

# WESSEX DEANERY – RESPONSE TO SHAPE OF TRAINING

# FUTURE SERVICE DELIVERY MODELS

- **Generalism / Generalists**
- General agreement that we need more generalists
- Generalists allow flexibility
- Generalist training longer than specialist training
- Drive and value generalists with T&Cs
- 50 Shades of general
- Emergency generalists
- National Service
- Recognition of general medicine needs a culture change
- Changes in place of treatment
- Super generalist (think about the name)
- Leadership and QI skills essential

# TRAINING FOR DIFFERENT END POINTS

- Tailored training posts
- Ability to come in and out of training
- Very clear competencies at different levels
- More training across hospital and community care
- Suite of CCTs
- Multiple entry points into training
- Base training in general practice
- Formal career progression post CCT
- Three year foundation programme (re-invent the “firm”)

# Sub-specialty Training

- **Sub-specialists don't have to be generalists first**
- **Generalists can go on to become sub specialists**
- **Community specialists need long term conditions expertise**
- **Different views about when sub-specialty should occur**
- **Sub-specialist does not mean better than generalist**

# Matching current & future need

- Any service change needs clinicians and educators to work together
- Trainee held budgets (tariff)
- 56 hour working week
- Will a 68 year old be expected to do the same as a 38 year old? Don't penalise a portfolio career.
- Blended job plans
- Split O&G

# Expectations

- **Adult and informed debates**
- **Lyme Regis syndrome**
- **Moving care into the community may not be cheaper or appropriate**
- **False expectations of doctors**
- **Regulatory requirements**
- **Role of Colleges**
- **Role of Employers**

**NHS**

*South of England*



*South of England*





*South of England*

**NHS**

*South of England*

**NHS**

*South of England*

**NHS**

*South of England*