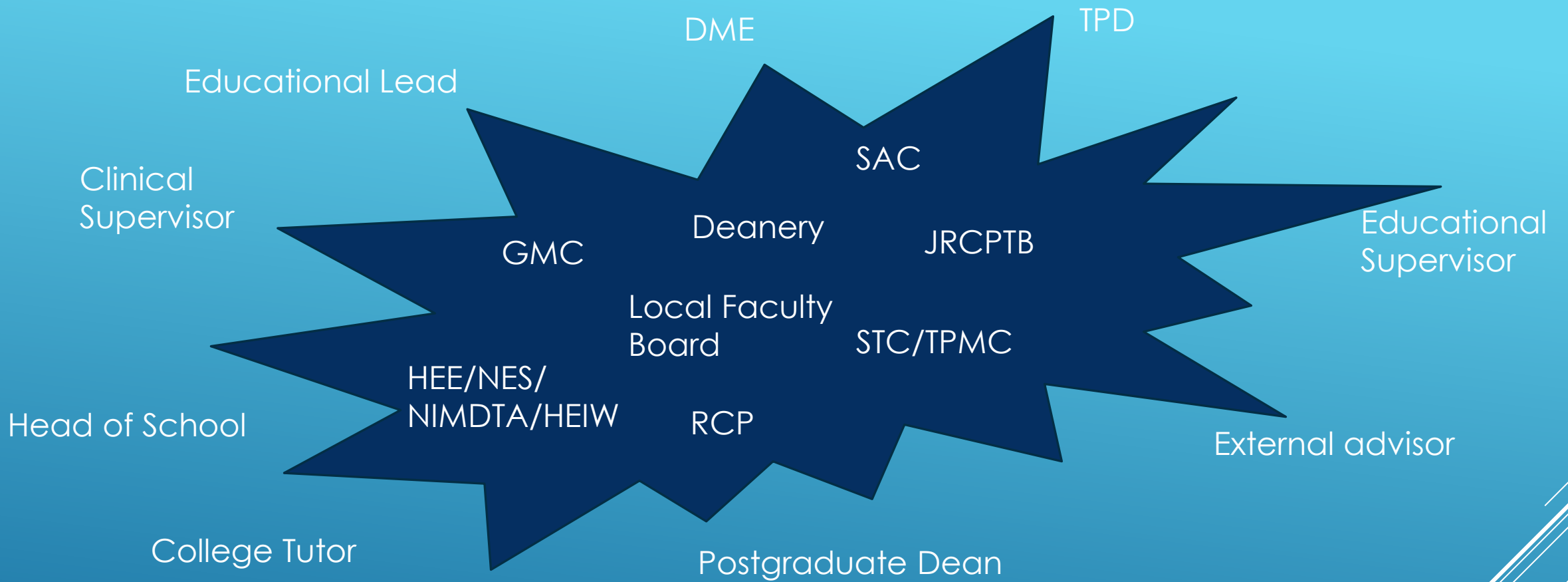


SHAPE OF TRAINING

ACP New Consultants Meeting March 2018





WHAT SHAPE WAS IT IN BEFORE?

LOCAL LEVELS

STC/TPMC

TPD

Educational
Lead/Local
Faculty Board

Educational
Supervisor

Clinical
Supervisor

Clinical
Supervisor

Clinical
Supervisor

Local and Regional
HEE/Deanery Level

Trust Level

Site Level



UK Governments



Sets standards
Quality Assurance



Delivery



Processes

NATIONAL LEVELS



- ▶ set the professional standards for all UK doctors through Good medical practice and other professional guidance
- ▶ oversee and maintain the generic outcomes of the Generic professional capabilities framework. We do this in partnership with the Academy of Medical Royal Colleges (AoMRC)
- ▶ **approve posts and programmes of learning for postgraduate training programmes**
- ▶ quality assure regulated and approved curricula by monitoring and checking to make sure our educational standards are maintained
- ▶ provide system leadership in determining critical interdependences across, between and within programmes of learning.

GMC

- ▶ Identify and prioritise strategic, system, service or workforce needs including, through their related organisations, the funding, planning, commissioning and quality management of training programmes.

UK GOVERNMENTS



- ▶ Design and develop a curriculum and associated programmes of assessment.
- ▶ Maintain and monitor a curriculum and associated programmes of assessment.
- ▶ Make sure the curriculum and associated programmes of assessment meet obligations under equality legislation on fairness, equality and diversity.
- ▶ Contribute to and support the GMC in its quality assurance and statutory responsibilities.
- ▶ Work with deaneries and Health Education England (HEE) local teams on quality management issues.

ROYAL COLLEGES
JRCPTB (FOR MEDICAL SPECIALTIES AND CMT)

- ▶ Implement *Generic professional capabilities framework* in training.
- ▶ Provide quality management of locally implemented education and training.

DEANERIES AND LOCAL HEE TEAMS



- ▶ Implement elements or complete programmes of learning at the local level.
- ▶ Provide local quality control and participate in local quality management of education and training.

LOCAL EDUCATION PROVIDERS

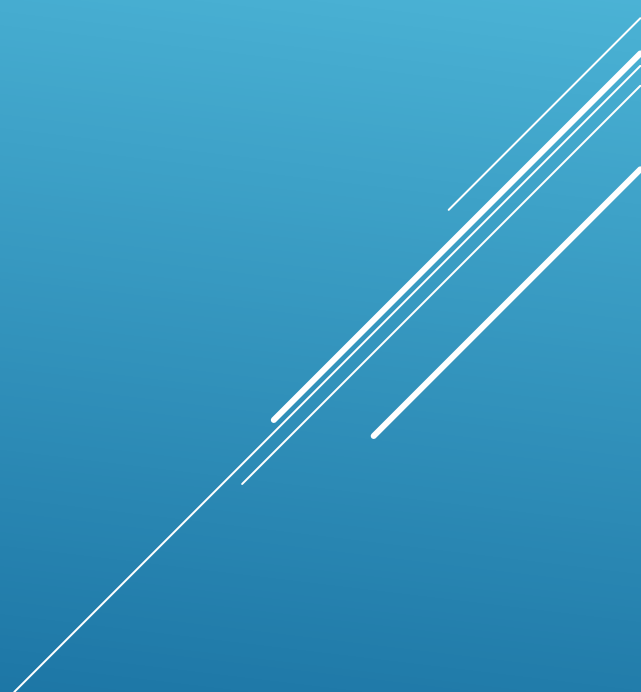
Role of the SAC

- ▶ SACs contribute to the development of specialist training policy as it affects the specialty in question and supervise the delivery of training to standards set by the JRCPTB in a number of key areas. These include:
- ▶ Providing advice to JRCPTB, and the Federation of Royal Colleges of the United Kingdom on all training matters pertaining to that particular specialty
- ▶ Working with specialist societies and others to determine the competencies of specialists in the future.
- ▶ Developing curricula
- ▶ Developing of methods of performance assessment and criteria
- ▶ Contributing to the quality management of specialist training e.g producing an Annual Specialty Report for the GMC
- ▶ Assessing trainees in areas of performance and knowledge attainment
- ▶ Acting as advocates for registrars in medicine, monitoring and quality controlling their training, and making recommendations to GMC for the award of CCT
- ▶ Evaluating doctors' applications for direct entry to the specialist register as required by GMC

MEDICAL ONCOLOGY SAC

- ▶ Chair
- ▶ Heads of Specialty Training from each area where training is delivered (normally the TPD)
- ▶ The Royal Colleges
- ▶ Specialist Societies
- ▶ Postgraduate deaneries
- ▶ Trainees
- ▶ Lay representative

MEDICAL ONCOLOGY SAC MEMBERSHIP



These standards set out requirements for the management and delivery of undergraduate and postgraduate medical education and training.

Patient Safety focus

- ▶ Themes:
- ▶ Learning environment and Culture
- ▶ Educational Governance and Leadership
- ▶ Supporting Learners
- ▶ Supporting Educators
- ▶ Developing and implementing Curricula and Assessments

GMC: KEY DOCUMENTS 1
PROMOTING EXCELLENCE: STANDARDS
FOR MEDICAL EDUCATION AND TRAINING



- ▶ applicable and relevant to the UK as a whole; outcomes that receive the full support of the four countries in the UK.
- ▶ sufficient flexibility to enable organisations to manage training locally, to better reflect their educational and service capacity and capability, provided curricular outcomes are met.
- ▶ require curricula to describe fewer, high-level generic, shared and specialty-specific outcomes, which will support all doctors better in understanding what is expected of them in their training programme.
- ▶ require curricula to identify common areas of training and to have a greater focus on the generic professional capabilities common to all doctors. These requirements will help improve the flexibility of postgraduate medical training as described in our [flexibility review](#) in March 2017.
- ▶ work in conjunction with [Promoting excellence: standards for medical education and training](#). Together, they provide an integrated standards framework for the development, approval and provision of postgraduate medical education and training in the UK.


GMC: KEY DOCUMENTS 2

EXCELLENCE BY DESIGN: STANDARDS FOR POSTGRADUATE CURRICULA

Themes

- ▶ Purpose
- ▶ Governance and Strategic Support
- ▶ Programme of Learning
- ▶ Programme of Assessment
- ▶ Quality Assurance and Improvement

GMC: KEY DOCUMENTS 2
EXCELLENCE BY DESIGN: STANDARDS FOR
POSTGRADUATE CURRICULA



- ▶ **This framework describes the interdependent essential capabilities that support professional medical practice in the UK, and so are a fundamental and integral part of all postgraduate training programmes.**
- ▶ The *Generic professional capabilities framework* gives a consistent approach that embeds common generic outcomes and content across all postgraduate medical curricula.
- ▶ It prioritises themes, such as patient safety, quality improvement, safeguarding vulnerable groups, health promotion, leadership, team working, and other fundamental aspects of professional behaviour and practice.

GMC: KEY DOCUMENTS 3

GENERIC PROFESSIONAL CAPABILITIES FRAMEWORK

Those completing training for the award of a CCT or equivalent should demonstrate appropriate:

- ▶ professional values and behaviours (Domain 1)
- ▶ professional skills (Domain 2):
- ▶ professional knowledge (Domain 3):
- ▶ capabilities in health promotion and illness prevention (Domain 4)
- ▶ capabilities in leadership and team working (Domain 5)
- ▶ capabilities in patient safety and quality improvement (Domain 6)
- ▶ capabilities in safeguarding vulnerable groups (Domain 7)
- ▶ capabilities in education and training (Domain 8)
- ▶ capabilities in research and scholarship (Domain 9).

GMC: KEY DOCUMENTS 3

GENERIC PROFESSIONAL CAPABILITIES FRAMEWORK: DOMAINS

In this report we identify five problems that create barriers to more flexible training arrangements. These result in training that is rigid, slow to adapt, and fixated with time and tick boxes.

- ▶ ***Transferring between specialties is difficult***
- ▶ Training in other ways is not recognised
- ▶ More career support is necessary
- ▶ Postgraduate training is slow to adapt
- ▶ Rigid training structures can make rota gaps worse

GMC KEY DOCUMENTS 4: ADAPTING FOR THE FUTURE- A PLAN FOR IMPROVING FLEXIBILITY OF UK POSTGRADUATE MEDICAL TRAINING