



SHAPE OF TRAINING

The Shape of Training Review

What next?

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UK Shape of Training Steering Group

Shape of Medical Education and Training Review (SoTR)



Tasked to consider how medical education and training should adapt to meet the changing needs of patients over the next 30 years

www.gmc-uk.org/Shape_of_training_FINAL_Report.pdf_53977887.pdf

Why did we need another review
of medical training?



SHAPE OF TRAINING

Why did we have a review of medical education and training?

- Population demographic – multiple chronic comorbidities
- Unsustainable rises in hospital admissions
- Health science innovations and therapies
- Workforce – changing aspirations and expectations
- Unintended consequences of current behaviours

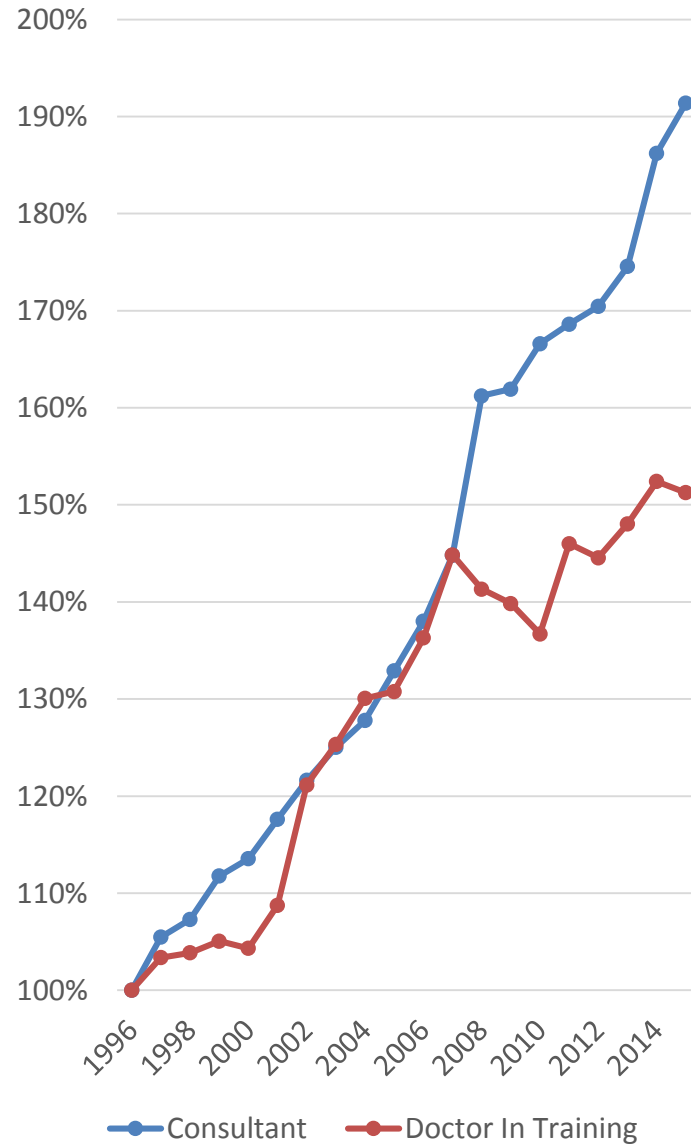
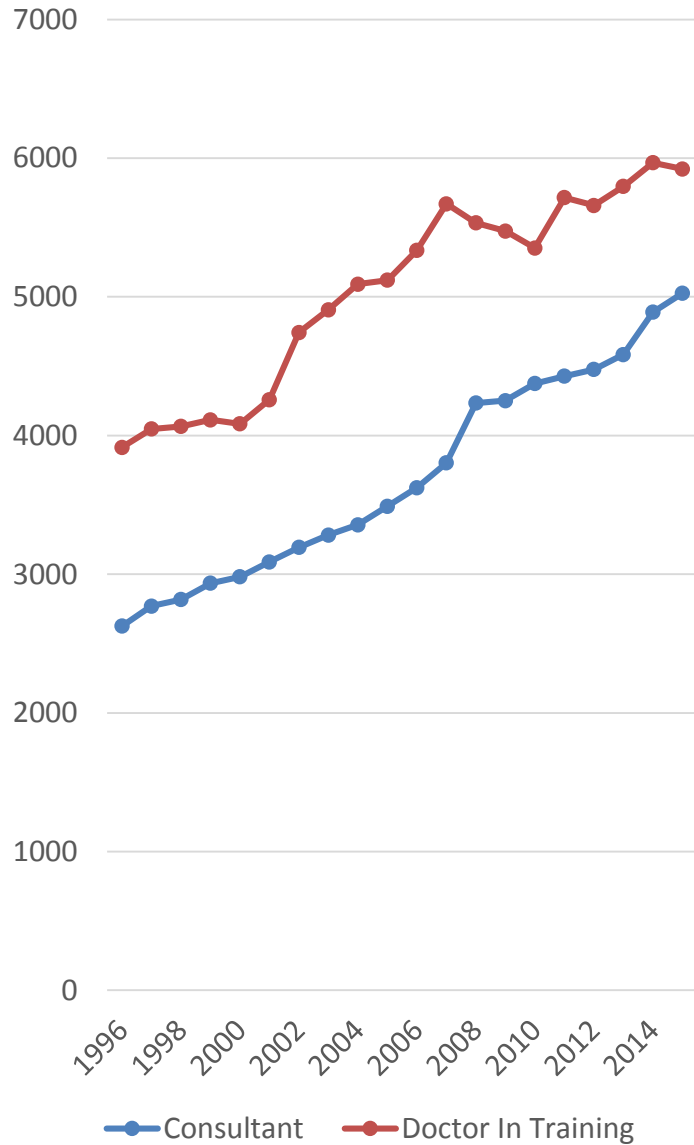
Focus on Hospital care



Financial focus on Hospital care



Secondary Care Medical Workforce



Focus on Specialist Care



Specialist Training

General Skills



General Surgery in Scotland in 2016



- 306 WTE Consultants
- 21.5 (6%) Locum appointments
- Only 48 (15%) are declared General Surgeons
- 30% do not participate in the “acute unselected take”

Innovation, data and artificial intelligence

- By 2030s it is anticipated that 50% of current jobs will not be required
- In 2012 the top 10 technology based posts did not exist in 2004
- Data generated and stored last year equates to the previous 5000 years
- 25% teaching in first year of science based degrees obsolete at graduation.

What did the Shape of Training
review say?

What did the Shape of Training review say needs to be done?

- Urgent need for change
- Training more responsive to patient/service needs
- Patients and service providers need more doctors with general skills that can be delivered in a range of settings but the need for specialists will remain (credentialing)
- Medical training is inflexible
- More doctors with skills to support the delivery of more care in community settings



Shape of Training Review - Framework



- Proposed broad concepts, ideas and solutions
- Open to interpretation
- Did not consider the practical implications of implementation
- Ministers convened the UKSTSG



UK Shape of Training Steering Group





- Policy advice for Ministers in relation to implementation of the recommendations
- 4 Nation consensus
- Minimal service disruption
- Facilitative of the four UK strategic plans



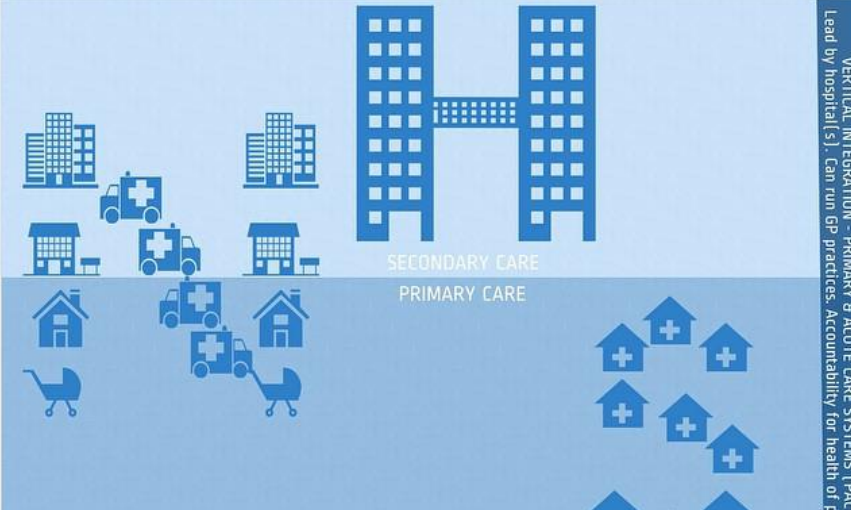
UK Government strategic plans

NHS FIVE YEAR FORWARD VIEW
WHAT WILL THE FUTURE LOOK LIKE?
NEW MODELS OF CARE


EMERGING MODELS

 <p>KENT 20 GPs & 150 staff operate from 3 sites to provide services that are traditionally done in hospital. Providing care for patients, closer to home.</p>	 <p>AIREDALE Nursing & residential homes have videolink to consultants for acute & routine care. A&E attendance down 53% & admissions by 35%.</p>
 <p>ROTHERHAM GPs & Community Matrons, sign post to voluntary sector with 'social prescriptions'. Resulting in reduction in A&E visits and admissions.</p>	 <p>LONDON GPs and social services collaborate to improve care. Reduction in patients moving to nursing homes. Savings for both health & social care.</p>


VERTICAL INTEGRATION - PRIMARY & ACUTE CARE SYSTEMS (PACS)
Lead by hospital(s). Can run GP practices. Accountability for health of p



A NATIONAL CLINICAL STRATEGY FOR SCOTLAND



The Scottish Government
February 2016



UKSTSG Report and the Ministerial Statement

[www.gov.scot/publications/2017/08
/9303/downloads](http://www.gov.scot/publications/2017/08/9303/downloads)

Principles of Shape of Training

1. Medical education and training will first and foremost take account of patient need (service providers)
2. There will be an emphasis towards more Generic skills
3. Flexibility within and between training pathways
4. Support the delivery of more care in community settings
5. Credentialing for better governance and flexibility purposes

Curriculum Oversight Group

- GMC, UK Education Bodies and the Four UK Governments
- Ensure submissions have UK wide agreement
- Embrace the principles of shape of training
- Training is efficient and cost effective
- Curricula are approved by the regulator

The principles

Recommendation – to develop a more general approach to training

What is a “generalist”?

- To deliver the appropriate acute unselected take in hospitals
- To provide continuity of care
- To engender the expectation that most doctors in the future will contribute to the care of unscheduled patients

Training must first and foremost meet the needs of patients and service providers

- Loss of alignment between training and the types of doctors service providers need.
- Employers can only use the “tools” that they are given!
- Examples
- Duty to use public resources responsibly
- There are vested interests

Flexibility

Current curricula and training pathways are rigid

- Previous learning not easily recognised and only in recognised training posts
- Silo training pathways
- Difficult to change careers
- Concept of the “finished fully trained doctor” and the need to respond to future innovation

Doctors who can deliver more care in community settings

- Primary care
- Enhanced roles for GPs
- Extension of training
- Distinction between primary and secondary care (GMC)
- ‘blurring the interface’

Specialists

- UKSTSG recognises the need for special interests, specialists and sub-specialists
- Development of special interest is giving way to unplanned sub-specialization within the current CCT
- Need for special interest and specialisation to be aligned with service need, based on numbers and to have a governance structure.
- Specialist elements are prized over the general components of CCTs
- UKSTSG found many anomalies

Credentialing and governance

- Identified elements (special interests) of current curricula that are not undertaken by all trainees and lack governance.
- Unclear for employers and patients
- Ad hoc Post CCT fellowships
- Recognise narrow complex skills

Credentialing and flexibility

- Need to have the flexibility to respond to innovation and changes in patient need
- Flexibility to develop new training modules that doctors can access at any stage during a career.
- Interventional radiology
- Component of career long learning

How will credentialing develop?

- Working with the GMC to better define and describe credentialing
- Asking that the potential role for credentials be considered in curricula submissions
- Looking for clear indications where credentialing will be beneficial
- Evidence based – procedure numbers etc

Mentoring



- Mentor was tasked to oversee Telemachus during the Trojan war
- Career transition points
- Formal support process

