

ACADEMY OF MEDICAL ROYAL COLLEGES _____

HEALTH COMMITTEE INQUIRY INTO EDUCATION, TRAINING AND WORKFORCE PLANNING

SUBMISSION FROM THE ACADEMY OF MEDICAL ROYAL COLLEGES TRAINEE DOCTOR GROUP (ATDG)

"The structure of postgraduate training proposed by MMC is unlikely to encourage or reward striving for excellence, offer appropriate flexibility to trainees, facilitate future workforce design, or meet the needs of particular groups.

- Prof. John Tooke 2007

"unparalleled opportunities" in modern science could be lost unless a "talent pipeline" is created to train doctors to exploit them.

- Prof. John Tooke 2011

Introduction

1. The ATDG welcomes the opportunity to submit written evidence to the Health Committee's Inquiry.
2. The ATDG's membership comprises chairs and vice-chairs of the Trainees Committees of Medical Royal Colleges and Faculties across the UK. This submission represents a combined view across Colleges and has been endorsed by our members.
3. The Academy's Trainee Doctors' Group (ATDG) provides a coherent, informed and balanced view on generic issues relevant to College and Faculty registered trainees. Its main strength is to compare the experience of junior doctors in different specialties, forming the primary route of discussion between junior doctors of different medical Colleges and Faculties.
4. This short statement is an addition to and complements the submission from the Academy of Medical Royal Colleges (AoMRC)

The ATDG's vision and principles for postgraduate medical education and training across the UK

5. The ATDG have recently produced a short statement regarding principles that should guide postgraduate medical education and training. This can be found at the end of this document.

Key Points

6. Currently medical education in the UK is adequate and produces competent consultants and general practitioners with regional variability in the quality of training. The ATDG would prefer to see *excellent* education regardless of locality with *expert* clinicians able to deliver *high quality* services on completion of training.
7. Doctors work in very different environments and require different skills sets. Training is therefore different for General Practitioners and Secondary Care Consultants and also within specialties (medicine versus surgery for instance). Although common competencies described in the GMC “Duties of Doctor” exist the aim to train all doctors in a similar regulatory and service environment produces conflict. The effect of working hours regulations disproportionately affects the surgical and acute medical specialties but solutions which solve them may have an adverse impact on other groups. The current one size fits all model of training is not a long term solution to the problems highlighted in the Temple¹ and Collins² report and noted in the most recent GMC Trainees survey.
8. Doctors in training learn by doing. It is essential they are able to provide, in a supportive and safe environment, care to real patients in real time. However traditionally the NHS has relied on trainees to deliver most of its service needs. If the current demand on NHS resources grows as expected the conflict between trainees being trained and providing a service will increase to the detriment of current and future patient care.
9. Difficult decisions on work force planning must be made. The current financial climate has made the concept of “invest to save” seemingly redundant. Yet an expansion of the consultant workforce would release cost savings through improved and more timely patient care, reduced litigation³ and aid problems highlighted by a recent report into care provided at the weekend⁴. This would enable the excess of trainees who have the competencies to obtain CCT (Certification of Completion of Training) to not be lost to the system. This expansion is for a finite period to enable a restructuring of current training pathways to avoid unnecessary future overproduction of doctors and continue to provide a high quality service to patients. Finally in order to maintain the rigorous standards expected by patients and the public it will enable all consultants to deliver quality clinical supervision to trainees and allow those recognised by the GMC as trainers to provide an excellent educational experience.
10. The ATDG welcome some of the reform of education and training proposed in the Health Bill. However, the uncertainty surrounding the purpose, function and regulation of LETBs is not helpful. The possibility of Foundations trusts running LETBs means they would both be delivering and governing training. This is not in the best interests of trainees or patients. One solution is colleges providing external Quality Assurance, not necessarily through site visits, but through setting standards as some have already started to do (RCPCH: Facing the Future⁵). We wish to ensure that “any qualified provider” can deliver high quality services **without compromising training**.
11. If the government would like to see UK plc benefiting from the skills and experience of a highly motivated and trained medical workforce there must be protected time placed in training pathways for trainees to explore education, leadership, management and innovation opportunities. This should not just be for a select few but available to all.

**High Quality Training:
The Academy of Medical Royal Colleges Trainee Doctors Group (ATDG) position
statement on principles to guide postgraduate medical education**

- Patients should expect the highest standard of medical care regardless of the grade of the doctor treating them. Trainees should be conscious of the high levels of responsibility and trust placed in them by patients and staff.
- Those responsible for training must remember that Trainees are professionals whose engagement should be sought in all matters affecting them. Processes to enable trainees to raise concerns regarding the quality of their training in a confidential manner, and receive feedback on action taken, should be in place at both a local and national level. Trainees are expected to demonstrate professionalism including willingness to engage in the training process.
- Training is a right and not a privilege for specialty trainees. Patients expect Trainees to have been afforded appropriate opportunities by their trainers and training organisations to practice as independent practitioners by the completion of training. Trainees must be ready to access available learning opportunities in order for this occur and trainers must have the time to train.
- Rigorous patient safety standards must exist in the design and delivery of training programmes. A proportionate balance must exist between direct supervision and easily accessible support as training progresses.
- Contracts and Regulations regarding training must be fair and relevant to the current educational and clinical environment.
- Medical training takes place in the context of a supervised service environment delivering safe patient care. Organisations which place Trainees in environments where service provision detracts from or regularly hinders education should have their training remit reassessed.
- It is a fair and justifiable expectation to have the opportunity to compete for substantive consultant positions on acquisition of CCT. Work force modelling must allow for this even if uncomfortable decisions regarding trainee numbers must be made.

The RPCE and RCPsych Trainees Committees and Association of Surgeons in Training (ASiT) have also produced trainees' charters.

1. Prof. Sir John Temple. Time For Training: A review of the impact on the European working time directive on the quality of training
http://www.mee.nhs.uk/pdf/JCEWTD_Final%20report.pdf (accessed 10th December 2011)
2. Prof. John Collins. Foundation for excellence: An evaluation of the Foundation Programme.
http://www.mee.nhs.uk/pdf/401339_MEE_FoundationExcellence_acc.pdf (last accessed 10th December 2011)
3. AoMRC Report on Consultant delivered Care (to be released Jan 2012)
4. Inside your Hospital Dr. Foster Hospital Guide 2010-11
<http://www.drfoosterhealth.co.uk> (last accessed 10th December 2011)
5. RCPCH: Facing the Future (<http://www.rcpch.ac.uk/facingthefuture>)