week
- Exams as well!
- Moving from job to jobMultiple applications

- Senior registrar 4-9 yearsConsultant eventually (not all)
- Up to 15 years resident on call
- Career uncertainty
 No formal specialty curricula or assessments (except College examinations)

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Philosophy of MMC: "Unfinished Business" and "The Next Steps"



- · Consistent national standards for training
- Structured, approved curricula (developed by specialty) linked to programme delivery
- · Competency-based assessments
- Transparent, robust selection processes
- · Broad-based initially
- Flexible
- Run-through training combined basic and higher specialist training into a single specialty training grade

What went wrong in 2007



- Many more applicants than vacancies – issue of IMGs, contrary to policy of UK selfsufficiency.
- 2 security breaches in computerised application system (MTAS)
- Problems with shortlisting and selection processes (some areas)
- Training structure considered inflexible

Useful references:

2007 Douglas Review www.mmc.nhs.uk

Aspiring to Excellence www.mmcinquiry.org.uk (DH response www.mmc.nhs.uk)

Health Committee www.parliament.uk

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MMC England Programme Board : review of principles



- Fair, transparent recruitment
- Programme-based training to national standards (approved curricula and assessment frameworks)
- Broad-based (initial) programmes, where appropriate
- Educational progress by annual review of competency (supported by approved assessments)
- Trained and supported educational supervisors
- Entry to specialist/general register on completion (CCT)
- Flexibility in training
- Training based on needs of patients and the service
- Support in career planning

Managing competition in 2008



- More specialty training places
 215 additional DH funded ST3 posts in 2007
 165 ST3/4 posts in 2008
- National opportunities for higher specialty training (ST3/4) identified
- New rules for overseas applicants
 Home office changes to immigration rules will give preference to UK and EEA graduates

Recruitment in 2008



- Foundation Programme and GP recruitment continued with national process (FP-MTAS, and GP-Konetic)
- No national IT for specialty recruitment (hence no national data set)
- · Most specialty recruitment handled by deaneries/trusts
- Some centralised recruitment led by colleges/lead deans
- · Unlimited, CV-based, applications

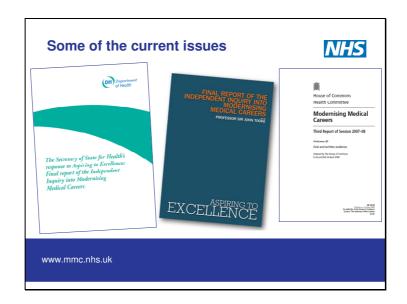
Opportunity for:

Pilot selection methods eg tests to aid shortlisting

Educational structures in 2008



- Foundation Programme unchanged (remains a 2 year programme)
- GP training unchanged (3 years run-through)
- Some specialties "uncoupled" offered 2/3 yrs core training then competition to enter higher specialty
- Some specialties continued to offer run-through training (RTT)
- Hence so called "mixed economy" model



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Some of the current issues



Recruitment

National or local?

- IT support (efficiency and data collection/analysis)?
- Managing the competition IMGs/EEAs?
- Improve selection processes
- Support for applicants

Education

- More and earlier career management support
- Medical schools involvement
- · Generalism versus specialism?
- PGME structure changes
- Flexibility
- · Transferable competences
- Gaining experience (given EWTD 2009 etc)

Some of the current issues



Meeting the needs of patients and the service

Some highlights from the NHS Next Stage Review

- Improve training as an educational continuum from medical schools through to CCT
 Build-in management and leadership skills development
- Better workforce planning
- Improved balance between structured training and career flexibility
- More recognition for doctors in non-training posts
- Mandatory training and confirmed performance for educational supervisors in secondary care (as in primary care now)

Recruitment in 2009



Incremental improvements:

- Streamlining processes

 e.g. single site for job vacancies, national application forms
- Improving person specs to improve selection
- More specialty involvement
- Up to 400 extra GP training places
- IMG rules to remain in place

Training and career pathways for doctors: 2009 and beyond



- Continue with "mixed economy" of training offers (until 2010 then review)
- Modular curricula as part of planned curriculum review
- Modular credentialing accreditation of capabilities at defined points (NSR proposal)
- Continue 2 year Foundation Programme (until 2010; formal evaluation announced in NSR)

The future



Some other highlights from the NHS Next Stage Review

- NHS Medical Education England (NHS MEE)
 - Will cover all healthcare scientists, dentists, pharmacists and doctors
 - Review pgme structures (x ref FP evaluation)
 - Advise DH on related education and training issues
 - Assure quality of workforce planning (SHA level)
 - Formal evaluation of Foundation Programme
 - Scrutinise SHA's commissioning plans for education and training
 - Accountable to NHS Medical Director
 - "Regional MEEs" for each SHA

The future



Some other highlights from the NHS Next Stage Review

- Improve selection processes e.g. pilot testing methods and implement
- Expansion in GP training (800 more places)
- NHS MEE to consult on extension of GP training (Tooke Inquiry recommendation re 5 years)
- Education and training to become tariff-based
- Workforce Centre of Excellence to advise on building workforce planning capacity and horizon scanning

The future



Some other highlights from the NHS Next Stage Review

- · Health Innovation and Education Clusters
 - Local partnerships e.g. of universities, trusts, industry
 - Focus on improving patient care pathways and speeding up implementation of innovation
 May provide education and training subject to local agreement

 - Optional with probable matched central funding

NB – but all SHAs will be expected to define a commissioner and quality assurance \underline{v} provider split for pgme.

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	Your views?		
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