

## **SHAPE OF TRAINING REPORT**

### **ACADEMY STATEMENT**

The Academy of Medical Royal Colleges congratulates Professor Greenaway on the “*Shape of Training*” report and expresses strong support for the underlying principles

Medical Royal Colleges and Faculties play a central role in post-graduate medical education and have been pleased to have had substantial input to the review. In broad terms Colleges have welcomed the review and its recommendations.

There are, of course, many issues still to be resolved and some of these may be contentious. College involvement in addressing these is essential

#### **Areas of support**

Specifically there was general support for

- Ensuring that postgraduate medical education and training is responsive to changing demographic and patient needs and involving patients in influencing the processes of educating and training doctors.
- The move towards generalism and away from increased specialisation whilst appreciating the outstanding improvements that have been made to patient care through specialisation over the previous decades
- Greater flexibility, recognising for example the differing needs of craft specialties and clinical academic training
- The greater breadth of training for all that should take significant pressure off the medical registrar role
- The emphasis on protecting a UK wide system
- The “apprentice” model for doctors and their trainers
- Extended rotations
- Delivery of training in both the community and hospital settings
- Training being limited to places that provide high quality training and supervision
- A minimum of four years post-foundation training for general practitioners, in keeping with other postgraduate training maintaining
- Maintaining the two year Foundation programme
- Adoption of the trainee doctors charter originally produced by the Academy Trainee Group

#### **Areas for further work**

It is recognised that the report sets the overall framework for post-graduate training and much of the detail is still to be determined. Some of these issues may be contentious and difficult to resolve.

Issues where further work is required include:-

##### *Broader Postgraduate training*

- Clarifying the position of the major organ-based specialties, against the aspiration to develop broader, patient-centred training programmes

- Establishing broad-based themes in the physician specialties
- Clarity at an early stage to ascertain if and which specialties might amalgamate. This decision will be contentious and fraught with challenge.
- Ensuring sufficient skills and experience is obtained by the end of core specialist training
- How to manage progress on competence rather than time served
- CST must not be perceived as creating a “sub-consultant”

#### *Post-CST Specialist Credentialing*

- Whilst recognising that specialist training should be based on service need, ensuring a clear national oversight of the specialist workforce and its training needs.
- The split between what would be included in CST and post CST credentials

#### *Moving the date of registration*

- As the report recognises, there must be full confidence that all universities will continue to produce graduates safe to practice and to a consistent standard who thus are suitable for full registration, whilst recognising that this is not synonymous with unsupervised care by newly qualified doctors

### **Implementation**

The pace of some of the suggested developments is challenging whilst other aspects could probably progress quicker. The proposed UK Delivery Group needs to set out a clear delivery plan as soon as possible. This should include understanding the cost implications.

It is essential that there is full involvement of the Colleges and Faculties in the development of the specific proposals and arrangements for implementation

However the Academy and Colleges are absolutely committed to working with others to ensure the recommendations are implemented in an effective and practical manner.